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PACIFIC ISLANDS
HIV AND STI RESPONSE FUND
2009–2013

Draft Annual Work Plan

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Work Plan

Secretariat of the Pacific Community /

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Section One: Introduction to the Response Fund and Pacific HIV and STI Context

Introduction

The major factors influencing transmission of HIV in the Pacific Island region include a youthful mobile population, high rates of other sexually transmitted infections (STIs), gender issues underlying risk and vulnerability, and socio-cultural and religious norms that impact upon the spread of HIV and pose barriers to HIV prevention strategies.

In most Pacific Island countries and territories (PICTs) in the last four years, concerns about the spread and impact of HIV have been increasingly expressed. Among the main reasons for this growth in concern is that:

- the HIV epidemic is rapidly expanding in Papua New Guinea, clearly demonstrating to leaders that it is no longer a distant prospect and that the Pacific is vulnerable;
- behavioural and sero-surveillance surveys indicate high rates of STIs and low condom use in the countries surveyed;
- more HIV-positive cases among Pacific Islanders are being reported; and
- a range of development agencies have made resources available to support projects and development of country-level strategies and HIV responses, including the Australian Agency for International Development (AusAID), Asian Development Bank (ADB), New Zealand Agency for International Development (NZAID), Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the Government of France, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and co-sponsor agencies and other multilaterals. The multi-country Global Fund Round 7 process was successful and establishment of a multi-donor initiative, the *Pacific HIV&STI Response Fund*, led by AusAID and NZAID.

As a multi-donor pool funding mechanism, the Pacific Island HIV and STI Response Fund 2009 – 2013 (Response Fund) supports implementation of national and regional HIV strategic plans. At this stage, the governments of Australia and New Zealand have

contributed to the Response Fund; however, other development partners are encouraged to contribute to the Fund.

The Response Fund aims to contribute to the Pacific Regional HIV and STI Strategy goal, which is to reduce the spread and impact of HIV and other STIs, while embracing people infected and affected by HIV in Pacific communities.

It also builds on previous support provided through the HIV/AIDS Pacific Regional Initiative and the Pacific Regional HIV/AIDS Project (PRHP). The PRHP was implemented by IDSS Ltd and Burnet Institute in conjunction with the Secretariat of the Pacific Community (SPC), through what is known as the Franco-Australian initiative from 2004-2008.

There have been many achievements through this project, including the development of national plans, a grants programme that has increased the focus on vulnerable groups, an increase in gender sensitive interventions and the expansion of the availability of anti-retroviral treatment for people with HIV.

Under the Franco-Australian joint initiative and the PRHP, the Secretariat of the Pacific Commission (SPC) received funding to coordinate a regional response to HIV and AIDS. This assisted with the development of a Regional Strategy on HIV/AIDS endorsed by Pacific Leaders in 2004. This strategy and its implementation plan, the Pacific Regional Strategy Implementation Plan (PRSIP) now form the cornerstone of the regional response to HIV and STIs, and have attracted funding from other donors.

PRSIP takes into account the need to build the capacity of a regional organisation (SPC) in its role of supporting Pacific Island Countries and Territories (PICTs) to implement their responses to HIV and STIs, and recognises the presence of other donors in the region.

Within this context, a multi-donor funding facility that aims to work in partnership with PICTs, regional agencies such as SPC, multilateral agencies such as UNAIDS and other donors is considered more appropriate than the stand alone project previously supported by AusAID.

The Response Fund design was developed after extensive consultation with national, regional and international implementing agencies.

This first annual plan for the Response Fund aims to:

- Establish the Response Fund as an effective and efficient funding mechanism to support national response priorities, including informed regional support initiatives;
- Consolidate current capacity development support to governments, nongovernment organizations (NGOs) and other community organisations initiated by PRHP particularly at national and sub-national level;
- Establish one PRSIP coordination and monitoring team, two sub-regional national response teams – one covering the northern half of the region and one covering the south – which will provide ongoing, direct support for country level activities.
- Continue with a strong focus on improving accountability and performance through strengthened monitoring and evaluation, financial management and technical competence;
- Build on the lessons learned from PRHP and midterm review of PRSIP I and address emerging issues for HIV and STIs in the Pacific; and
- Establishment and provision of ongoing secretariat role to the Fund Committee.

Methodology and Process of Planning the Annual Plan

This plan is a continuation of the planned activities following a successful transition of the PRHP to SPC by September 30th 2008. This includes the establishment of the PRSIP and national response team to support the additional roles and scope of services inherited from PRHP.

The plan has also been informed by the lessons learned from PRHP, the midterm review of PRSIP and an awareness of emerging issues for the HIV and STI response in the Pacific region. This was further complimented through an analysis of country and regional priorities from two sub regional planning workshops; one which was held in Suva, Fiji from 27th to 31st October for the southern Pacific countries, and Pohnpei, Federated States of Micronesia, for the northern Pacific countries, from 10th to 14th November.

The sub regional planning workshops were attended by both a government and NGO representative from 18 countries in the Pacific, in addition to Pacific regional agencies and UN representatives.

These planning workshops enabled country representatives to develop work plans for drawing down on Response Fund funding and allowed the opportunity for country and regional partners to undertake joint planning to determine priorities for technical assistance in 2009 and 2010.

The PRSIP II framework has been used as the basis for the Annual Plan Implementation Schedule. This will allow Response Fund activities to be consolidated and reported to PICT leaders and regional partners as part of the implementation of the Regional Strategy for HIV and STIs 2009-2013 at future forums and meetings

The Annual Plan is structured as follows:

- Section One, which outlines the disease context and structure of the plan and an introduction to the Response Fund;
- Section Two, which identifies key lessons learned from PRSIP and issues emerging from these lessons;
- Section Three, identifies the proposed strategies for 2009; and
- Annexes include the Response Fund Implementation schedule and budget; Response Fund Overview and Guidelines; Technical Excellence group TORs; Strategic Management and Coordination Groups TORs; Personnel Schedule; PRSIP II Information Paper; Roles and Responsibility the Fund Committee.

Pacific Island HIV & STI Response Fund 2009 – 2013

This initiative acknowledges the importance of harmonising responses to HIV and STIs in the Pacific region in a way that is consistent with the Rome and Paris Declarations, and the Pacific Aid Effectiveness Principles, as adopted by the Pacific Islands Forum (PIF). The proposed approach recognises that an effective response to HIV and STIs in the Pacific region requires capacity building at regional, national (both government and civil society) and community levels. Capacity building includes training, technical support, organisational systems strengthening as well as financial resources.

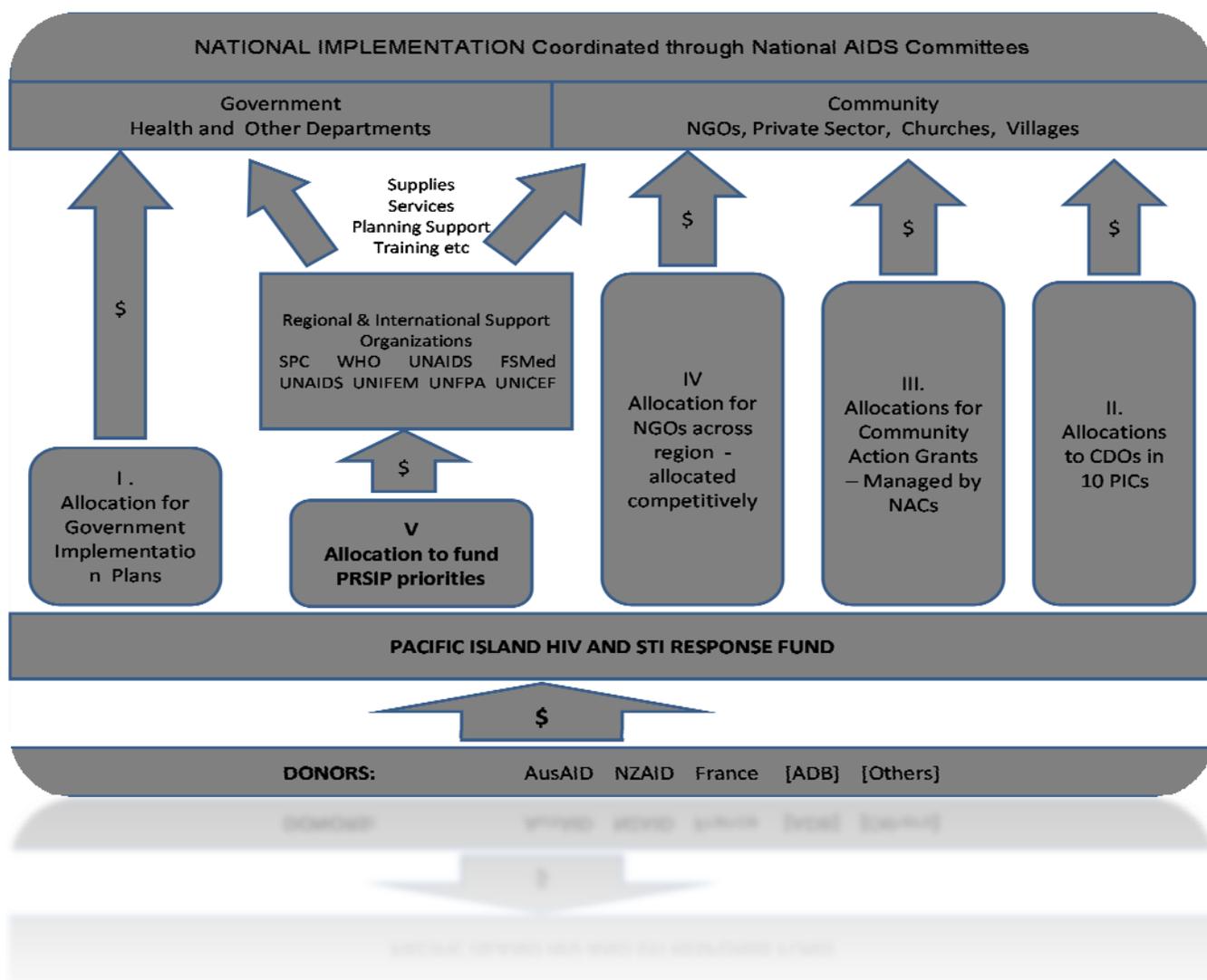
Capacity building support will be provided by regional technical agencies such as SPC, WHO, UNAIDS, other sources such as the UN Technical Support Facility and Australian based agencies participating in the HIV Workforce Capacity Building Consortium. Decisions on the most appropriate form and provider of capacity building will be determined at a country level, and be supported through the national and regional funding allocations.

The Response Fund will provide funding streams that support national and regional implementation (both government and non government), as well as support the governance, administration and monitoring and evaluation of the Response Fund. The allocation for evaluation will include evaluation of programmes funded under the Response Fund, as periodic e reviews of the Response Fund.

The Response Fund is overseen by a Fund Committee that was established in October 2008. The Committee is responsible for ensuring that interventions are evidence based and that funds are used appropriately and effectively.

SPC has responsibility for managing the processes associated with the Response Fund, and providing secretariat services to the Fund Committee.

Diagram showing the proposed flow of funds and other support for national implementation of HIV & STI Responses



Funding Streams

The Response Fund will be allocated to six funding streams. The funding streams are as follows:

Funding Stream I – National Strategic Plan Support Grants

Allocation to governments: An allocation to Pacific Island Forum Country Governments to assist them to implement their national HIV & STI strategies

Funding Stream II – Capacity Building Organisations Grants

Allocation for Capacity Building Organisations (CDO): an allocation for each country where there is an appropriate CDO that can provide capacity development support and efficient administration of grants

Funding Stream III – Community Action Grants

Allocation of small grants to community based organisations. Where there is a CDO funded from Funding Stream II, the CDO will be responsible for the distribution and management and monitoring of these grants.

Funding Stream IV - Competitive Grants

Allocation for competitive grants: competitive pool of funds providing grants to civil society in all PICTs.

Funding Stream V – PRSIP Support Grants

Allocation for implementation of high priority activities identified in PRSIP: an allocation to Pacific regional agencies and multilateral agencies

Funding Stream VII – Rapid Response Grants

Allocation for contingency for specific, potential urgent functions: a small allocation for either health or organisational related functions. This Funding Stream is also able to respond rapidly to promote and support innovative ideas both nationally and regionally.

Section Two: Lessons Learned from PRISP and PRHP

The first Annual Plan for the Response Fund represents the consolidation of the transition from the project approach taken under PRHP to a programme approach which integrates Response Fund into the broader umbrella of PRSIP II.

PRSIP II aims to strengthen regional approaches to halting and reversing the spread of HIV infection through improved coordination, collaboration and partnerships between regional organisations and national programmes and a strong focus on the capacity and resource needs at the country level.

The plan will build on the lessons learned from PRHP, the Mid Term Review of PRSIP I, the Response Fund design document, as well addressing emerging issues at a regional and national level in the 2009. Specific lessons learned include:

Leadership development

Accessing funding in a timely manner has been reported by PRSIP partners as one of the major drawbacks for leadership development in the region. Leadership development is a long-term pursuit, and perceived lack of political commitment by some leaders has been deflating for members of the HIV movement in the region. It has also been noted that leadership development requires a multisectoral approach, and that joint in-country activities could further support efforts to increase the capacity of leaders in addressing HIV in the region. There also needs to be better representation of the Pacific at international conferences, such as the International AIDS Conference, and other global forums.

The above stated challenges will be addressed in the implementation of PRSIP II, its corresponding M&E framework and the funding available through the Response Fund grant streams. It was seen as vital that PRSIP partners identify and strengthen links with existing organisations in communities in order to improve access to the wider communities (e.g. churches, religious based organisations, traditional leaders, civil society and the private sector). Scaling up to initiatives in prevention, care, treatment and support initiative will also be encouraged at the regional and national levels through supporting the development of national strategic planning and capacity development plans.

Functioning of National Coordinating Mechanism

The experience of PRHP in supporting NCMs has been well documented in various reports. This includes the identifying a key contact, preferably in the Ministry of Health, with responsibility for promoting the national response to HIV and STIs as necessary to stimulate the NCM and facilitate a partnership between all relevant stakeholders. Whilst the PRHP CDO programme has played a major role in some countries, there remains a need for Government to uphold this responsibility. The evidence shows that with appropriate and ongoing capacity development support, including access to resources as well as mentoring, NCMs do respond.

Ongoing support and mentoring to the NCMs is needed to assist them to undertake their coordination function, particularly the monitoring and evaluation aspects of response coordination, so it can feed into annual planning processes. NCMs need reliable and dedicated sources of technical support to assist them to do this.

Development of national HIV & STI Strategic plans (NSP)

The development of national HIV and STI strategic plans has proven to be a challenge for both national and regional level partners. PRHP's experience has shown that there is no single standard set of indicators to measure the quality of such plans. All global statements on criteria for what should be included in national strategic plans indicate that national strategic plans will only be effective if they are developed by countries themselves in order to match the local context and that a global standard for the content of national strategic plans is only a guideline that is to be modified to reflect a country's situation and priorities. To ensure ownership of the plans, the whole strategic planning process has to be led by national partners. This has the potential to affect the timing, process and content of the plans. The most important achievement of the NSP development processes was that they provided an opportunity for different stakeholders in-country to discuss, debate and agree on goals and principles of their national response. Involvement of outside facilitators (PRHP and other regional partners) was important for ensuring that information about 'best practice' from the region and other parts of the world was considered in deciding directions for the NSPs, as well as to identify aspirations and define standards. The participation of regional partners was also important for ensuring that national

plans remain the starting point for the development of regional programmes for supporting PICTs HIV and STI responses.

Another key challenge for countries has been the shift from the development of national strategic plans to their implementation, including monitoring and evaluation. The PRHP capacity development programme, supported by access to resources through the Grant Scheme, was critical in facilitating the capacity of countries to implement their national response.

Experience has shown that ownership takes time and institutionalised planning processes are yet to be fully implemented. Whilst a number of NCMs have begun to institutionalise their planning processes, most are yet to fully and routinely institutionalise all four phases of the strategic planning process that was utilised by PRHP. There needs to be continuing support, paced at the country's level of engagement to ensure all aspects of the strategic planning processes are fully operationalised. As each country acknowledges the priority of responding to HIV and STIs, there is a growing recognition that plans need to be better prioritised and more sophisticated in their analysis of the HIV and STI situation in each country. Further analysis of vulnerability in each country is required to inform ongoing implementation of the national response in each country is supported by better evidence and specific knowledge of each country.

HIV and STI Responses

The Behaviour Change and Communication (BCC) programme has focused on improving understanding of behaviour change approaches in partner countries. The capacity-building workshops undertaken to date have shifted partners' approaches towards developing projects that aim to change behaviours instead of merely to increase awareness about HIV. One of the key challenges has been the limited use of communication channels and lack of dialogue between and among ministries of health (MOHs) and NGOs in some countries. The establishment of national AIDS councils has not always taken into account historical differences between stakeholders. The roles and responsibilities of MOHs and NGOs may need to be clarified, as they have not traditionally worked together in the past. A more comprehensive approach to national planning through the Response Fund and joint planning with regional and national partners will address some of these gaps. The Response Fund will focus on funding countries to develop prevention strategies based on evidence and in-line with national priorities. A key

challenge has been to move enthusiasm for awareness activities to behaviour change initiatives. It takes much support, negotiated through respectful relations and education, to negotiate a changed appreciation of appropriate strategies in low prevalence environments. This needs to be an integral element of the training under the capacity development programme. While there has been an encouraging increase in the quantity of activities as part of the overall response, there needs to be continual monitoring and nurturing of quality.

Challenges with condom procurement and distribution in the region are still ongoing. While funds for condom procurement are available, PICTs lack the capacity to accurately forecast, distribute and monitor condom stock. This has led to overstocking and expiration of condoms as well as understocking. In addition, there have been challenges with condom distribution from the warehouse at the regional level. Use of a quota system also impinges on the need to procure condoms when required. A major challenge is to ensure that the condoms are available to users and to potential users in vulnerable populations. A cohesive strategy to address this issue has still not been developed by regional and national level partners.

Low levels of testing for HIV continue to be a consistent theme within the Pacific region. The promotion of testing, addressing gender and human rights issues within the PRSIP II and the strengthening of labs and testing services are planned in order to address HIV testing within the region.

The region has progressively focused on improving its STI response, including the expansion of the Chlamydia Working Group into an STI working group. A renewed focus on STI testing in the region will greatly influence PRSIP II implementation and monitoring.

Better information about the nature of the epidemic remains a desired factor. A combination of more research, better monitoring and evaluation, and better surveillance is required to develop a stronger evidence base for use in programme development and practice.

Capacity Development

The 'learning by doing' approach adopted by SPC and other partners has been constructive and has assisted, through formal and informal processes, to translate learning into action. To maximise the participation in and potential offered by formal training, it was important to do as

much training as possible in country so that training could be situated in the context of a particular country, rather than generalised to the region. This approach has been adopted as an integral approach of PRSIP II with national priorities informing regional initiatives to ensure PRSIP II becomes much more relevant to and demand driven by the countries. The countries which have had the highest achievements in implementing the national responses were those who were also most responsive to capacity building initiatives. In some countries, the Capacity Development Organisation (CDO) clearly played a key role in strengthening and revitalising the national response and building partnerships between and within government and civil society. In others, particularly those without a CDO, grant funded activities operated only as individual projects rather than as part of a broader coordinated network of activities within the umbrella of the national response. Without an effective CDO, the capacity building support can remain isolated instances of activity. The CDO and/or the national coordination mechanism (NCM), can play a critical role in the integration of activities to establish linkages across the different stakeholders to consolidate the national response.

Often, the only activities in the national capacity development plans developed at the annual PRHP NAC-CDO workshops that were eventually implemented were those funded through PRHP Funds. Consequently, most countries were unable to use their national capacity development plans to direct the support of other regional partners, who tended to support only their own programmes. It is critical for the promotion of country ownership that other agencies, particularly UN Regional agencies, but also donors and SPC, acknowledge the agendas and priorities already laid out by the individual countries, either through their strategic plans or the annual implementation or capacity development plans. This approach has been adopted as an integral approach of PRSIP II with the intention that national priorities informing regional initiatives to ensure PRSIP II becomes much more relevant to and demand driven by the countries.

Capacity development needs to be integrated across all elements of future programme support, vertically and horizontally, to maximise its effectiveness and the available resources. The capacity development support also needs to be monitored and evaluated in a consistent way, agreed to by all partners to the provision of support. As an example financial management

capacity building provided by PRHP was instrumental in ensuring the effective and efficient operation of the PRHP Grants Scheme.

The Capacity Development Organisation Programme

The Capacity Development Organization programme established by PRHP will continue to be an integral approach to capacity development in the Response Fund. The capacity of the organization, both the CDO coordinator, and the organisation is critical to maximising the intent of the CDO programme. The organisation selected to undertake the role needs to take as an organisational responsibility, not just that of the CDO coordinator. This has been a critical factor in the success of the CDO programme where it has worked. PRHPs experience has also shown that the CDO is most effective when the CDO coordinator, and their supporting organisation, has credibility with the NCM and is able to establish strong networks across the ‘HIV’ sector as well as with government and civil society. This is an important consideration in the selection of future CDOs.

Under PRHP, the CDO was selected on the nomination of the relevant country and it’s NCM. PRHP has recommended that the careful selection of the CDO and Coordinator should be an outcome of negotiation between SPC and the NCM, in discussion with the proposed organisation rather than simply in response to a nomination by the NCM. This will ensure that the expectations of the role and outcomes are clearly considered. Where CDOs have worked well they have been an effective mechanism to catalyse the national response. In a number of countries, the CDO programme facilitated the NAC grants programme, and supported and/or revitalised the NCM to coordinate the response.

Gender

PRHP experience through the Grants Scheme, supported by the Stepping Stones programme, has resulted in significant outcomes to gender related vulnerability. PRHP made the strongest contribution to gender equality in five of the 22 suggested outcome-areas of the AusAID Policy guidelines on Gender Equality. The Desk Review commended the following elements of PRHP’s approach:

- Mainstreaming of gender sensitive approaches and direct interventions into PRHP processes, programming and activities;
- PRHP staff were well informed on gender related issues and understood the significance of mainstreaming good gender practices into programme initiatives, including the need to address gender inequalities;
- PRHP learnt from evaluations of its practices and programmes to move from an IEC-oriented approach to incorporate more BCC-interventions. This demonstrated in innovated responses, such as Love Patrol, as well as an expansive and responsive approach to adopting lessons from experience;
- PRHP developed and/or adapted several gender-explicit checklists to promote better integration of gender issues into programme implementation;
- The strong focus of the Grants programmes on gender;
- The flexibility of management, which reflected openness to adaptation and continuous improvements which often worked to increase the focus on gender related issues and vulnerability to HIV.

Although there was much evidence of successful programming of gender issues, the Review also identified several areas to improve future programme delivery in relation to gendered vulnerability to HIV. These included:

- The introduction of a more explicitly identified focus on the impact of gender inequality on HIV vulnerability in programme documentation. The Review asserts that the incorporation of more explicit targeting of gender in the PDD and other guiding documents would have resulted in more targeted interactions around gender in programmes and activities.
- That the PRHP Grants Scheme proposals and appraisal processes could be more explicit in targeting gender, and make better use of its gender checklists both internally, and through training its project partners to use them.
- That most of the National Strategic Plans could have more explicitly and directly addressed gender issues.

Monitoring and evaluation

Monitoring and evaluation remains a challenge in the region with limited human resources and skill sets; the commonly held view of M&E as an ‘add-on’, and difficulties in obtaining information on planned and actual commitments and disbursements and on performance of programmes, including actual results.

One of the most significant barriers to monitoring the regional strategy has been the difficulties in accessing progress information from regional partners. M&E is a recent concept in the region, with some PRSIP partners and country partners being unsure of its fundamentals. A clear gap exists in knowledge and implementation of M&E at all levels of the response. However, with careful planning and partnership development indicators and tools are being modified to be specific to the needs of the Pacific region.

Section 3: Strategies for 2009

Improved Service Delivery

Theme 1: Prevention Programmes

Prevention activities will be further strengthened through various proposals submitted by both regional and national level partners that will be seeking funding from the Response Fund.

Theme 2: Diagnosis, Counselling and Testing

Continued support for VCCT

VCCT is a critical strategy in HIV prevention and care, providing benefits to those who test HIV positive and those who test HIV negative. For VCCT services to be effective in the Pacific, quality testing and counselling services must be put in place and the client communities must perceive these services as being beneficial.

In 2009, through on-going PRHP grants to the Fiji based Pacific Counselling and Social Services (PCASS), SPC and the Response Fund will continue to support voluntary counselling and testing services in the Pacific. This will include support for the model partnership that PCASS has developed with Government of Fiji to provide services to antenatal women. SPC will also partner with PCASS to provide VCCT services in countries where counsellors have already been trained. PRHP grant support enabled 12 counsellors to be trained in Fiji and 10 across Kiribati, Samoa, Tuvalu, Tonga, FSM and Niue. VCCT services will also be provided through on-going grants in Samoa, Kiribati and the Solomon Islands and organisations requesting technical assistance to review proposals developed for the Response Fund will be supported.

Improved STI management

As mentioned under lessons learned the region has progressively focused on improving its STI response, including the expansion of the Chlamydia Working Group into an STI working group. STI management is a key strategy in HIV as STIs increase individuals susceptibility to HIV and their infectiousness with it. The behaviours that put individuals at risk for STIs also put them at risk for HIV. The Response Fund will encourage projects that aim to reduce the high rates of STIs in the Pacific through clinical services support as well as through prevention programmes.

Grant support will be informed by the relevant SGS surveys, research and STI pilot studies that have been undertaken in countries in the region.

Theme 3: Systems and Services for HIV

The main focus in this thematic area is to have a strong programme to increase access to HIV and STI treatment and care. This will also focus on integration of HIV & STI into broader Sexual and Reproductive Health approaches.

Programme Management and Support

Theme 4: Leadership and the Enabling Environment

Gender

SPC support to improving gender equality and equity in the coming year will include:

- Ensure the integration of gender-equality objectives and expected outcomes into any future revisions or updates of the Pacific Regional HIV Strategy,
- Ensure that activities sufficient to catalyse the expected outcomes are included in country level annual implementation plans; and
- Strengthen the focus on gender-related vulnerability in projects supported by the Response Fund and strengthen the integration of gender-related vulnerability into programme delivery drawing on checklists and guidelines that were developed by PRHP.

To ensure gender equality and equity are integrated into country level work plans time was dedicated to discussing the issues at the recent sub-regional workshops held in Suva and Pohnpei. The gender sessions were designed to enable country representatives to apply a “gender lenses” to the plans they were developing to access the NSP Support Grants Funding Stream of the Response Fund.

Theme 5: Strategic Information and Communication

Increased surveillance and research capacity is crucial to inform programme development and planning. While there has been a growing emphasis in this area in the region, in 2009 there is a

need to further communicate research findings, including Second Generation Surveillance (SGS) and other research to all stakeholders and both national and regional levels.

Theme 6: Governance and Coordination

NSP Review and Development

Specific requests for assistance to review update and finalise NSPs and to develop bi-annual work plans were received by a number of countries during the recent sub-regional workshops. During 2009, technical assistance will be provided to Tuvalu, Tonga, Cook Islands, Marshall Islands, Samoa, Kiribati, Nauru, Tokelau and Niue. In the smaller countries assistance will be given to develop work-plans as part of an overall health plan rather than a standalone NSP.

Strengthening NCMs

During 2009 SPC will continue to provide capacity building support to strengthen NCMs. This work will specifically focus on:

- The capacities of NCM member organisations and government agencies to address any gaps in necessary expertise;
- Supporting NCMs to take an active role in monitoring their National Strategic Plan for HIV and STIs;
- Supporting the NCMs to take an active role in overseeing the Community Action Grant Funding Stream in country including appraisal, approval and on-going monitoring of reports and financial acquittals;
- Improving coordination and linkages with CDOs if they exist;
- Assisting in strengthening mechanisms that allow NCMs to determine priorities and align financial and technical resource available through the Response Fund and other funding sources;
- Creating an enabling environment that provides demand driven technical support and institutional capacity building using the full range of sources of technical assistance, including national and regional institutions, NGOs, UN partners and SPC; and
- Facilitating access to Response Fund support through relevant funding streams.

Programme Management

From October 2008 SPC has recruited key positions for the management of the Response Fund. This includes the PRSIP Coordination team currently based in Noumea but being relocated to Suva in February 2009 to improve coordination with regional partners. This team includes the Coordinator –PRSIP, the Finance Planning and Development Officer, the M&E Officer –PRSIP and the Systems and Information Officer.

To manage the country level programming two teams are to be established to serve the countries in the south Pacific from Suva and the countries in the northern Pacific from Pohnpei. The Southern National Response Team has now been established in Suva and consists of the Coordinator, two Programme Development Officers, a Finance Development Officer and a Project Assistant. The Northern National Response Team consisting of a Coordinator, a

Programme Development Officer and a Finance Development Officer will be established in the first quarter of 2009.

As mentioned in the section on Prevention, the Response Fund will also support the Prevention Advisor, based in Suva, who reports directly to the SPC HIV and STI Section Head. The Section Head will also be based in Suva from February 2009.

Grants Administration

During the PRHP Transition period from June 2008 to October 2008 SPC has developed the overview, detailed guidelines and proposal formats for the different Funding Streams of the Response Fund. These guidelines and formats were presented to and endorsed by the Response Fund Committee during their inaugural meeting from the 1st to 3rd October in Suva, Fiji. In the final quarter of 2008 further work will be undertaken to develop activity and financial reporting formats and project agreements. Formats produced for the PRHP Grants Scheme will provide the basis for these formats. These documents will be presented for Response Fund Committee endorsement at the next meeting in early April 2009.

Specific actions for the different Funding Streams include:

Funding Stream I – NSP Support Grants – the basis for countries drawing down on these grants in a fully costed bi-annual plan based on priorities in their respective the NSP. The initial drafts of these plans were developed during the sub regional planning workshops held in Suva and Pohnpei. The two National Response Teams in Suva and Pohnpei will have responsibility for finalising these plans with country partners and enabling the first tranche of funds to be disbursed in the first quarter of 2009 in the south and second quarter in the north.

It is expected that these grants will provide assistance to overall health systems strengthening by paying for key positions as required and ensuring funding goes through the usual government funding mechanisms so a parallel system of funds disbursement is not established. Funds will be disbursed in six monthly tranches and will require six monthly activity and financial reporting.

Funding Stream II – CDO Grants – In 2009 SPC will continue to support the CDO programme established under PRHP as a conduit for financial and capacity building resources at the country level. Existing CDOs in Tonga, Tuvalu, the Solomon Islands and Vanuatu will continue to be supported. A review of CDO programmes in Tonga, Tuvalu and the Solomon Islands will be undertaken by the PRSIP team as part of their on-going M&E function.

The CDO programme will be re-established in Cook Islands, Fiji, Kiribati and Samoa following their closure during PRHP. The re-establishment of the CDOs in this country will be based on PRHP's experience of a greater involvement in the selection of the organisation and coordinator

being required. SPC will work with these countries to facilitate this process of selection. CDO Coordinators will work closely with National HIV Coordinators in countries where there are HIV Coordinators supported by the Global Fund Round 7, with the possibility of the TOR for CDO Coordinators being reviewed to reflect this partnership. SPC will also establish the CDO programme in two countries in the northern Pacific, in the Marshall Islands and Federated States of Micronesia. SPC will again play a much greater role on the selection of the organization and coordinator to ensure success of the programme.

Funding Stream III – Community Action Grants - The Community Action Grants Funding Stream will be determined by the establishment or re-establishment of CDOs. The CDOs will act as the administrator of the small grants in-country on behalf of the NCMs. To facilitate access to the grants SPC will conduct Project Design and Management (PDM) training in 9 countries in the last quarter of 2008 and first quarter of 2009. The training will include content to enable develop proposals for the Community Action Grants Funding Stream and Competitive Grants Funding Stream as appropriate. It is expected that the first round of Community Action Grants in selected countries will be advertised in the second quarter of 2009. Current funding is still available in Fiji, Niue, Solomon Islands, Tuvalu, Tonga and Tokelau, through the NAC Grant Funds transferred from PRHP to SPC following the closure of PRHP. All applications for Community Action Grants will be appraised by the NCMs for quality and against NSP priorities.

Funding Stream IV – Competitive Grants – The first round of the Competitive Grants Funding Stream was advertised at the beginning of December 2008. Potential applicants have been given until the end of February 2009 to submit their proposals. The proposals will be appraised by an Independent Grants Assessment Panel which will include the UNAIDS representative, a donor representative, the SPC HIV and STI Section Head and external expertise as required. Assistance in the developing proposals will be provided by SPC through the PDM training mentioned above and on-going support by the two sub regional teams. It is expected that the appraisal process will be undertaken in March 2009 with the first tranches of funding disbursed in the second quarter of 2009. On-going support to the projects will be provided by the respective sub regional teams and other SPC technical expertise as required. As with all funding streams updates to the Response Fund Committee will be provided periodically. To ensure Competitive grants address NSP priorities all applications will require endorsement by the Chairperson of the NCM.

Funding Stream V – PRSIP Support Grants – PRSIP Support Grants are open to all regional partners based on priorities in PRSIP II. The first round of the grants was recently advertised with a closing date of the end of February 2009. All grants applications will be appraised by an independent Technical Advisory Group (TAG). The TAG will be completely independent of SPC to ensure transparency in the process of approving funding in this stream. It is planned to commission the TAG to undertake appraisals in March 2009. Recommendations on projects to be funded will be provided by the TAG to the Response Fund Committee in early April for endorsement. It is expected that the first tranche of funding to approved projects will be disbursed shortly afterwards. On-going support to this regional funding stream will be provided by the SPC PRSIP team.

Funding Stream VII – Rapid Response Grants – Rapid Response grant applications will be dealt with on a case by case basis and approved by the Response Fund Committee Chairperson. All potential grant applicants will be encouraged to use the other funding streams first.

In addition to establishing the Response Fund Grants, SPC has also taken on responsibility for the management of on-going grants funded by PRHP. Recently \$2.14 million was transferred to SPC for this purpose. These funds will be managed and reported under a separate EOL with AusAID but will be an integral part of the work of the two sub-regional teams. The number of the grants included 25 grants funded under the PRHP Competitive Grants Programme.

Capacity Development

As part of the Response Fund a specific funding stream has been made available for SPC to provide capacity development support to country partners. In 2009 this funding will support PDM training in the countries mentioned under section grants administration. It will provide resource to enable support for NSP review and development in the countries mentioned in the sections on NSP development, including support for the development of national M&E frameworks. It will also enable the PRSIP Finance Planning and Development Officer to provide specific financial management training to organizations in Fiji, Tonga, Tuvalu, FSM, Guam, Palau and the Cook Islands as requested during the recent sub regional planning workshops.

On-going capacity development support will be provided by in-country visits, email and telephone to all grants holders by SPC over the course of 2009.