

Strengthening HIV Responses through Partnership

YEAR 1 PROGRESS REPORT (SEPT 2007 – AUG 2008)

1.0 GENERAL INFORMATION

Program Name	<i>Strengthening HIV Responses through Partnership</i>
AusAID Reference Number	<i>Services Order number: 37944/11 for Periodic Funding in Humanitarian Assistance to Burma (PFHAB)</i>
NGO Name	<i>Burnet Institute</i>
Delivery Organisation's Name/s	<i>Burnet Institute Myanmar (BI-MM)</i>
Date Project Commenced (contract signed)	<i>01 September 2007</i>
Expected date of completion	<i>31 August 2012</i>
Report covers activities implemented in the period	<i>September 2007 to August 2008</i>

2.0 ACHIEVEMENTS AND ANALYSIS

2.1 Major Development Objectives

2.1.1 Table:

Major Development Objectives	Rating	Comment
1. To strengthen the technical capacity of selected civil society partners to be able to deliver quality HIV prevention, care and support programs (including approaches to drugs and society).	S	Civil society partners have shown progress and improvement in their project designs, management, and implementation of projects, as well as in the progress review exercises conducted with BI-MM and the partners during the quarterly coordination meetings (section 2.1.2). Two of Burnet's PFHAB partners have submitted proposals to the 3D Fund Round II 2008.
2. Support the organisational development of selected civil society partners for the management of HIV interventions.	S	Financial management, program monitoring and evaluation and human resource management improved in this period, resulting in quality service delivery by the partners to their target beneficiaries (section 2.1.2). This increase in capacity has resulted in civil society partners expressing more confidence in meeting project requirements and accountability to their stakeholders.

2.1.2 Narrative:

Goal

- Concomitant with the aim of the Myanmar National Strategic Plan for HIV: Reduction of HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact

Purpose

- To strengthen the capacity of civil society to achieve effective and sustainable responses to HIV

Objectives

1. To strengthen the technical capacity of selected civil society partners to be able to deliver quality HIV prevention, care and support programs (including approaches to drugs and society).
2. To support the organisational development of selected civil society partners in their management of HIV interventions.

BI-MM's program worked with 8 partners in year 1. Partners are:

1. CMRFT - Cholia Muslim Religious Fund Trust
2. MCFT - Muslim Central Fund Trust
3. MRCS – Myanmar Red Cross Society (Thaton)
4. PDO - Phaung Daw Oo Monastic Education High School
5. WJSH - Wachet Jivitadana Sangha Hospital
6. YWCA - Young Women's Christian Association
7. Metta Foundation
8. World Concern

BI-MM has provided each partner with tailored technical assistance in project design, management, program delivery and organizational development. BI-MM's customized approach was based upon the findings of situation analyses, need assessments and baseline surveys conducted collaboratively with partners. BI-MM's capacity development program has consisted of providing comprehensive training and mentoring processes in HIV technical areas and organizational development.

Grants to six partners have been disbursed in every quarter in keeping with their proposals, budgets requests in accordance with their work-plans, and narrative and financial reports of previous quarters. BI-MM also facilitated networking between leaders and senior managers of the partners and has continued to support collaboration and mutual exchange between civil society organizations including local NGOs, community based organizations and self help groups. BI-MM actively participated in events involving various humanitarian actors such as UN agencies, other INGOs and the National AIDS Program e.g. Interagency Steering Committee meetings, and the INGO forum Estimation and Projection of HIV/AIDS Infection in Myanmar workshop organized by National AIDS Program (NAP), and Annual Review meeting of NAP.

Quarterly coordination meetings with partners' senior management, mentoring visits to project sites, progress reports, and review sessions all indicate substantial increase in the capacity of our partners to undertake their planned activities (please refer to "Summary of partners activities" section below). BI-MM and partners' senior managers and project staff have undertaken assessments and report significant progress and improvements for beneficiaries and communities as a result of the projects. Moreover, lessons learned from executing the activities in the respective target areas have indicated new developments in project delivery by some partners (please see Annex 1 for partner summary progress reports).

Summary of Partners' Activities

Cholia Muslim Religious Fund Trust (CMRFT): Burnet provided training on Rapid Appraisal and Response (RAR), for CMRFT, who conducted a baseline survey to assess the level of knowledge and practice relating to risky behaviors among Muslim youth in their project areas. These findings were utilized in the development of their operational plan. The higher level of community (religious, administrative and social) leaders' acceptance and participation encouraged more involvement of youth and PLHA in CMRFT project activities such as: high attendance in health education sessions integrated with existing "Summer Religious Education Camp"; increased number of volunteers; and increased numbers of participants in "Peer Support Meetings". An outcome of one of CMRFT's "peer support meetings" was the formation of a people living with HIV / AIDS (PLHA) self help group "Tet-Thit-Sa". Case studies expressed by the field staff during the progress review exercise showed a reduction in the level of stigma and discrimination in the community. The recruitment of a new project manager resulted in a more focused approach to project management and human resource management. Project staff improved skills in planning, proposal writing, delivery of activities at the field level, report writing and skills for administration and logistic issues. An improvement in confidence and skills to offer supporting counseling services during home visits was reported after attending BI-MM's counseling skills (care and support) workshop,. Furthermore, project staff participated in the Nargis relief effort in Yangon which promoted the credibility of the project and the organization in the community, including people living with HIV.

Muslim Central Fund Trust (MCFT): BI-MM's workshop on facilitation skill training boosted self-confidence and skills of project staff in delivering health education sessions. Baseline survey and situation analysis improved staff data collection skills. An increased awareness of the importance of knowledge transfer and sharing experience among staff was reported. Support from religious leaders urge Muslim youth and Mosque communities to access project's services such as the health education sessions and video shows. MCFT has shared success stories from their community education sessions, including a reduction in stigma & discrimination for PLHA's family members and safe behavior change in risk groups. Two field staff participated and co-facilitated in 3 Ns (National NGO Networking) meeting conducted in Paung Daw Oo Monastic Education School, Mandalay which resulted in a new network of PLHA self-help groups. MCFT presented a photo display in the BI-MM World AIDS Day event held December 3 2008 (see photo below). MCFT was also involved in the Nargis cyclone response at the Thingaugun Township in Yangon.



Photos: MCFT photo display at World AIDS Day (December 3, 2007), Yangon

Myanmar Red Cross Society (MRCS) Thaton HIV Project: As a result of BI-MM training, MRCS staff reported having changed their concept of supporting beneficiaries to developing self-reliance and empowerment, e.g., in addition to providing care & support services for HIV positive people, MRCS has: mobilized PLHA in the project activities by assigning a focal person for PLHA self help group; facilitated a PLHA self help group workshop to develop an action plan; provided nursing care training for PLHA; involved PLHAs in home-based care; and establishing a revolving fund system for the self help group to be managed by the group. They have improved local networking and have developed a referral system among local and international organizations providing services to PLHA. BI-MM provided support to MRCS to submit a Three Diseases Fund (3DF) Round II proposal to scale up prevention, care and support program in Taunggyi, Taungtwingyi, and Thaton. MRCS has also extended their network of collaboration by conducting awareness sessions at the Taboung religious festival together with other MRCS projects and Marie Stopes International, and participated in Mon/Taninthayi networking meeting organized by Care Myanmar. MRCS contributed one of their project staff to co-facilitate a BI-MM care and support training workshop (an indication of their increased skill level).

Paung Daw Oo (PDO): Progress has been made in project management, human resource management and financial system development, utilization of research findings in programming, and evidence of stronger professional relationships with the National AIDS Program (NAP) Mandalay Divisional Office. A need assessment for sexual and reproductive health, including HIV and AIDS education to students, was conducted and the findings utilized in planning the Year II school-based program. There is more participation of students, teachers and parents in project activities. Students have applied life skills knowledge, e.g., female students considered possible consequences of dating. Library and peer education activities continue to expand and increase in quality and peer educators now provide information to their families and community members. PDO facilitated a gathering for PLHA with the prospect of forming a self help group. As a result of effective networking, PDO has reached an agreement with Save the Children to receive technical assistance for life skill trainings in 2009. Project staff undertook an exchange visit to Pyi Gyi Khin Women's Development Group Care and Support Program and Orphans & Vulnerable Children (OVC) program with BI-MM's technical support under the 3DFund. One of PDO's project officers has also co-facilitated a BI-MM Peer Education training workshop. PDO submitted a 3DF round II proposal for malaria (prevention and treatment), TB (treatment) and HIV (care and support) to be implemented in their school neighbourhood, all of which indicate their increased level of organisational and technical capacity.

Wachet Jivitadana Sangha Hospital (WJSH) - Wachet Health and Development Project has shown success in advocating key stakeholders such as chief monks and executive members of the hospital steering committee to develop HIV services. The chief monk's attitude toward HIV interventions changed significantly; he advised to send monk scholars to attend HIV trainings specific to Buddhist monks in Chiangmai, in order to participate in the project. Moreover, the perception of hospital staff toward the HIV/AIDS patients improved and staff now provide better care and treatment to these patients in hospital and through home visits. Now, the hospital administration and Executive Committee members no longer object to condom outlets at the hospital. The project staff also received much more appreciation from the patients. Project delivery has improved as a result of BI-MM trainings, e.g., staff expressed that they have more confidence in facilitating health education (HE) sessions and counselling during home visits. The number of PLHA under care increased and improved health status was observed by project staff; health improvements were defined as PLHA reporting reduced frequency of infections; weight gain and well being; and general improvements in appearance during home visits. The project facilitated the organization of PLHA self-help groups and PLHA are now involved in supportive counselling. Health education (HE) sessions were requested by the community, who also sought assistance for funerals for PLHA. The project planned to extend their approaches in the prevention and care and support program in Year 2, including health education sessions in community and home-based care with technical support from Burnet.

Young Women's Christian Association (YWCA) - Promote Children – Prevent AIDS Project:

The project has progressed well and has met the target for number of beneficiaries in 3 townships namely Hlaing, Pale and south Okkalapa – Street children, Orphan and vulnerable children (OVC) and parents. The activities conducted included HIV awareness session and life skill trainings at all of the three project sites in urban settings. Street children registered in the project brought their friends to the YWCA Day Care centre. Potential peer educators were identified from amongst those children who regularly participated in trainings. Street children who are also sex workers initiated a request for HIV testing. Some children sought earning a regular income from a decent job and some went back to school. Less cases of crime by street children were reported; this reflected an improvement in their living conditions. As a result of a series of parent education sessions, parents who are sex workers have reported using condoms regularly. The library services of the YWCA day care centre were utilized by target children as well as the surrounding community. Project staff successfully advocated local authorities for free access for children to project services, and with business owners to ensure workplace safety and health measures for youth who have moved from the street to decent jobs. Project activities were implemented in collaboration with a UNICEF-funded street children program. In the Year II extended behaviour change interventions, peer education and outreach (mobile team) approaches are planned. YWCA participated in the Nargis cyclone response in the Delta Region.

Metta Development Foundation's HIV unit in Myitkyina undertook a survey after attending the BI-MM Rapid Assessment Response (RAR) workshop. The RAR workshop provided opportunities for sharing harm reduction experiences which were utilized in project implementation. The survey findings guided their project activities in harm reduction areas. Metta HIV unit plans to implement community-based drug related activities in the remote villages in Myitkyina. A group of community members organized by Metta is now initiating a small-scale needle collecting activity in Wa Shaung Village, Wine Maw Township. However advocacy to the local authorities and capacity of their staff is still a constraint to the implementation of harm reduction activities in Kachin State.

World Concern (WC) conducted a "Drug situation analysis" in September 2007 as a pilot programme in Northern Shan State, specifically in Nah Hkyem, Mung Baw and Mung Koe townships, to explore these issues and develop community based responses to address harm reduction and drugs and society issues. They utilized skills and knowledge gained from the BI-MM Rapid Assessment Response (RAR) Workshop in conducting the situation analysis. As a result of the rapid assessment on drug issues in the area, WC staff were more aware of drug issues. A report on the "drug situation analysis" was written by the local staff of WC and the results were shared and disseminated to their field staff and Northern Shan office management team. The findings were used in the design development and implementation of the "Drug Pilot Project". The Drug Pilot Project was implemented covering two villages, Wain Seng and Ma Naung Kaung, in Northern Shan State, Muse Township. Main activities of this project include advocacy to the Village Development Committee, regular meetings and health education sessions with drug users using Participatory Learning and Action (PLA) tools. Participation by WC staff in BI-MM workshops on peer education and behaviour change communications (BCC) contributed to development of a drug users peer education module (see photo below). This module will be used to select and train fifteen peer educators from each project village. Planning and discussion regarding the implementation of community-based harm reduction programs such as needle and syringe exchange programs and community-based detoxification was progressed.

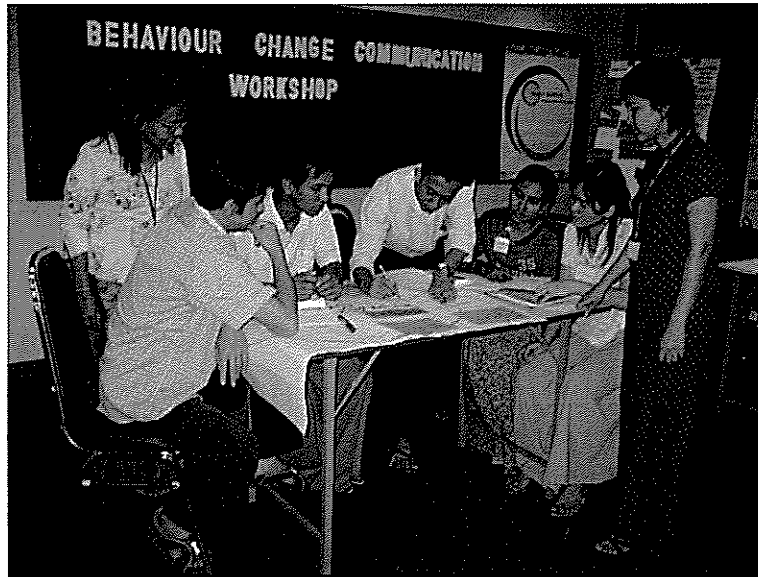


Photo: Behaviour Change Workshop at Burnet Institute Myanmar

Myanmar Baptist Convention: As a result of BI-MM's Leadership Forum (see photo below), the Christian Social Service and Development Department (CSSDD) of the Myanmar Baptist Convention (MBC) approached BI-MM to renew their partnership and to access technical assistance for their programs on reducing HIV transmission, access to treatment, and enhancing provision of basic healthcare in church communities in Northern Shan State. Assistance was provided by BI-MM in proposal writing for 3DFund Round II.



Photo: Leadership Forum with Civil Society Partners

2.2 Significant Project Outputs

Output 1: Training program implemented (through workshops and short courses) covering aspects of project management, organisational development and HIV technical capacity development and gender equity for local program partners			
Activities		Target for Year one	Activity Output – progress towards target
Activity 1.1	<i>Support increased capacity for care, support and treatment preparedness</i>	2 workshops	1 workshop conducted* <ul style="list-style-type: none"> Workshop on care and support was conducted for PDO, WJSH, CMRFT, MRCS
Activity 1.2	<i>Delivery of Foundation training on Counseling for BI-MM staff</i>	3 workshops	3 workshops completed <ul style="list-style-type: none"> Basic Counselling Skill Counselling Training- care and support (End stage) Counselling Training - Children
Activity 1.3	<i>Delivery of training courses on Basic Counseling</i>	3 workshops	3 workshops conducted** <ul style="list-style-type: none"> 2 Basic Counselling Skill for PDO, WJSH, CMRFT, MRCS Basic Counselling Skill for WC
Activity 1.4	<i>Delivery of training courses on Counseling Technical</i>	4 workshops	3 workshops conducted*** <ul style="list-style-type: none"> Introduction to alcohol and other drugs Counselling training - for World Concern and Metta Foundation Counselling care & Support (end stage) for PDO, WJSH Counselling care & Support (end stage) for MRCS, CMRFT
Activity 1.5	<i>Delivery of specific training courses on Drugs and Society</i>	1 course	3 courses <ul style="list-style-type: none"> Drug & Society short Course for WC Basic Harm Reduction, Outreach workers training for WC and Metta Youth & Drug training for Metta
Activity 1.6	<i>Delivery of training on organizational development to build the capacity on Finance and Management System</i>	1 workshop	1 workshop conducted <ul style="list-style-type: none"> Financial management Training for PDO, WJSH, CMRFT, MRCS, YWCA, MCFT
Activity 1.7	<i>Contribute to the development of Leadership in HRD</i>	4 meetings	2 coordination meeting each with all partners
Activity 1.8	<i>Delivery of training and technical support for the development of monitoring and evaluation framework</i>	2 workshops	2 workshops conducted <ul style="list-style-type: none"> Basic M&E Training for PDO, WJSH, CMRFT, MRCS, YWCA, MCFT, Metta Research trainings for Need Assessment for PDO project

Output 1: Training program implemented (through workshops and short courses) covering aspects of project management, organisational development and HIV technical capacity development and gender equity for local program partners

Activities		Target for Year one	Activity Output – progress towards target
Activity 1.9	<i>Delivery of training on Orphans and Vulnerable Children, Gender Analysis and ToT</i>	3 workshops	3 workshops conducted <ul style="list-style-type: none"> • OVC Training for PDO, MRCS, YWCA • Gender Analysis Training for BI-MM staff • TOT Training for BI-MM staff
Activity 1.10	<i>Delivery of training to enhance the capacity to undertake RAR techniques and analysis</i>	1 workshop	2 workshops conducted <ul style="list-style-type: none"> • Rapid Assessment and Response Training for CMRFT, MRCS, MCFT, World Concern and Metta
Activity 1.11	<i>Delivery of training on sexuality and gender to enhance the capacity to provide quality HIV prevention program</i>	1 workshop (gender)	2 inputs of gender**** <ul style="list-style-type: none"> • MSM research in Mandalay • Observational research on MSM issues relating to Nat worship at Taung Byone Festival
Activity 1.12	<i>Delivery of training on organizational development to build the capacity on volunteerism and policy development</i>	2 workshops	*****
Activity 1.13	<i>Delivery of training with technical input for HIV interventions focusing on young people</i>	1 workshop	1 workshop <ul style="list-style-type: none"> • Working with young people for PDO, CMRFT, YWCA, MCFT, Metta,
Activity 1.14	<i>Delivery of training in evidence-based, culturally-specific, targeted outreach programs for the reduction of HIV transmission and vulnerability particularly among people at highest risk through Behavior Change Communication (BCC) and HIV basic courses</i>	3 courses	5 courses completed <ul style="list-style-type: none"> • Peer Education (TOT) for PDO • Peer Education (TOT) for CMRFT, YWCA, MRCS, MCFT, World Concern and Metta , • BCC for PDO, CMRFT, MRCS, YWCA, MCFT, World Concern and Metta followed by a review workshop • Facilitation training for WJSH, MCFT, PDO • Facilitation training for CMRFT, YWCA

Notes to Activity Outputs:

* *Reference to Activities 1.1.* Care and Support training program includes series of 2 workshops – Care and Support 1 & 2. The first workshop was conducted in February 2008 followed by on-site feedback sessions with participants. These outputs will be incorporated into the second workshop curriculum development which is expected to be completed in Year-2 Quarter One.

** *Reference to Activity 1.3.* WC contracted BI-MM for an additional Basic Counselling Skills workshop for WC staff.

*** *Reference to Activity 1.4.* Counselling Skills (Living Well) was moved to Year 2 as an adjustment of plan according to BI-MM teams' workload.

**** *Reference to Activity 1.11.* As there is no research output for research in the PFHAB work plan and log frame, the aim of the research is to explore and collect the information to be utilized in development of curriculum of training programs, which are planned for year 2.

***** *Reference to Activity 1.12.* Organizational development inputs, particularly in human resource management, were provided during mentoring visits to meet individual needs.

Output 2: Coaching, mentoring and technical assistance provided to local program partners in all aspects of program delivery (from needs analysis and design through to monitoring and evaluation)

Activities		Target for Year one	Activity Output – progress towards target
Activity 2.1	Muslim Central Fund Trust (MCFT)	5 mentoring visits	16 mentoring visits
Activity 2.2	Young Women Christian Association (YWCA)	5 mentoring visits	10 mentoring visits
Activity 2.3	Wachet Jivitadana Sangha Hospital (WJSH)	5 mentoring visits	11 mentoring visits
Activity 2.4	Myanmar Red Cross society (MRCS)	5 mentoring visits	5 mentoring visits
Activity 2.5	Phuang Daw Oo Monastic Education High School (PDO)	5 mentoring visits	14 mentoring visits
Activity 2.6	Cholia Muslim Religious Fund Trust (CMRFT)	5 mentoring visits	15 mentoring visits
Activity 2.7	World Concern	5 mentoring visits	6 mentoring visits
Activity 2.8	Metta Foundation	5 mentoring visits	2 mentoring visits

Mentoring visits referred to coaching sessions, meetings, trainings, and follow up visits that occur either in Yangon or at the field sites.

The numbers of mentoring visits higher than the target due to increased frequency tailored to partners' needs in both project management and organizational development; in initial start-up phase of project (e.g. CMRFT), for capacity development of newly recruited staff including project manager (e.g. CMRFT, MCFT), in response to increased awareness of senior management team to enhance their capacity (PDO & WJSH) and locations of all project sites in Yangon (e.g. YWCA).

BI-MM could not provide targeted number of mentoring visits to Metta Foundation because their program was delayed gaining official permission in 2007.

Output 3: Networks enhanced and developed for leadership, information exchange and coordination.

Activities		Target for Year one	Activity Output – progress towards target
Activity 3.1	<i>Contribute to the development of Leadership Forum on HIV by attendance and participating in meetings</i>	4 forum	3 forum completed

Due to constraints of September event, one leadership forum scheduled for October 2007 was delayed to December 2007. The December forum was very fruitful with the consensus agreed upon the one year schedule of quarterly forum meetings. The March forum provided opportunities for sharing by senior managers, and in one forum, in which AusAID was represented, leaders presented their organizations and project profiles to current and anticipated donors; the remarkable performance of these local organizations was acknowledged. The June forum focused on Sexual Health Including STI and Reproductive Health. According to feedback from the participants, they were satisfied as they felt of the forum met their expectation for the workshop.

Output 4: Grant program provided for local partners to implement HIV prevention, care and support programs for target populations

Activities		Target for Year one	Activity Output – progress towards target
Activity 4.1	<i>Muslim Central Fund Trust (MCFT)</i>	\$ 13,000	Quarter 4 payment issued
Activity 4.2	<i>Young Women Christian Association (YWCA)</i>	\$ 20,000	Quarter 4 payment issued
Activity 4.3	<i>Wachet Jivitadana Sangha Hospital (WJSH)</i>	\$ 13,333	Quarter 4 payment issued
Activity 4.4	<i>Myanmar Red Cross society (MRCS)</i>	\$ 46,667	Quarter 4 payment issued
Activity 4.5	<i>Phuang Daw Oo Monastic Education High School (PDO)</i>	\$ 66,000	Quarter 4 payment issued
Activity 4.6	<i>Cholia Muslim Religious Fund Trust (CMRFT)</i>	\$ 33,000	Quarter 4 payment issued

The partners improved the financial management of their projects particularly developing good skills in planning for budgeting. Moreover, they regularly submitted reports fulfilling requirements and showing increased awareness on documentation transparency e.g. record keeping.

According to partnership agreements, advance payment for the next quarter will be acquitted upon acceptance of progress report on technical and financial components from grant recipients.

Please see Section 3.5 for comments on budget versus actual grant disbursements.

Output 5: Advocacy conducted for the establishment and strengthening of networks, which increase levels of coordination of HIV services and programs in Burma.

Activities		Target for Year one	Activity Output – progress towards target
Activity 5.1	<i>Coaching on accessing donors and proposal development</i>	2 inputs	5 inputs <ul style="list-style-type: none"> • Leadership Forum II -"Fund Raising" • MRCS 3DF round II proposal writing • MCFT Paung Ku fund for Nargis response proposal writing • CMRFT Paung Ku fund for Nargis response proposal writing • YWCA Paung Ku fund for Nargis response proposal writing
Activity 5.2	<i>Facilitate active participation in NGO, LINGO, UN, government and donor networks for peer exchange</i>	12 events	BI-MM actively participated in the following 17 events.

Reference to activity 5.1. The March 2008 Leadership Forum focussed on information exchange with donors to ascertain funding proposal requirements

Reference to Activity 5.2.

1. Inter Agency Steering Committee (IASC) facilitated by UN Resident Coordinator
2. INGO Forum
3. Regular UN, INGO, LINGO coordination meetings
4. Paung Ku (involved in Board, Project Committee and mentoring group)
5. NGO Gender Steering Committee and NGO Gender group
6. Main facilitator of Local NGO HIV/AIDS Networking Initiative group
7. Participated and contributed to Health Forum organized by International Federation of Red Cross/MRCS
8. IDU working group organized by UNODC
9. Review of National NGO capacity Building Needs organized by UNAIDS
10. Department of Health and INGO coordination meeting
11. Estimation and Projection of HIV/AIDS Infection in Myanmar organized by NAP
12. Annual Review meeting of NAP
13. Regular INGO Admin and HR meeting
14. Health cluster meeting
15. Protection of Children and Women cluster meeting
16. HIV sub-cluster meeting
17. Psychosocial sub-cluster meeting

In addition, BI-MM also involved in HIV TSG meetings; Disaster management workshop, Civil society seminar. and Technical Experience Sharing workshop on HIV and mobility organized by IOM, IASC guidelines for HIV prevention and response interventions in Humanitarian Setting Workshop, Stakeholders Forum "Benefits of Building Bridges between the Business Community and the NGOs" and Workshop on Effective and Innovative BCI (Behaviour Change Information approaches organized by CARE .

2.3 Key Emerging Issues & Proposed Solutions

Key Issues	When	Action to Address Issues	Responsible
1. Civil unrest occurred in major cities including Yangon and Mandalay.	September, 2007	Immediate implementation of the BI-MM Security Plan. The BI-MM Office was placed on a Security Alert Level 1 as a response to the crisis. Adjustments were made to training activities and all domestic travel was postponed until the security situation improved. There was close coordination and communication between BI-MM, AusAID, UN agencies, PFHAB partners and the INGO community. Due to the cancellation of training programs the senior management team conducted internal professional development workshops, which had been scheduled for later in the year. These training programs were also designed to allow the team to de-brief in relation to the evolving crisis (e.g. training on counselling allowed staff to utilise new skills in actually de-briefing each other during the crisis)	BI-MM (with support from BI-Melbourne)
2. Due to the events listed above, there were increased difficulties in getting visas for overseas consultants, the insecurity to the participants and BI-MM staff in travelling and government restrictions. It caused substantial impact upon the activities of BI-MM by the postponement/ cancellation of a number of workshops and mentoring visits planned in Year-1.	September – October 2007	In consultation with partners work-plan activities were modified to meet the targets of Year-one.	BI-MM and partners
3. The psychological impact of the September 2007 events on BI-MM human resources and their families.	September 2007 onwards	Immediate needs were addressed through training programs and informal de-briefings with staff. The senior management team continue to monitor the impact of the September events on the psychosocial wellbeing of the BI-MM team. Additional support was provided to the Country Representative by BI-Melbourne.	BI-MM Country Representative with BI-Melbourne support team.

Key Issues	When	Action to Address Issues	Responsible
4. Delays in visa approvals from government departments (INGO meeting with MOH).	January 2008	Close monitoring the process and information exchange among international agencies. Brought forward planning schedules to better coordinate international technical assistance (TA)	Program Secretariat and Admin team of BI-MM
5. Nargis Cyclone seriously affecting Irrawaddy Delta and Yangon Division	May 2008	Assessment for cyclone impact on BI-MM staff and Partner organization	BI-MM and partners
6. Staff secondment to Nargis cyclone response by BI-MM and partners	May 2008	BI-MM's and partners' work-plan activities were modified	BI-MM and partners
7. Delays in visa approvals and in-country travel permit from government departments because the priority shifts to the Nargis response and more restriction on accessibility to the project areas.	May- June 2008	Close monitoring the process and information exchange among international agencies. Brought forward planning schedules to better coordinate international technical assistance (TA) and deferring mentoring visits to July onward.	BI-MM and partners
8. Government increasing scrutiny on local organizations for registration and MoUs with respective Ministries.	August 2008 (ongoing)	Audit of each partner in regard to the status of their MoUs and/or registrations with the authorities. Maintain close communication with each partner to monitor their respective registration processes and to assess if there has been increased scrutiny from authorities.	BI-MM and partners

3.0 Exception Basis Reporting

3.1 Coordination/ Harmonisation/ Delivery Organisation issues and strengths

The World AIDS Day event was a successful collaboration between BI-MM and UNAIDS (see photos below). Overall the event was evaluated very highly with over 1000 people from partner organizations, CBOs, UN, INGOs and the community. The presence of drug users, sex workers, men who have sex with men (MSM) and people with HIV was notable. There were many people from general public who attended for whom HIV events were new. Important messages about HIV and space provided for the community to be exposed to relevant issues helped to reduce stigma and discrimination was evidenced.



Photo: World AIDS Day 2007 (December 3, 2007), Yangon



Photo: World AIDS Day 2007 (December 3, 2007), Yangon

BI-MM is a key facilitator of Local NGO HIV Network Initiative Group, jointly with the AIDS Alliance and the Capacity Building Initiative (CBI). The group organized Third Annual Meeting on LNGO/CBO in January 2008. Networking initiative groups were formed in other state and divisions and lead by the Yangon Initiative group, with purpose of stronger networking within the country. They renewed name of the group as National NGO Network (HIV) (NNN). BI-MM continued to support regular NNN's meetings.

BI-MM is a founding member of Paung Ku. The BI-MM Country Representative has actively participated in Paung Ku Board and the Program Secretariat Manager serves as member on the Paung Ku Project Committee. Paung Ku has successfully implemented its planned activities such as development of implementation manual, governance and communication strategy, and raising awareness of the funding and mentoring process. Paung Ku has continued to provide grants to community based organisations and civil society groups, and has been a major contributor of funds for local responses to Nargis cyclone.

BI-MM participates and contributes to the International Agencies Steering Committee (IASC) led by the UN residence coordinator/ Humanitarian coordinator and comprised of UN agencies and INGOs. IASC provides opportunities to exchange information about the humanitarian situation and responses in the country and to advocate with the government on issues of concern. A Disaster Contingency Plan through OCHA has been developed and the Myanmar Information Management Unit (MIMU) has been established.

BI-MM also participates in regular Cyclone Nargis cluster/sub-cluster meetings on Health, Protection of Children and Women, HIV group and Psychosocial group and has contributed to strengthening the effectiveness of humanitarian response to Cyclone Nargis. BI-MM seconded 3 staff to assist in the Post Nargis Joint Assessment (PONJA) conducted by the Tripartite Core Group and much praise was received for the competency of the staff.

INGO forum is formed to ensure regular dialogue between INGO decision makers to generate collective strategy to address humanitarian situation in the country. A Forum coordinator has been recruited to ensure that the forum functions effectively and also to reduce the workload associated with the organization and liaison required on the member agencies. BI-MM assisted in the facilitation of the national coordination meeting, and provides administrative support for the Facilitator.

The BI-MM drugs and society team is facilitating regular networking meetings for drug user self-help groups. The aim of the network is to support, strengthen and encourage people who use drugs in the society. The drug user self-help groups include DIC based self-help groups, methadone groups, ex-drug users' group, and representatives from Myanmar HIV Positive Group. Five meetings have been organized. An advisory committee and a steering committee for the group have been formed. BI-MM will continue to support this networking initiative to increase local capacity development through mutual exchange of issues, challenges and needs of drug users in Myanmar.

The Country Representative from BI-MM meets regularly in Yangon with the other PFHAB partners, CARE and Marie Stopes. In Melbourne, the Australian-based staff from these three agencies shared information through face-to-face meetings, emails and telephone calls. All three agencies also participate in the ACFID Burma Working Group; this platform has allowed the PFHAB partners to not only share information with other Australian NGOs, but to also liaise with the Australian Government through meeting and corresponding with Bob McMullan and AusAID.

Burnet Institute was invited to participate in the Humanitarian Reference Group (HRG) to share information following the devastation caused by Cyclone Nargis. Burnet Institute worked closely with Marie Stopes International (building on their relationship in PFHAB) to submit a proposal to address the psychosocial needs of health workers in Burma. Through funding from AusAID's Humanitarian Emergency Section (HES), Burnet and Marie Stopes are currently implementing this emergency project, which is built on the foundation of both agencies' PFHAB activities.