

# PACIFIC RESPONSE FUND

## Annual Report 2010

### **PART 2: Response Fund Grant Details by Funding Stream**

#### **Pacific Islands Response Fund for HIV & STIs**

Report Submitted by:

Secretariat of the Pacific Community

Noumea

New Caledonia

## Contents

STREAM 1: National Strategic Plan Support Grants .....	3
Summary Level .....	3
Individual Grant Level .....	5
Stream 2: Capacity Development Organisation .....	8
Summary Level .....	8
Individual Grant Level .....	10
Stream 3: Community Action Grants.....	12
Summary Level: .....	12
Individual Grants Level .....	14
Stream 4: Competitive Grants.....	15
Summary Level .....	15
Individual Grant Details .....	17
STREAM 5: PRSIP Support Grants.....	46
Summary Level .....	46
Individual Grant Level .....	48
Stream 7: Rapid Response Grants .....	99
Summary Level .....	99
Individual Grant Detail.....	100

## STREAM 1: National Strategic Plan Support Grants

### Summary Level

RF stream	Country/ Project	Narrative	Documents
<p><b>Stream 1: RF National Strategic Plan Support Grants</b></p>		<p><b>Summary:</b></p> <p>The NSP Support Grants are coordinated by the respective Ministry/Departments of Health in the 14 PICs. Its key purpose is to support the implementation of the NSP with a focus to HIV/STI priority activities at national level. This allocation is one of the main sources of funding for HIV/STI activities that are carried out by the Ministry/Department of Health. Within this allocation, some countries have also apportioned funds to other line ministries and outsourced to civil society partners. Noting that many PICs access more than one source of funding to support their NSPs, the work-plans developed under this allocation took into consideration where funding gaps were most critical and not already (or not sufficiently) supported by other funding sources. This was also to ensure a reduction in the duplication of funding support for similar activities and to ensure greater equitable distribution of resources across the national response.</p> <p>Some progress has been made through this allocation to facilitate a whole of health approach in supporting national coordination of the HIV/STI response, direct implementation of prevention, care and stigma reduction activities through provincial health outposts, national rollout of the Stepping Stones programme, support continued capacity development of national HIV/STI Core teams, review and update national strategic plans for HIV/STIs, and the development of monitoring and evaluation frameworks. In some countries, this allocation has provided support to hire needed programme management and technical staff to carry out and support HIV/STI activity implementation and monitoring. 11 of the 14 PICs are accessing this allocation accounting for 79%.</p> <p>Noting that many PICTs access a variety of funding sources to support the implementation of their HIV/STI NSPs, the work-plans and budgets developed under this allocation took into consideration critical gaps in funding support for priority areas of the NSPs and as indicated by national coordinators. This was not only to ensure a reduction in the duplication of funding support for similar activities in-country, but also to ensure greater equitable distribution of funds to support priority areas either not funded, or insufficiently funded, by other national and external donor funds.</p>	

**Financial Data**  
**Total Lifetime Grant Commitment – AUD\$4,245,000.00**

<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>		
\$672,318	\$429,347	\$157,745	<p>Total of 11 out of 14 PICTs have now accessed this stream of funding, with 6 of the 14 coming on board during 2010 for the first time.</p> <p>Disbursement in this stream has been very slow as this stream is directly disbursed to SRs through countries' Ministry of Finance and then re-directed to the MOH. Some of the issues to be highlighted in this stream are that funds transferred to some countries through their ministry of Finance are in the government account for almost 6 to 7 months before the MOH could access the funds. These are due mainly to internal processes within the countries.</p> <p>The burn rate which is the total expended by SRs divided by the total disbursed reflected for this stream is 23%. This reflects the slow absorption and the delay by countries to access funds in –country. Consequently the acquittal reports received by the countries are also affected.</p> <p>Secondly, for the July-Dec 2010 report, this is actually received in 2011, thereby equating to a 6-month period for 99% of the SRs which is not reflected in the acquittal expenditures for 2010. This applies to all the streams under</p>

				<p>the RF. Hence, burn rates noted, may appear artificially lower than in actuality (i.e. reflecting Jan-Dec period).</p> <p>There was a 76% increase in this period in the amounts disbursed to the SRs when compared to the 2009 period. This reflects an increase in the new SRs accessing their grants in under Stream 1.</p> <p>Total funds acquitted increased from \$157 to \$157,618 when comparing 2010 from 2009 figures.</p>	
--	--	--	--	---	--

### Individual Grant Level

Fiji	Ministry of Health	<p><b>General Comments</b></p> <p>Fiji's MOH finalised the Stream 1 NSP Support Grant costed work plan last quarter of 2009. A total of FJD\$304,403 was disbursed in first quarter of 2010 for the period Jan – Jun 2010. Planned Activity implementation focussed on prevention, clinical and monitoring &amp; evaluation priorities. To date, the MOH has not submitted both narrative and financial report. Although many communication follow up has been undertaken and several face to face meeting was also held both at the Ministry as well as SPC offices.</p> <p>MOH and PC&amp;SS collaborated very well in 2010 in establishing the Stream 2 – CDO Grant programme and Stream 3 – Community Action Grant programme.</p>	
		<p><b>Programmatic Achievements/Highlights</b></p> <p>No reports submitted to date. Several meetings have been undertaken as well as follow up communication regarding submission of outstanding reports. An unofficial draft report has been submitted. Data cannot be reported for this 2010 Annual report due to no submission of official report from Ministry of Health Fiji. GMU has been advised that reports will be submitted first quarter of 2011.</p>	

**Challenges**

The HIV Project Officer departed in April 2010 and an officer at the Ministry was Acting on the position as well as coordinating her other MOH designated role. The new HIV Project Officer was recruited in January 2011. Due to these changes, a lot of time was spent in building capacity of staff who assumed the role.

**Financial Data**

**Total Lifetime Grant Commitment – AUD\$750,000.00**

Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative
Cumulative (AUD\$)	FY 2010 (AUD\$)		
\$172,140	\$172,140	-	Fiji has been disbursed 23% of its total grant value. Funds were transferred in April 2010 and the MOH did not access the funds until 5 months later due to internal processes within Fiji. No acquittal has been received and follow ups have been done by the GMU team. Changes in project personnel in the MOH also attributed to the delay in accessing funds for the MOH.

**HIV &STI Epidemiological Situation**

HIV Tests Conducted = 260 (based on Mataika House Lab only)

Total Patient on ART = 40 (33 in central/eastern division and 7 in western division)

Chlamydia Tests Conducted =1562

CT & GC testing in Fiji is yet to achieve its ultimate goal. With the initial goal of providing diagnostic testing to cover important population in the community, this is yet to be realized. Testing is currently been offered to the Reproductive Health Clinic in Suva with a total sample of 1, 570 received during the reporting period. 8 samples were rejected and 1,

562 were tested during the reporting period. 272 samples have CT and GC co- infection, 221 have CT only and 330 have GC only and 16 samples have an indeterminate result. Overall CT prevalence among samples tested is 31% and GC prevalence of 38%. 17% of these patients have CT and GC co-infection.

Prevalence of infection by gender shows that in females there were 189(34%) CT, 122(22%) GC and 83(15%) of these samples had CT and GC co-infection. Prevalence in males shows 304(30%) had CT, 480(48%) had GC and 189(19%) had CT and GC co-infection. Prevalence by ethnicity shows that Fijians have 393 (38%) CT and 480 (46%) GC. 228 (22%) of these samples had CTGC co-infection. Indians have 62 (17%) CT and 83 (22%) GC. 30 (8%) had CTGC co-infection. Other ethnic groups have 38 (25%) CT, 31 (20%) GC and 14 (9%) of these samples have CTGC co-infection.

### HIV &STI Epidemiological Situation

HIV Tests Conducted =798

Total Patient on ART = 0

Chlamydia Tests Conducted =807

STI Assessed	Gonorrhoea			Chlamydia			Syphilis			HIV			Trichomonas		
	Total tests	Detected	%	Total tests	Detected	%	Total tests	Detected	%	Total tests	Confirmed	%	Total tests	Detected	%
<b>Total male + female</b>	807	77	10%	807	138	17%	716	0	0%	798	0	0%	0	0	0%

## Stream 2: Capacity Development Organisation

### Summary Level

<b>Stream 2: Capacity Development Organisation</b>	<b>Summary:</b>  The RF Stream 2 CDO Grant programme is the catalyst for broader NGO engagement in the national HIV & STI response. It continues to include and involve an increasing number of non-traditional health, as well as HIV-specific NGOs in its capacity development programs, and through the RF Stream III Community Action Grants managed directly by the CDO. The CDO Programme Coordinator is a key and influential partner in the national response working alongside the Ministry/Department of Health and respective national AIDS committees in coordinating, planning, implementing and reporting on the national response irrespective of funding.			
	<b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$1,500,000.00</b>			
	<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>
	<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>		
\$384,561	\$326,577	\$183,570	The total value of this stream being disbursed to countries is about 26% and the total acquitted is about 48%. 10 PICs have benefited from this stream. Five out of the 10 of the PICs were new projects that accessed their funds in 2010, and which reflects 50% of the new PICs accessing funds.  A total percentage increase in disbursement of	



				<p>funds resulted in a 463% increase in 2010 when compared to 2009 figures. In the 2009 period, the amount disbursed was AUD\$57,984 and in 2010 the amount was \$326,577. This is attributed to the increase in numbers of SRs accessing their grants from 2009 to 2010</p> <p>Total funds acquitted increased from \$30 to \$183,540 in 2010 and this is due to funds being disbursed in 2009 being reported in 2010.</p> <p>The acquittal report level is higher in this stream as all of those accessing funds are civil society organizations (and hence are often not hampered by burdensome bureaucratic processes). 80% of the PICs that access this funding have started while 20% are yet to commence. Current RF guidelines require the CDOs to be hosted by a local NGO, but some countries wish to have their CDOs to be hosted by their MOH, so there is better coordination and monitoring of the activities in country. The SPC GMU notified these PICs to submit a concept paper to the PRFC for consideration and approval. One of the countries is yet to make a decision as to which NGO would best would carry out this role. So one of the issues confronted by the PICs is the limited capacity and man-power in-country to carry out such roles.</p>	
--	--	--	--	--	--

## Individual Grant Level

Fiji	Pacific Counseling Services (PC&SS )	<p><b>General Comments</b></p> <p>Pacific Counselling and Social Services (PC&amp;SS) began its CDO operations in the first quarter of 2010.</p>	
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Successful completion of 3 HIV Counselling &amp; Testing Practitioners based Essential Standard training for health care workers in Central /Eastern, Western and Northern division. A total of 41 participants from the 3 divisions included health care workers from both government and civil society</li> <li>• Undertook 2 RF CAG Call for Proposal submissions. A total of 5 out of 10 applications received are approved from the first CAG proposal call, while the second call is yet to be finalised</li> <li>• Completed 1 Project Design Management (PDM) Training. 15 participants who submitted CAG Grant proposals completed the PDM Training.</li> <li>• Participated in the Regional CDO/NAC meeting to discuss issues and progress of programme implementation</li> <li>• Capacity building of the CAG grant partners undertaken face to face</li> <li>• Networked with other partners to coordinate national priorities activity implementation, such as the Stepping Stones programme and Workplace Development programme</li> <li>• Undertook 6 coordination meetings with the MOH</li> <li>• 16 VCCT sites were reviewed. Of these, 6 were in the Western Division, 4 in the Northern Division and 6 in the Central/Eastern division. 3 of the 16 VCCT sites met essential standard assessments. These include 33% (2 out of 6 sites in the Western Division) and 25% (1 out of 4 sites in the Northern Division) and 0% in the Central/Eastern Division met essential standard. Recommendations for improvement of the sites to meet essential standards were made and conveyed by PC&amp;SS to the site operators</li> </ul>	

**Challenges**

The main issue is the finalising of the Standard Operating Procedures for the RF CAG Grants Most Significant Change Story from participants who attended the Basic Counselling Skills for Work in HIV and Other STIs Field Training workshop.

**Financial Data**

**Total Lifetime Grant Commitment – AUD\$150,000.00**

Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative
Cumulative (AUD\$)	FY 2010 (AUD\$)		
\$18,988	\$18,988	\$9,531	<p>This is one of the SRs that had accessed this funding in 2010 for the first time. 13%, or \$18988, of the total grant value has been disbursed. 50%, or \$9531, has been acquitted.</p> <p>Reporting is usually on time but incomplete documentation has caused some delay in finalizing their acquittal reports. The SPC GMU also experienced some difficulties in the number of fees this organization claimed from the project which became challenging at times to resolve.</p> <p>62%, or \$5929, of the acquitted amount was utilized for the payment of staff PC&amp;SS involved in the project. 17%, or \$1605, was attributed to training activities, while the remaining percentage was attributed to operating cost, capital cost and travel expenses.</p>

## Stream 3: Community Action Grants

### Summary Level:

<p><b>Stream 3</b></p> <p><b>Community Action grants administered through the CDO in - Country</b></p>	<p><b>Summary:</b></p> <p>The Community Action Grants (CAG) is tailored specifically for community-based groups in the PICs. The grant promotes capacity building of small community groups with basic programme and financial systems, using the grant as an opportunity to improve these, and supporting organisations prepare themselves in such a way as to qualify for these small grants. It also allows for HIV &amp; STI issues to be integrated into a range of other community-level interventions and development initiatives. The grant is a stepping stone for community groups to invest in their systems, gain experience with managing small grants and progress towards bidding and managing bigger grants.</p> <p>Most SRs have not yet started their RF CAG projects with the exception of Vanuatu CAG SRs. In those countries where a CDO has been selected, they are currently in the process of finalising proposals from the communities to be endorsed by their respective National Aids Committees/National Coordinating Committees.</p>		
<p><b>Financial Data</b></p>			
<p><b>Total Lifetime Grant Commitment – AUD\$1,410,000.00</b></p>			
<p><b>Disbursements</b></p>		<p><b>Total Acquittals to</b></p>	<p><b>Financial Narrative</b></p>
<p><b>Cumulative (AUD\$)</b></p>	<p><b>FY 2010 (AUD\$)</b></p>	<p><b>31 Dec 2010 (AUD\$)</b></p>	
<p>\$71,178</p>	<p>\$71,178</p>	<p>\$37,957</p>	<p>A total of 14 PICs access this funding for Community Action Grants. This stream showed a 100% increase from 2009.</p> <p>These funds are to be disbursed through the CDO who will hold these funds in a</p>

				<p>Separate Trust Account for disbursing once the NAC/NCM has approved projects to be funded. The CDO's role is to call for proposals from the community and assess them with criteria already being set with NAC/NCM for eligibility. This stream has a wide coverage in all levels for the community. Some of the criteria may also include gender and equality considerations, to name a few.</p> <p>The GMU will only disburse funds to the CDO once SPC receives an approved list of proposals being endorsed by the NAC/NCM in partnership with the MOH in country.</p> <p>After this, the CDO's role is also to compile and consolidate the reports from the CAG recipients and then forward these to GMU for reviewing.</p>	
--	--	--	--	---	--

## Individual Grants Level

Fiji	Pacific Counseling Services (PC&SS )	<p><b>General Comments</b></p> <p>PC&amp;SS had established the Stream 3 Grant programme. It took a while to establish the Grant Trust Account as a lot of documentation was needed by the Bank, and for NACA to determine the signatories to the account.</p> <p>The first round of Call for Proposal submission was made in 2010. A total of 10 proposals were received which mostly reflected prevention-related projects. Funding is yet to be released as of December 2010.</p>			
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• 5 proposals endorsed by NACA</li> </ul> <p><b>Challenges</b></p>			
		<p><b>Financial Data</b></p> <p><b>Total Lifetime Grant Commitment – AUD\$180,000.00</b></p>			
		<p><b>Disbursements</b></p>		<p><b>Total Acquittals to 31 Dec 2010 (AUD\$)</b></p>	<p><b>Financial Narrative</b></p>
		<p><b>Cumulative (AUD\$)</b></p>	<p><b>FY 2010 (AUD\$)</b></p>		
		<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	

## Stream 4: Competitive Grants

### Summary Level

<b>Stream 4 Competitive Grants</b>	<p><b>Summary:</b></p> <p>There are 45 Competitive Grant (CG) projects supporting 35 organisations in the implementation of innovative prevention, education, care and support activities. These organizations include local and regional NGOs, local government agencies and other community-based civil society organizations. Of these, 20 projects are implemented by 10 organisations that have 2 projects each. Those currently accessing Stream 4 are national NGOs (e.g. Wan Smolbag Theatre, Fiji Network of Positive People, Youth to Youth in Health, MenFiji, etc.), whilst others include affiliates of international NGOs like Save the Children, Red Cross, Burnett Institute and the International Planned Parenthood Association, or other government agencies (i.e. Pohnpei State HIV and STI Programme). These projects tend to have more specific target groups or activities such as social research and working with specific risk groups such as sex workers, men who have sex with men and seafarers. One project was completed in December 2010 (Yap Oceania Community Health), and will be evaluated in 2011.</p> <p>Strategies funded this stream tend to be wide-ranging and are often based on innovative approaches (i.e. Red Ribbon Club for Children in 4 Honiara settlements, income-generation projects for sex workers in Fiji, drama and infotainment in Tonga and Fiji, and Stepping Stones roll out in Federated States of Micronesia, Solomon Islands and Fiji, etc.). Marie Stopes International Pacific projects were terminated in December 2010 due to a closure of its Pacific operations. 11 projects had not commenced in 2010 due to lack of capacity and human resource among other things. The GMU is continuing to work with the respective organisations to progress these projects, and explore avenues through capacity building and technical support to mediate these. As a last resort, and in line with the GMU Performance-based Grant Management Policies, the option of termination of the grant has been made known to the SRs. This was enforced by the GMU in 2010.</p> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$4,627,000.00</b></p>			
	<b>Disbursements</b>		<b>Financial Narrative</b>	
	<b>Cumulative</b>	<b>FY 2010</b>		

	(AUD\$)	(AUD\$)	Dec 2010 (AUD\$)	
	\$1,342,414	\$899,178	\$524,988	<p>A total of 45 projects were under this stream in 2010. Some PICs have about 10 projects. This stream was the first of the RF streams to be accessed by the SRs as it consisted of more projects in comparison to all the other streams.</p> <p>This stream showed a percentage increase of 103% in the amount disbursed in 2010 when compared to 2009 figures. In the 2009 period, \$443,236 was disbursed, while in 2010, \$899,178 was disbursed.</p> <p>Total funds acquitted increased from \$118 in 2009 to \$333,540 in 2010. This reflects 76% of funds transferred in 2009 and acquitted in 2010</p> <p>19 out of the 45 were new SRs that accessed their funding in 2010. 11 out of the 45 remaining SRs will access their funding in 2011. One of the grants has been terminated due to organization ceasing operations in the Pacific.</p>



## Individual Grant Details

Fiji	Fiji Network for Positive People (FJN+) (RFJFNP02)	<b>General Comments</b>		
		This project's main focus is to conduct a survey to assess the ability of key populations to access to appropriate HIV/STI testing and treatment services. Project target groups included street kids and young people. The report for this project has yet to be finalised and is due in June 2011.		
		<b>Programmatic Achievements/Highlights</b>		
		<ul style="list-style-type: none"> <li>Conducted a survey to assess the level of access to HUB Centre Services for HIV/STI testing and treatment. The research project was able to attract a total of 32 research participants from Suva, Lautoka and Labasa.</li> </ul>		
<b>Challenges</b>				
		<ul style="list-style-type: none"> <li>Significant amount of staff changes/shortages at the HUB Centre in Labasa resulted in coordination difficulties and conducting/maintaining Patient Interviews and Record Reviews for the purpose of research component of the project.</li> </ul>		
<b>Financial Data</b>				
<b>Total Lifetime Grant Commitment – AUD\$50,000.00</b>				
<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>	
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>			
\$37,698	\$0	\$23,250	A total of 75% has been disbursed out of total grant value of \$50,000. No funds have been acquitted in the 2010 period. The issue is the delay in reporting and the GMU RF is	

					<p>carrying out follow up actions.</p> <p>44%, or \$9063, of the acquitted amount relates to personnel costs. 22% is attributed to payments for publications, while 11% is attributed to training costs. 13% is attributed to capital costs and the remaining 10% was for operating expenses such as rent and utilities.</p>	
Fiji	<p>Fiji Network for Positive People (FJN+)</p> <p>(RFJFNP03)</p>	<p><b>General Comments</b></p> <p>This grant is solely to support the institutional strengthening of FJN+ in terms of core funding addressing staff salaries (approved by AusAID as a continuation of prior PRHP support). All activity costs are supported by other grants (including other RF streams).</p>				
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• World AIDS Day Pre-Launching conducted</li> <li>• World Testing Day Roadshow conducted promoting Voluntary Testing and Prevention of Parent to Child Transmission of HIV around Vitilevu from 5<sup>th</sup> to 11<sup>th</sup> July 2010. Villages visited were Veinuqa in Tailevu, Naibita Village in Wainibuka, Tavualevu, Wyndham Hotel at Denarau, the Sheraton Hotel, Sabeto Village, Namatakula in Sigatoka, and Vunibau Village in Deuba.</li> <li>• AIDS Ambassadors Participation in the events</li> <li>• Road Shows conducted where the Fiji Network for People Living with HIV &amp; AIDS organized a road show with the theme to promote voluntary HIV testing and Prevention of Parent to Child Transmission HIV Campaign. The 6-day road show targeted young people particularly at child bearing age from 18yrs – 40yrs.</li> <li>• Advocacy Training was conducted in August, 2010 for 11 PLHIV. It had two major components,</li> </ul>				

		<p>including <i>Training of Trainers</i> and the development of an <i>Advocacy Strategic Plan</i> for the next five years.</p> <ul style="list-style-type: none"> <li>• Stepping Stones and Life Skills Training conducted. The combination of the two programmes was designed to enable people to explore the huge range of issues which affect their sexual health- including gender roles, money, alcohol use, traditional practices, attitudes to sex, attitudes to death, and their own personalities. During FJN+ participation in HIV awareness or event at any community the two programmes are been combined to allow participant to participate and open up with HIV issues. This has significantly increased their knowledge on HIV and AIDS and strengthens their ability to cope with daily challenges.</li> <li>• A four-week Stepping Stone Training Workshop was held from 6.9.10 to 28.9.10 at Matata Settlement, Lami organized by FJN+. The training was initiated by Foundation of the South Pacific International (FSPI), funded by Ministry of Health (NACA) and implemented by FJN+. The workshop had been effective in generating sustainable effective behaviour change in many communities. It helped the community members to develop a greater social capital in relation to the issues that make the community vulnerable to HIV. The training was designed to allow women, men and young people to address their relationships in a constructive, fair and equitable way. People who went through the training would be able to explore their social, sexual and psychological needs, to analyse the communication blocks they faced and to practice different</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• To transfer the skills and knowledge into practice with the limited resources available for PLHIV advocacy work</li> <li>• Translating the advocacy strategic plan in vernacular to other members that does not understand and speak English</li> </ul> <p style="text-align: center;"><b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$130,000.00</b></p>		
		<b>Disbursements</b>	<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>

		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>			
		\$20,792	\$20,792	\$0	FJN+ have accessed their funding for the first time in the second half of the 2010 period, hence no acquittal reports were received for this reporting period.		
Fiji	Pacific Counseling and Social Services (RFJPCS02)	<b>General Comments</b>					
		This project is under PC&SS' VCCT Programme at CWM Hospital. The project aims to provide pre and post test counseling targeting both ante-natal mothers and their partners to have informed decisions about HIV testing and other prevention information.					
		<b>Programmatic Achievements/Highlights</b>					
		<ul style="list-style-type: none"> <li>• Gradual improvement in the integration of counselling services into the routine ante-natal process that aims at minimizing the risk of parent to child transmission (PPTCT) of HIV.</li> <li>• Pre and post test counselling is conducted on a daily basis to expectant mothers and their partners who have been referred from the nurses or approached by PC&amp;SS counsellors, daily counselling numbers were given to ante-natal staff to compare against numbers booked and were able to identify numbers of mothers who had missed out.</li> </ul>					
		Jan – June 2010 period stats		July – Dec 2010 period Stats			
		<b>Pre test – Total of 451 completed</b>			<b>Post Test Total of 465</b>		
		<b>Age group</b>	<b>M</b>	<b>F</b>	<b>Age group</b>	<b>M</b>	<b>F</b>
		15 – 25	66	151	15 – 25	2	232
		26 – 35	0	207	26 – 35	66	132
		36 – 55	14	21	36 – 55	0	24

		56+	1					
<ul style="list-style-type: none"> <li>• A total of 538 pre-test sessions for women were conducted during this reporting period (<i>This number omits those who did not yet return for their post-test counselling before the end of 2010</i>). 49% of this total are between the age group of 15-25 years. 92% of the total gave their written informed consent to be tested. 33% of those giving their consent have had a HIV test in their previous pregnancy. Fijians made up the larger percentage (74%) of those counselled, due to the larger population proportion. A total of 1005 pre test sessions was conducted for the period January to June and was not reported earlier due to the delay in receiving post test results.</li> <li>• Slight improvement in the referral system from the nursing staff was evident when on a couple of weeks 100% referrals were achieved. Change of nursing staff often contributed to the drop in sustaining this trend. Discussions to maintain 100% referral is on-going.</li> <li>• Positive response from males/spouses to the Men's Programme was evident in slight increase in numbers of males pretested for HIV/STI and the increase in males accessing condoms and lubricants at ANC.</li> <li>• The specialized men's programme at the CWM hospital has progressed on despite the challenges faced. A total of 92 expectant fathers were pre-tested at CWM during this period compared to the 159 for the last reporting period. The decrease is attributed to the fluctuating number of men that often accompany their partners to the clinic. 53% of the men seen during this period were within the age group of 15-25 years of age, inadvertently capturing a significant proportion of a high risk group for contracting and transmitting HIV/STIs (i.e. sexually active young people).</li> <li>• In 2010, a total of 251 men attended HIV counselling at the ANC, of which 31% (n=79) gave their written informed consent to be tested for HIV. Fijians made up a greater proportion of male clients. Compared with women more men reported being currently sexually active (75% as opposed to 58%), and reported a greater number of current sexual partners, with only 85% indicating they had only a single sexual partner (compared with 98% of women).</li> </ul>								

- More men than women reported ever using a condom (61% versus 42%). However, only 60% of these men reported using a condom with their regular partner.
- Internal evaluation of the Men's programme was conducted in June to enable PC&SS to learn more about the men's experiences with the programme. A total of 48 interview forms were reviewed and the data collected summarised.
- HIV Presentation was delivered at the antenatal clinic waiting room to a total of 3383 females and 325 males.
- 68% (n=172) declined the HIV test 32% (n=55) reported they would consider testing later. Some other reasons reported for declining the test are recently tested, busy with baby or simply choose not to give a reason.

COMMODITIES DISTRIBUTION – 2010				
Nausori Maternity		Jan - Jun	Jul - Dec	Total
Male		2164	3766	5930
Female		443	508	951
Lubricant		875	253	1128
Dissemination of IEC Materials				
		Jan - Jun	Jul - Dec	Total
HIV Brochure	English	499	604	1103
	Fijian	492	699	1191
	Hindi	145	97	242
	<b>Total</b>	<b>1136</b>	<b>1400</b>	<b>2536</b>
STI Brochure	English	0	173	173
		Jan - Jun	Jul-Dec	Total
Number of HIV Presentation		20	29	49
Head Count		580	756	1336

**Challenges**

- Low number of mothers receiving their results due to mothers default in clinic attendances or transferred to other sites. Others are due to nursing staff oversight.
- Need for more awareness of the services provided with the Men’s Programme in ANC amongst spouses/husbands
- Not enough regular supply of breastfeeding pamphlets as this is a very good tool for pregnant mothers, especially first-time mums

**Financial Data**

**Total Lifetime Grant Commitment – AUD\$150,000.00**

Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative
Cumulative (AUD\$)	FY 2010 (AUD\$)		
\$58,987	\$34,515	\$33,709	<p>A total of 39% has been disbursed of the grant value. Acquittal reports were received on time but incomplete. The challenge noted in PC&amp;SS reports was the many fees being charged for services provided in-house by PC&amp;SS but requiring clarity to ensure there is transparency on charges incurred and whether they were relevant to the project.</p> <p>95%, or \$32161, is attributed to personnel costs for PC&amp;SS staff involved in this project. The other 5 % is attributed to the operating/capital costs.</p>

Fiji	Pacific Counseling and Social Services  (RFJPCS04)	<b>General Comments</b>		
		The Sekoula project aims to target sex workers in the Western Division to improve sex workers' knowledge on HIV/STIs including other sexual health information, and have improved access to sexual health commodities such as condoms.		
		<b>Programmatic Achievements/Highlights</b>		
		<ul style="list-style-type: none"> <li>• Conducted on-going support group and/or sessions at the drop-in centre</li> <li>• Distributed condoms and other information materials available at the drop-in centre</li> <li>• Worked with sex workers to build their capacity in project management</li> </ul>		
		<b>Challenges</b>		
		<ul style="list-style-type: none"> <li>• Need to re-programme prevention outreach services due to the HIV Decree that had specific clauses about engagement of sex work, and which did not create an enabling environment for sex workers, and which could potentially jeopardise the legality of the prevention work with sex workers</li> </ul>		
		<b>Financial Data</b>		
		<b>Total Lifetime Grant Commitment – AUD\$140,000.00</b>		
		<b>Disbursements</b>		<b>Total Acquittals to 31</b>
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>
		\$0	\$0	\$0
		<b>Financial Narrative</b>		
Fiji	Fiji Amateur Sports Association and National Olympic	<b>General Comments</b>		
		<b>Programmatic Achievements/Highlights</b>		



	<p>Committee (FASANOC)  (RFJASA01)</p>	<ul style="list-style-type: none"> <li>• STOP HIV developed a Community Coach Curriculum by combining with the Oceania Sports Education Program (OSEP) Curriculum with the Kicking AIDS Out Peer Leaders Training programme. This curriculum was piloted in Fiji from the 15th to the 19th of February 2010 where 9 young coaches from various sports acquired the life skills training that will be utilized in coaching clinics in schools and communities for disseminating messages on prevention of HIV through sports. OSEP had previously trained 36 community coaches and peer leaders in 2009, and increased to 45 in 2010.</li>   <li>• 7 STOP HIV Champions were recruited for 2010, and underwent a comprehensive 3-day training for from the 12<sup>th</sup> to 14<sup>th</sup> of March 2010 held at the Club Coral Coast. The main aim of the training was to introduce the champions to the programme and equip them with basic HIV and AIDS knowledge. Along with the seven new recruited STOP HIV Champions, three 2009 Champions extended their term for a further 6 months into 2010. By the end of 2010, STOP HIV Programme trained 22 STOP HIV Champions.</li>   <li>• STOP HIV Team was invited to take part in the inaugural Pacific Youth and Sports Conference organized by the Oceania Football Confederation in the New Zealand from 15- 20 March, 2010. A team of STOP HIV Champions from Fiji and Vanuatu were selected to facilitate sessions throughout the week and raised awareness and knowledge amongst the youth in the region. The main objectives of this conference was to enable the team of STOP HIV Champion to increase the knowledge amongst the youth of the Pacific on HIV/STIs, and how other countries could encourage their NOC to start STOP HIV in their respective countries and to promote the programme's key message: "<i>Be A Leader, Promote Sports, Prevent HIV</i>". They reached out to more than 200 youth from 14 countries. The Fiji Delegation was awarded with USD 20,000.00 from the OFC to deliver the STOP HIV programme to the Fiji football teams in 2011.</li>   <li>• FASANOC STOP HIV National Coordinator and STOP HIV Regional Manager attended a three-day training held at the Studio 6 Conference Room between the 26th, 27th and the 29th of April 2010 on HIV/AIDS Policy in the Workplace. This were jointly organized by the MOH and the Ministry of Labor - Industrial Relation and Employment, together with their regional partners, the International</li> </ul>	
--	--	---	--

		<p>Labor Organization, Red Cross and UNAIDS. This training targeted government and NGOs that advocate on HIV and AIDS in the workplace. FASANOC, as the driver of the STOP HIV Programme nationally, began the process of developing its own HIV/AIDS Policy in the Workplace, and which will be passed down to all the 40 National Federations affiliated to FASANOC by the end of 2011.</p> <ul style="list-style-type: none"> <li>• The STOP HIV Project Team, namely the FASANOC Chief Executive Officer, and the National Programme Coordinator joined the Regional Manager for the STOP HIV at the Studio Six Conference for a half-day training workshop on the M&amp;E Framework on the 11<sup>th</sup> of June, 2010. This workshop was organized by SPC RF Team based in Suva, as part of the agenda for the Annual Meeting of the CDO/NAC. The session covered identification of various key reporting data and identification of areas that need attention to ensure all work plans are finalized, refined and consolidated. All recipients for the RF were invited to this last session and engaged in generated discussions and highlighted on the MSC aspect of the evaluations.</li> <li>• Completed 15 Safe Games &amp; Sports Outreach events in 2010. This included the Easter Weekend Games, National Volleyball Trials, Nasinu and Suva Netball Knockout Tournament, 2010 Fiji Secondary Schools Athletics 2010 Coke Games, 2010 Pacific Rugby Cup, Fiji Games 2010, Marist Eastgate Memorial Tournament, Inter- District Championship Soccer, National Trials- Swimming, Fiji Secondary School Basketball Championship, Inter-District Championship Netball, and the Fiji Secondary School Hockey Championship.</li> <li>• Conducted three Basic STOP HIV 101 sessions with Elite Athletes. This included the Athletic Training Squad Session, 2010 Oceania Weightlifting Championship (OWC) Fiji Team Session, and evening team sessions with the Pacific Team who participated in the Pacific Rugby Cup Series.</li> <li>• Strengthened of STOP HIV Governance Structure</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Managing STOP HIV Champions/Volunteers who need constant coaching irrespective of their gender,</li> </ul>	
--	--	--	--

		<p>ethnicity, social commitments and perceptions</p> <ul style="list-style-type: none"> <li>• Outreach Team had to travel long distances, and especially in the evening for conducting Team Talk Sessions. This was due to the fact that the team camping site is not near to game venue, and travelling times were long</li> </ul>			
		<p><b>Financial Data</b>  <b>Total Lifetime Grant Commitment – AUD\$125,000.00</b></p>			
		<b>Disbursements</b>		<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>	
		\$59,822	\$35,739	\$33,087	
					<p>FASANOC was disbursed 48% of the total grant value and the acquittal funds acquitted was about 39%. Reporting was on time with well-organized supporting documents.</p> <p>30%, or \$9833, of the acquitted amount is attributed to payment of personnel costs coordinating the activities. 28%, or \$9355, related to transportation costs. 17%, or \$5,519, was for training costs. 7%, or \$2383, was for communication costs, and the remaining 8%, or \$2525, was for payment of flyers or pamphlets used for the STOP HIV campaign.</p>
Fiji	Youth Inc Fiji (RFJYIF01)	<p><b>General Comments</b></p> <p>This project is a behavioural research project aimed at targeting street kids in Fiji. The project proposal submission was submitted by Youth Inc. Fiji who eventually endorsed its novation to FSPI. Youth Inc. Fiji had some management issues to address, and impacted upon the commencement of the project until the management of the project was addressed.</p>			

		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"><li>• A research committee was set up to oversee the research component of the Streetwise project. Relevant stakeholders, such as the MOH, Department of Social Welfare, UNCEF, USP, PHSRC, Save the Children and SPC were invited to sit on the research committee and consult the research project activities.</li><li>• Research protocols were developed to guide the research. The draft research protocol underwent a process of scrutiny, and was assessed by members of the research committee before it was submitted to the National Health Research Committee (NHRC) for endorsement. The research committee has been constantly engaged in the progress of the research protocol, and in providing advice and technical assistance on how the research protocol can best address the concerns of the NHRC. The research protocol has been submitted and feedback has been received from the NHRC. Five key issues raised by the NHRC were:<ol style="list-style-type: none"><li>1. Who will provide consent for the minors (under legal age of consent of 18 years)?</li><li>2. Age of study participants</li><li>3. Who is the legal guardian for these minors?</li><li>4. Legal implication for some sensitive questions if used in the survey tool (e.g. sex with minor, experience with sexual violence, current practice sexual practices, use of recreational drugs like marijuana, and other illegal activities and health-risk situations like glue sniffing)</li></ol></li></ul> <p><b>Challenges</b></p>	

		<ul style="list-style-type: none"> <li>Finalising ethical standard of the research proejct by addressing issues raised by the Research Ethics Committee</li> </ul>	
		<b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$100,000.00</b>	
		<b>Disbursements</b>	
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>
		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>
		\$31,453	\$31,453
		\$6	A total of 31% has been disbursed for this project in the last period of 2010. Hence their acquittals will be covered in the 2011 period.
Fiji	Reproductive & Family Health Association of Fiji (RFJRFH01)	<b>General Comments</b> The Stemming the Tide Project is a male-focused approach to HIV/STI and unplanned pregnancy control project which commenced in 2009, with specific focus on HIV & STI education and training of trainers of seafarers through the College of Maritime, Fiji. The module used is mirrored off the International Planned Parenthood Federation’s <i>Integrated Comprehensive &amp; Life Skills Sexuality Education</i> .	
		<b>Programmatic Achievements/Highlights</b> <ul style="list-style-type: none"> <li>Involvement of more younger male seafarers in the awareness programmes</li> <li>Working with College of Maritime and the Ports Authority of Fiji in having a Memorandum of Understanding (MOU) in the setting up of drop-in-centres which can be utilised by seafarers to access information on Sexual &amp; Reproductive Health &amp; Rights (SRHR) which includes HIV and AIDS as well as STIs</li> </ul>	

- Meeting with Medical Services Pacific (MSP) to also have an MOU whereby RFHAF will be able to make referrals for seafarers to utilise their HIV testing services as well as clinical services
- Involvement of seafarers spouses, although programmes for spouses have not begun

**Challenges**

- Establishment of clinics for seafarers that can also provide testing services (one stop shop)
- Require HIV workplace policies for seafarers
- Data collected by the MOH not segregated by occupation, but may be taken into consideration as part of the data collection aspect of the project
- Need to do carry out research on sexual behaviours of seafarers to inform the work of the project

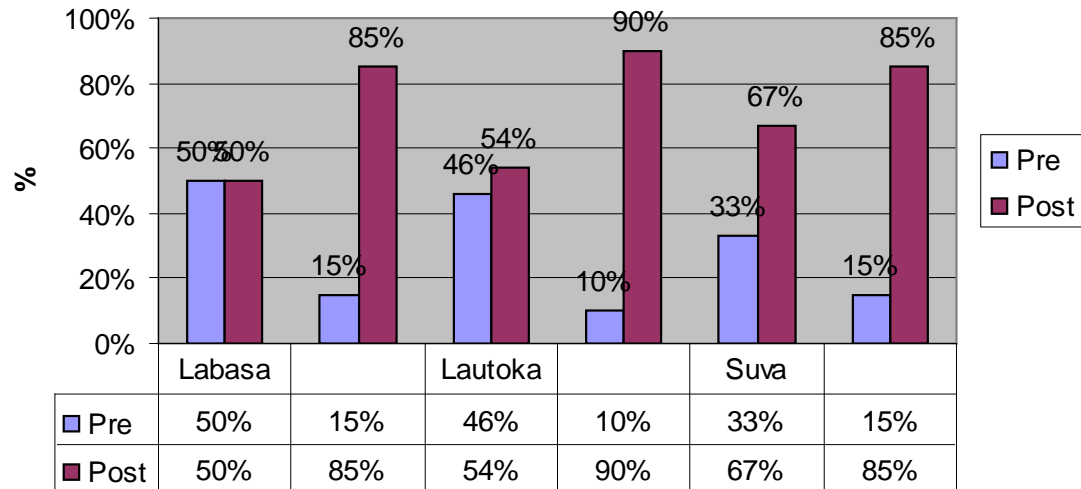
**Financial Data**

**Total Lifetime Grant Commitment – AUD\$100,000.00**

Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative
Cumulative (AUD\$)	FY 2010 (AUD\$)		
\$52,917	\$40,144	\$20,509	<p>A total of 52% has been disbursed of the grant value to the SR for this grant, and 39%, or \$20,509, has been acquitted. The main issue is the incompleteness of reports and delay in reporting.</p> <p>48%, or \$9,804, of the total funds acquitted is attributed to training costs, and 38%, or \$7,758, is attributed to payment of staff involved in the project.</p>

Fiji	Fiji Red Cross Society  (RFJRCS01)	<p><b>General Comments</b></p> <p>The Fiji Red Cross HIV &amp; Workplace Project focuses on providing HIV/STI prevention and the development of workplace policies in selected work places in Fiji.</p> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• 13 Trainings in the Workplace completed. These brought the numbers of workplaces trained for 2010 from 1 to 19 workplaces. Specifically, 7 workplaces in Labasa, 4 workplaces in Suva, and 2 workplaces for Lautoka. A total of 73 beneficiaries were reached.</li> <li>• After the Trainings in the Workplace were completed, workplace managers were approached on a face-to-face basis who had conducted the trainings. The purpose was to monitor build up after the training, and gage any further assistance needed from employers in completing a draft HIV and AIDS Workplace Policy.</li> <li>• Training of Trainers conducted</li> <li>• Database for HIV in the Workplace training developed</li> <li>• Assessment for Workplaces and Instructors conducted</li> <li>• Monitoring visits to two project sites completed. Both project sites delivered training sessions and follow up visits to targeted workplaces. Labasa developed strong, effective collaboration and partnership with targeted workplaces in the District. This resulted in employers allowing their employees (company representatives) to attend a one or 2 full days of training on HIV and AIDS in the workplace during their normal working days.</li> <li>• All training sessions conducted were monitored through pre and post knowledge data collection and evaluation forms and findings noted below.</li> </ul>	
------	--	---	--

### Pre and Post Test Knowledge Analysis



### Challenges


- Lack of participation of key employers representative

### Financial Data

**Total Lifetime Grant Commitment – AUD\$100,000.00**

Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative
Cumulative (AUD\$)	FY 2010 (AUD\$)		



		\$36,580	\$14,936	\$19,651	Total amount acquitted utilized 30%, or \$5,832, for payment of staff. 32% is attributed to the purchase of office equipment, and 15% was attributed to training activities, while the remaining funds acquitted were utilized for payment of operating costs, communication and local travel costs.	
Fiji	Fiji Red Cross Society (RFJRCS02)	<p><b>General Comments</b></p> <p>The Fiji Red Cross “Together We Can” Peer Education project focuses on providing prevention and outreach activities targeting young people in 5 districts in Fiji.</p>				 HIV & Blood IEC Materials Review R
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Identification, recruitment and training of peer educators whereby a total of 27 Peer Educators were recruited from the implementing branches to attend the Training of Trainers which was held at National Office in Suva</li> <li>• Revision of peer educators selection criteria and role description completed</li> <li>• 20 communities were visited by trained Peer Educators: 5 in Rakiraki, 3 in Tavua, 3 in Savusavu, 1 in Lautoka, 5 in Taveuni, 2 in Labasa and 1 in Sigatoka</li> <li>• 1127 direct beneficiaries were reached in the 20 communities visited. Peer education sessions were conducted in these communities with regular follow up which include the provision of male/female condoms and IEC materials.</li> <li>• A review of the FRCS HIV and AIDS Frequently Asked Questions Brochures in the three languages was conducted by a Consultant in August. The purpose of the review was to evaluate the quality of the IEC materials and to document lessons learnt in terms of the current IEC materials development and</li> </ul>				

intervention. The scope of the review also focused on an analysis of the quality of the IEC materials and its effectiveness. It was conducted for a period of 2 weeks which included desk review at the National Office, interview of key stakeholders and a field visit which was conducted in selected communities in the Western, Eastern and Northern Division where the IEC materials have been distributed through various FRCS programmes.

**Challenges**

- Communication breakdown between implementing branches and targeted communities sometimes cause delay and cancellation of project activities
- Transport to remote communities is expensive and intermittent often requiring peer educators to stay in the village for extended days
- In some communities, the group was not able to be split into young men and women due to decisions from the village leaders and adults.

**Financial Data**  
**Total Lifetime Grant Commitment – AUD\$120,000.00**

Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative
Cumulative (AUD\$)	FY 2010 (AUD\$)		
\$16,933	\$16,933	\$0	Red Cross Fiji accessed their funding in the second half of 2010. 14%, or \$16933, of the total grant value has been disbursed to the grantee. Acquittal reports for the July-Dec period will be reflected in 2011.

Fiji	Marie Stopes International Pacific	<p><b>General Comments</b></p> <p>The MSIP TT4U grant was terminated on 25<sup>th</sup> Dec 2010 due to the closure of the MSI Pacific Office as a directive from the Marie Stopes International Australia office. The reason given was the global economic</p>
------	------------------------------------	---

	(RFJMSI02)	<p>crisis that resulted in a scaling down and closure of MSIP operations, and based on an assessment made by MSIA in terms of ‘value for money’. Closure procedures were implemented between October and December 2010.</p>	
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Participation at the Fiji School of Medicine Open Day in which information and awareness was carried out to more than 500 students. IEC materials were distributed as well as demonstration on the proper use of condoms both male and female</li> <li>• Participation at the Hibiscus Festival event which profiled and sold Try Time condoms, as well as the distribution of HIV/STI information. More than 5000 young people accessed the health booth set up during the weeklong event.</li> <li>• The team managed to secure 4 new outlets to distribute Try Time condoms located at: <ul style="list-style-type: none"> <li>○ Early Shop, Martintar, Nadi</li> <li>○ Shameems Service Station, Queens Highway, Nadi</li> <li>○ Rana’s Service Station, Kabisi, Sigatoka, Queens Highway</li> <li>○ Touch &amp; Go Enterprises, Nadi, Queens Highway</li> </ul> </li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• The acceptance of condoms is still an issue in traditional communities and for the older generation. Also, talking about sex is still a taboo in some conservative communities. Consequently, the team had to change some of the approaches used.</li> <li>• The CSM project covers four towns in the West which is quite a challenge to the small team and small budget</li> <li>• Condom social marketing approach cannot work as a standalone and the integration of this with the community peer education project is the strategy used</li> <li>• The closure of the project has discontinued work and achievements made through the project.</li> </ul>	

		<b>Financial Data</b>			
		<b>Total Lifetime Grant Commitment – AUD\$100,000.00</b>			
		<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>		
		\$51,395	\$20,877	\$27,296	<p>MSIP terminated in September 2010. Other procedures are still being undertaken by SPC to officially close this project. This relates to acquittal of funds being disbursed.</p> <p>63% of the acquitted funds was attributed to payments for staff involved in the project, whilst 26% was attributed to training and publication materials. The remaining 10% was utilized for payment of communication and some research costs.</p>
Fiji	Marie Stopes International Pacific  (RFJMSI03)	<b>General Comments</b>			
		Please refer to MSIP comments above. Grant terminated.			
		<b>Programmatic Achievements/Highlights</b>			
		<b>Challenges</b>			
		<b>Financial Data</b>			
		<b>Total Lifetime Grant Commitment – AUD\$140,000.00</b>			
		<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>		

		\$0	\$0	\$0		
Fiji	Males Empowerment Network Fiji (RFJMEN01)	<p><b>General Comments</b></p> <p>The project commenced in 2009, however there were substantial delays by the Fiji National Ethics Committee in the approval of the research. The project proposal was revised to include an Integrated Behavioural Biological Survey (IBBS), and not confine it only to the behaviour KAP survey proposed originally. This had to be reviewed and approved by the GMU. The approval was received in October 2010 with the fieldwork implemented in December 2010. Analysis and results will be made available in 2011. The study has two survey components, a behavioural survey and a biological (bloods and urine) component. The aim of the study is to establish the levels of knowledge, attitudes, practices and behaviours of Men Who Have Sex With men (MSM) in Fiji. From the results of this study, MENFiji will then design their intervention and other relevant measures addressing the needs of their constituents in Fiji. The participants will be asked for their signed consent to participate in both arms of the research.</p>				
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Approval obtained in November 2010 for MENFiji to undertake the IBBS study which was an expansion from the initially planned behaviour only survey among MSM members in Suva, Lautoka and Labasa</li> <li>• 470 samples were collected in Suva and Lautoka</li> <li>• This is the first of its kind in the region to include both behavioural and clinical assessment of MSM population with a large sample size, and with screening tests including Hepatitis B, syphilis, Chlamydia and gonorrhoea</li> <li>• Good collaboration with the Fiji Medical Lab through the MOH for the clinical component of the research</li> </ul>				
		<p><b>Challenges</b></p>				

		<ul style="list-style-type: none"> <li>Supplementary ethics application was requested by the Fiji Independent Reviewers for the blood and urine tests delayed the approval of the project, and subsequent commencement date</li> </ul>	
		<b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$50,000.00</b>	
		<b>Disbursements</b>	
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>
		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>
		\$33,333	\$0
		\$423	<p>This is one of the most problematic organizations in terms of reporting and acquitting of funds disbursed. 67% of the total grant value has been disbursed, but 100% has not been acquitted in 2010. Follow-up actions have been carried out by the GMU, and reports have now been received in 2011 for funds received in 2009.</p>
Fiji	Males Empowerment Network Fiji (RFJMEN02)	<b>General Comments</b> Please refer to RFJMEN01 section above.	
		<b>Programmatic Achievements/Highlights</b>	
		<b>Challenges</b>	
		<b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$45,000.00</b>	
		<b>Disbursements</b>	<b>Total Acquittals</b>
		<b>Financial Narrative</b>	

		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>to 31 Dec 2010 (AUD\$)</b>		
Fiji	Pacific STI & HIV Research Centre (PSHRC)  (R01PRC02)	<b>General Comments</b>				
		This project commenced in the last quarter of 2010. The project focuses on conducting secondary data analysis on the SG Country Data for selected PICs. The criteria for countries selected was done in consultation with the SPC STI Advisor. 5 PICs were selected for this project.				
		<b>Programmatic Achievements/Highlights</b> <ul style="list-style-type: none"> <li>• A Coordinator was recruited in 2010</li> <li>• Approval was obtained from 3 countries (Fiji, Solomon Islands and Vanuatu) to implement the project in 2011</li> </ul> <b>Challenges</b> <p>2 countries (Tonga and Samoa) did not consent to being part of the project due to the lack of understanding and consultation held with the respective MOHs on the purpose of the project that supported PRSIP II. There was a cloud of suspicion that the regional organisation would implement a project that would not benefit national policy and HIV/STI interventions.</p>				
<b>Financial Data</b>						
<b>Total Lifetime Grant Commitment – AUD\$140,000.00</b>						
		<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>	
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>			

		\$22,867	\$22,867	\$6	This organization has been disbursed 16%, or \$22,687, of its funds in the last half of 2010. Hence, their acquittal report is not reflected in this period.		
Multi Country Projects	Burnet Institute Pacific  (R01BIP04)	<b>General Comments</b>					
		Please refer to R01BIP03 above.					
		<b>Programmatic Achievements/Highlights</b>					
		<b>Challenges</b>					
<b>Financial Data</b>							
<b>Total Lifetime Grant Commitment – AUD\$50,000.00</b>							
<b>Disbursements</b>			<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>		<b>Financial Narrative</b>		
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>						
\$0	\$0	\$0					
Multi Country Projects	Foundation of the Peoples of the South Pacific  (R01FPS02)	<b>General Comments</b>					
		FSPI has been involved with UNIFEM, UNFPA and UNDP to create opportunities to strengthen the Gender Based Violence (GBV) and HIV/AIDS reduction initiatives. The project commenced in 2010 as a one-year programme supplementing the Regional Stepping Stones Programme through the use of drama and gender discourse.					
<b>Programmatic Achievements/Highlights</b>							



		<ul style="list-style-type: none"> <li>• Two males and one female potential SS trainers received and completed a 4-week training course in Gender Relations and Human rights with Fiji Women’s Crisis Centre. The intention of this was to develop the capacity of and build the number of facilitators within FSPI who could facilitate discussions on gender and power relations, actions which lead to women’s empowerment or disempowerment, challenge ingrained behaviours and attitudes which discriminate against women and children and increase the risk in transmission of STIs/HIV, and gender-based violence.</li> <li>• Two scripts were commissioned, developed and workshopped with the Dynamic Vocals and FSPI. They were based on ‘Domestic Violence’ and ‘Rape’. FSPI had the assistance of a Fiji-based New Zealand PHD student researching playback theatre and helped to guide the development of an effective social change theatre by providing support to the drama group. The Regional Health Programme Manager (RHPM), the Health Promotion Adviser and trainers also undertook a peer review during this development of the script and performance.</li> <li>• The RHPM compiled and developed a series of resources and background material on gender and HIV for the drama group’s reference for their work and together with the HPA they provided gender issues briefings to the group. The HPA drew on her background of SS to guide the conceptualisation the script on key issues raised in community discussions and training.</li> <li>• In April 2010, FSPI partnered with the MOH to conduct another facilitator training course. There were 5 MOH communities (which comprised of four community facilitators and an Assistant HIV Officer), two Peace villages and one FJN+ community representative. The FSPI trainers who had received gender training actively participated in additional sessions focusing on gender relations. The intention was to strengthen other facilitators’ capacity to discuss and act about sensitive issues such as gender violence and rape.</li> <li>• The Director of FWCC conducted an introductory talk on gender awareness and women’s human rights session with participants. The Fiji training provided the opportunity for FSPI to overcome a key challenge highlighted in the last reporting period and that was to increase the gender and human rights and male engagement to advocate for gender equality and reduction of gender-based violence.</li> </ul>	
--	--	--	--

- A total of 4 new male facilitators and 2 new female facilitators were present at the Fiji training in a bid to overcome the loss of regional technical assistance from SPC. These six individuals are experienced and skilled community facilitators and will be called upon for future regional trainings.
- The HPA visited Tonga to introduce SS to a range of community organizations and established a relationship with the Tonga Women’s Crisis Centre (TWCC) to ensure gender related issues becomes a strong component of SS in Tonga. As a result, TWCC will be running pre-training workshops on gender with facilitators before the first in-country SS training.
- The Gender Equity Measure Scale was refined and improved resulting in quicker analysis and feedback on the gender attitudes, but with some issues requiring a stronger focus. The new system ensures absolute confidentiality while matching the age/village data to increase indication of behavioural change analysis. Since this process is continually being reviewed and improved, key questions which may indicate changes in behaviours as well as attitudes will be explored.

**Challenges**

- Training a cadre of committed male SS facilitators to address and challenge masculinities within themselves, their peers and their communities of men and women which negatively impact on gender equality and women's empowerment in their relationships with women. For SS communities to be able to identify and analysis gender discrimination and its impacts and create positive strategies for change within each community
- M&E of the increase in behaviour change as an impact of the pilot gender through drama for social change community conversations approach
- SS facilitator’s ability to challenge gender stereotypes with community members.

**Financial Data**  
**Total Lifetime Grant Commitment – AUD\$50,000.00**

Disbursements		Total Acquittals to 31 Dec 2010	Financial Narrative
Cumulative	FY 2010		

		(AUD\$)	(AUD\$)	(AUD\$)	
		\$50,000	\$50,000	\$22,009	<p>Total disbursed to FSPI is 100%. Total acquitted is 44%, or \$22009. Follow up action is being carried out by the GMU team on remaining un-acquitted amounts.</p> <p>78%, or \$17,076, was attributed to payment of project staff involved in implementing the project, while the remaining balance was attributed to fieldwork costs and other operating and communication costs.</p>
Multi Country Projects	Pacific Islands AIDS Foundation (PIAF)  (R01PIA05)	<p><b>General Comments</b></p> <p>The programme commenced in 2009. It is reliant on the work of the Intern Communications Officer based in the Cook Islands. The project also deviated from its original proposal of capacity building of media practitioners through formal training, and instead initiated Facebook updates through the PIAF page as a means to advocate for sensitizing media stories on HIV and STIs. This role has seen the project put out more than 10 responses to the media on the continued use of negative terms that fuel rather than reduce stigma and discrimination attitudes in the PICTs.</p>			
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Established network with 3 media agencies in Fiji and Tonga</li> <li>• Increased postings on Facebook that has continued to profile the project as well as raise awareness on the issues around insensitive reporting and the likely consequences around stigma and discrimination</li> <li>• 10 media releases addressed to Pacific Island Media corporations to highlight the continued negative media stories on HIV issues</li> </ul> <p><b>Challenges</b></p>			

- Reports are not submitted in a timely manner and the delay in sorting out programme and financial issues. This continued to affect the continuity of the project.
- PIAF not consulting the GMU on progressing with the project by using its core funds in the instance RF project funds was not forthcoming due to outstanding financial acquittals. The GMU had advised that this is not a practise the GMU will support in future. This is important as some activities charged against the grant were not in line with the project objectives and which have been rejected by the GMU. This would have been avoided had the approval been sought from the GMU to use other funds.

**Financial Data**  
**Total Lifetime Grant Commitment – AUD\$75,000.00**

Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative
Cumulative (AUD\$)	FY 2010 (AUD\$)		
\$0	\$0	\$0	
\$48,177	\$48,177	\$20,933	Homosphere has been transferred 32% of their funds in the first half of 2010. A total of 43% has been acquitted. One of the main challenges is the language as all acquittals are in French. Help has been sought form one of the GMU staff in Noumea to assist with the translation of the information received. Translation tool in MS Word was also used to help with financial acquittals interpretation.
Cumulative (AUD\$)	FY 2010 (AUD\$)		

		\$34,844	\$17,444	\$5,864	31%, or \$34,844, has been transferred of which \$17,444 (50%) of that amount relates to 2010 disbursement. There has been a delay in reporting from this SR for the 2010 period.
		<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>		
		\$24,133	\$16,785	\$10,150	A total of \$16785 was disbursed in 2010 and only 42% was acquitted in 2010.

## STREAM 5: PRSIP Support Grants

### Summary Level

<b>Stream 5 Regional Grants (summary level)</b>	<b>Summary:</b> <p>Funding Stream 5 – PRSIP Support Grants provides funding to regional and international support organisations for the implementation of high priority activities identified in PRSIP II and contributing to PRSIP II outcomes and objectives.</p> <p>All of the PRSIP Support Grants support a range of activities across the PICTs, and in collaboration with a wide range of stakeholders addressing regional capacity development initiatives, research and policy development, and discussion forums/meetings. Under the coordination of SPC, regional partners via technical working groups and strategic planning meetings, coordinate activities and address the need for technical assistance for PICTs under this allocation.</p> <p>All of these grants were originally managed out of the SPC GMU office based in Suva. However, due to Suva staff movement and departures, the SPC GMU based in Pohnpei took over management of the non-SPC SRs in November 2010 (14 grants). The other 6 Stream 5 grants are still managed out of Suva and split between the 2 PDOs based in Suva. For the Pohnpei team this arrangement has posed some specific challenges in providing oversight and assistance in the management of these grants due to the remoteness of the Pohnpei office from the regional partners who are mainly based in Suva, including PC&amp;SS (Lautoka), Cook Islands (PIAF) and New Zealand (NZAF). Initial 2010 budgets did not include Pohnpei staff travel to Suva for the sole purpose of conducting monitoring visits with Stream 5 SRs, so these activities took place in conjunction with other planned SPC RF GMU meetings in Suva.</p>			
	<b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$7,050,200.00</b>			
	<b>Disbursements</b>		<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>
	<b>Cumulative</b>	<b>FY 2010</b>	<b>Dec 2010</b>	

	(AUD\$)	(AUD\$)	(AUD\$)	
	\$2,448,675	\$1,377,686	\$1,350,380	<p>The Stream 5 financial situation has been mixed, with some SRs progressing well with their activities and providing timely reports, while others are significantly under-spending with delayed activity implementation and late submission of reports, indicating a wide range of organizational and technical capacities.</p> <p>In addition, a number of activities were over-budgeted resulting in significant savings which contributed to the low cash burn rates by the end of 2010. Technical support from the SPC GMU RF has and continues to be prioritised and provided to those to SRs review their budgets and activity plans to ensure a more accurate and realistic reflection of how things have progressed to date, including more stringent monitoring of SR activities by the GMU RF Team.</p>


## Individual Grant Level

Country	Organisation	Narrative	Documents
Multi Country Project	UNAIDS (R00UNA01)	<p><b>General Comments</b></p> <p>The proposed programme is part of a partnership between the UN system through its coordination mechanism, UNAIDS (for the purposes of this initiative including the UNAIDS Secretariat, WHO, UNFPA, UNICEF and UNDP), and SPC. The purpose of the project is to assist selected countries to develop coherent M&amp;E systems which contribute to more efficient use of data and resources by ensuring that: 1) systems appropriate for the small island, low population, low prevalence settings of the region are comparable over time; 2) reduce duplication of effort; 3) are country owned, understood and managed; and 4) that data generated serve the needs of the country and regional constituents, including national programme managers, researchers, donors and implementers in a coordinated and consistent manner. This grant supports M&amp;E development activities in the Solomon Islands, Vanuatu, Fiji, Cook Islands, Kiribati, Tonga, Nauru, FSM, Tuvalu and Palau.</p> <p>Activities supported under this grant include:</p> <ol style="list-style-type: none"> <li>1. Review and develop national strategic plans for HIV/STIs (<i>in partnership with Burnet Institute Stream 5 grant</i>)</li> <li>2. Review and develop national M&amp;E frameworks for HIV/STIs (<i>in partnership with Burnet Institute Stream 5 grant</i>)</li> <li>3. Assist countries to conduct assessments on the progress made towards Universal Access (UA) targets</li> <li>4. Assist PICs to prepare 2010 UNGASS Reports</li> <li>5. Pre-test Country Response Information System (CRIS) software</li> <li>6. Undertake National AIDS Spending Assessments (NASA) in PICs</li> <li>7. Support the implementation of GF for HIV M&amp;E SS (Systems Strengthening) in PICs</li> <li>8. Establish and support a Pacific regional M&amp;E Technical Working Group – PME WG (<i>in partnership with Burnet, WHO, SPC, UNFPA, UNICEF and UNDP</i>)</li> <li>9. Provide input into the UNDAF Outcome Group 3 monitoring framework</li> <li>10. Mapping of regional data collection instruments, HIV Focal Points, training tools, assessments and</li> </ol>	




Country	Organisation	Narrative	Documents
		<p>surveys</p> <p>11. Administrative fees (UNICEF)</p> <p>12. End-of-Project Evaluation (EPE)</p> <hr/> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Reporting on the UNGASS Declaration of Commitments by PICs increased from five in 2008 to ten in 2010, which indicates significant improvements in capacity of PICs to monitor and report on the status of their respective HIV and AIDS responses. It is important to acknowledge that the reporting process was country led, and the output from the exercise will provide the most comprehensive dataset on HIV for an increasing number of PICs. It also sets the foundation for PICs to be engaged in assessing progress made toward universal access to HIV prevention, treatment, care and support services to all those who need them.</li> <li>• Fiji became an entry point to pre-test the rollout of the Country Response Information System (CRIS) software designed to assist countries in tracking HIV data. A comprehensive training on the use of the software was conducted involving national and district level HIV officials of the Fiji Ministry of Health.</li> <li>• There has been a remarkable improvement in collaboration between the SPC, UN and other Development partners on the monitoring and evaluation of the HIV situation and response in the PICs.</li> <li>• The development of the Pacific M&amp;E Training Curriculum commenced allowing for more capacity building opportunities – trainings to be rolled out in 2011</li> <li>• Through the efforts and consistent meetings of the Pacific M&amp;E Technical Working Group, there is a sense of improved coordination among regional partners in planning and implementing M&amp;E related activities in the Pacific.</li> <li>• Other M&amp;E activities including the M&amp;E Self Assessment of GF R7 recipient countries, the Fiji NASA and other M&amp;E related activities were jointly planned and implemented.</li> </ul> <p><b>Challenges</b></p>	

Country	Organisation	Narrative	Documents											
		<ul style="list-style-type: none"> <li>• There were capacity challenges in some of the countries to collect the necessary data and prepare the UNGASS National Composite Policy Index.</li> <li>• Countries which have opted to undertake the UNGASS reporting process without TA could not perform as expected</li> <li>• Difficulty in engaging and having commitments from some countries national AIDS authorities</li> <li>• Maintaining the momentum and commitment of partners to the PMEWG</li> <li>• Late disbursement of funds by SPC and PICs' government internal financial processes delayed some actions to be taken</li> <li>• Internal communication challenges within PICs' governments contributed to the delay of implementing some activities</li> </ul> <p style="text-align: center;"><b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$450,000.00</b></p> <table border="1" data-bbox="483 791 1944 1209"> <thead> <tr> <th colspan="2" data-bbox="483 791 983 826">Disbursements</th> <th data-bbox="983 791 1308 826">Total Acquittals to 31</th> <th data-bbox="1308 791 1944 826" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="483 826 734 895">Cumulative (AUD\$)</th> <th data-bbox="734 826 983 895">FY 2010 (AUD\$)</th> <th data-bbox="983 826 1308 895">Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 895 734 1209" style="text-align: center;">\$323,451</td> <td data-bbox="734 895 983 1209" style="text-align: center;">\$210,565</td> <td data-bbox="983 895 1308 1209" style="text-align: center;">\$126,161</td> <td data-bbox="1308 895 1944 1209">A total of 59%, or \$74,336, was acquitted against fieldwork costs consisting of mainly hiring consultants for the implementation of project activities. 31%, or \$38,506, related to training activities, while the remaining 10% was attributed to travel costs for the project.</td> </tr> </tbody> </table>	Disbursements		Total Acquittals to 31	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)	\$323,451	\$210,565	\$126,161	A total of 59%, or \$74,336, was acquitted against fieldwork costs consisting of mainly hiring consultants for the implementation of project activities. 31%, or \$38,506, related to training activities, while the remaining 10% was attributed to travel costs for the project.	
Disbursements		Total Acquittals to 31	Financial Narrative											
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)												
\$323,451	\$210,565	\$126,161	A total of 59%, or \$74,336, was acquitted against fieldwork costs consisting of mainly hiring consultants for the implementation of project activities. 31%, or \$38,506, related to training activities, while the remaining 10% was attributed to travel costs for the project.											
Multi Country Project	WHO (R00WHO01)	<p><b>General Comments</b></p> <p>The purpose of this project is to strengthen the capacity of national laboratories for HIV/STI diagnosis through hybrid training approach using online education and in-country practical/hands-on workshops.</p>												


Country	Organisation	Narrative	Documents
		<p>In consultation with WHO, the Pacific Paramedical Training Centre (PPTC) is to be sub-contracted to develop a training programme that can be regularly updated in light of new developments and best practices suitable for the Pacific environment and administered through the WHO's Pacific Open Learning Health Net (POLHN) website. Recognised by many Health Ministers as a valuable capacity building mechanism, there are currently 19 POLHN centres in 12 PICs delivering various key health courses in the Pacific.</p> <p>At the commencement of the project, there were initial delays due to lengthy SPC/WHO negotiations of the terms and conditions of the RF grant, which in turn resulted in the delay of the disbursement of the first tranche of funds. Secondly, the WHO's internal administrative practices further delayed access to the funds. Taken as a whole, the project fell behind schedule by approximately six months. Despite this, it is currently anticipated that the project will be completed within the original timeframe.</p> <p><b>Programmatic Achievements/Highlights</b></p> <p>The main achievement for 2010 was the development of the 'hybrid' course consisting of two parts: a theory component consisting of 11 weekly modules covering all the STIs and RTIs (Reproductive Tract Infections) and the practical workshop that will be conducted in the National Laboratory of participating countries. It is anticipated that each theory module will take between 1 – 2 hours to complete. In order to evaluate the student's understanding of the subject matter, at the end of each module, there will be a series of multi-choice questions that must be successfully completed before moving on to the next module.</p> <p>It is anticipated that the course will be accessible via POLHN by Q2 2011 with in-country workshops for further capacity building and mentoring commencing thereafter.</p> <p><b>Challenges</b></p> <p>As mentioned above, there were initial delays with the commencement of the project. However, the current challenge is addressing WHO's contracting and procurement policies which currently conflicts with the agreed terms and conditions of the RF grant, namely the acquittal of 85% of funds disbursed before further funds can</p>	 <p>6-Monthly Narrative Report RF WHO July</p>

Country	Organisation	Narrative			Documents												
		<p>be disbursed.</p> <p>There was an apparent lack of orientation to RF reporting requirements and templates for the SR which resulted in incomplete narrative and financial reports. The SPC GMU identified this oversight and provided the SR with proper review and training of the reporting templates. Subsequent reporting has improved.</p> <p style="text-align: center;"><b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$449,700.00</b></p> <table border="1" data-bbox="483 536 1944 810"> <thead> <tr> <th colspan="2" data-bbox="483 536 943 571">Disbursements</th> <th data-bbox="943 536 1200 571">Total Acquittals to 31 Dec 2010 (AUD\$)</th> <th data-bbox="1200 536 1944 571">Financial Narrative</th> </tr> <tr> <th data-bbox="483 571 712 643">Cumulative (AUD\$)</th> <th data-bbox="712 571 943 643">FY 2010 (AUD\$)</th> <th data-bbox="943 571 1200 643"></th> <th data-bbox="1200 571 1944 643"></th> </tr> </thead> <tbody> <tr> <td data-bbox="483 643 712 810" style="text-align: center;">\$118,145</td> <td data-bbox="712 643 943 810" style="text-align: center;">\$118,145</td> <td data-bbox="943 643 1200 810" style="text-align: center;">\$14</td> <td data-bbox="1200 643 1944 810">Financial reports submitted were not always correctly filled, but this was quickly resolved with some guidance and explanations.</td> </tr> </tbody> </table>			Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)			\$118,145	\$118,145	\$14	Financial reports submitted were not always correctly filled, but this was quickly resolved with some guidance and explanations.	
Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative														
Cumulative (AUD\$)	FY 2010 (AUD\$)																
\$118,145	\$118,145	\$14	Financial reports submitted were not always correctly filled, but this was quickly resolved with some guidance and explanations.														
Multi Country Project	SPC AHD Adolescent Health and Development (R01SAH01)	<p><b>General Comments</b></p> <p>The SPC Adolescent Health and Development Programme (AHD) RF project under the SPC Public Health Division commenced in January 2010 and complements the AHD core activities funded by UNFPA that includes the inclusion of Family Life Education (FLE) into the school curriculum, strengthening of peer education networks and the establishment of youth friendly facilities in selected PICs. The objective is to ensure an increased access to sexual and reproductive health services for young people.</p> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Empowering Nurses for Youth Support - Peer Education and Reaching out to Most At risk Young People</li> <li>• 50 Peer Educators trained at the Fiji College of Nursing</li> </ul>															

Country	Organisation	Narrative	Documents			
		<ul style="list-style-type: none"> <li>130 young people attend a peer education refresher training in Makin Island (Kiribati). This is a joint activity with the Reproductive Health and Adolescent Health coordinators at the MOH/TA provided by the SPC AHD</li> </ul>  <ul style="list-style-type: none"> <li>Assistance provided to the Vanuatu and Kiribati MoEd Curriculum Development Units to analyse the National Curriculum and Assessment Framework and explore the opportunities for the inclusion of the Family Life Education programme</li> <li>Development of the Youth Friendly Health Services Guideline - Consultation Workshop (Vanuatu)</li> <li>Assessment of Saupia Health Centre for the Integration of Youth Friendly Services (Vanuatu)</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>Difficulties in getting data on youth reached for all activities including clinic (YFS) data</li> <li>Delayed reporting as well as some reports not forthcoming despite multiple facilitations</li> <li>Government commitment is sometimes unclear or weakening in certain areas of health care – e.g. decreasing support towards project funded programmes</li> <li>Addressing youth health in the context of social, economic, educational and other developmental areas</li> </ul> <p style="text-align: center;"><b>Financial Data</b>  <b>Total Lifetime Grant Commitment – AUD\$450,000.00</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><b>Disbursements</b></td> <td style="width: 33%; text-align: center;"><b>Total Acquittals to 31</b></td> <td style="width: 33%; text-align: center;"><b>Financial Narrative</b></td> </tr> </table>	<b>Disbursements</b>	<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>	
<b>Disbursements</b>	<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>				

Country	Organisation	Narrative			Documents	
		Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)		
		\$50,783	\$50,783	\$105,367	<p>Total percent disbursed against the grant value was 11% for SPC AHD. But they managed to acquit more than the disbursed amount to implement the activities that was planned for 2010 resulting in 207% shown as acquitted against the disbursed amount. They had submitted their Jan-Jun 2010 and Jul-Dec 2010 together at the end of 2010 which has contributed to the acquittals been more than the disbursed amount.</p> <p>Total amount acquitted was attributed to trainings for in-country activities. 42%, or \$44699, of this acquitted amount paid for in-country activities. 35%, or 36,724, was attributed to co-sharing personnel costs for staff involved in implementing this project. 22% was attributed to operating costs, travel and capital items to refurbish some of the youth clinics in-country.</p>	
Multi Country Project	National Serology Reference Laboratory, Australia (NRL™)  (RAUNSR01)	<p><b>Background</b></p> <p>This project aims to support the field validation of HIV confirmatory rapid test algorithm for use in selected PICTs. HIV testing is a challenge in the Pacific with blood samples for confirmatory testing needing to be sent overseas laboratories for confirmatory testing. Because of geographical and logistical reasons, turnaround time for HIV confirmatory test results is often lengthy and delayed. Therefore, patients do not receive timely and appropriate care. This issue was addressed during the regional Technical Consultation on HIV Testing in</p>				

Country	Organisation	Narrative	Documents
		<p>the Pacific held in May 2008 in Pago Pago, American Samoa. The meeting recommended a harmonized HIV testing algorithm using rapid tests.</p> <p>For Phase I of the project, the National Serology Reference Laboratory (NRL) based in Melbourne, Australia, was contracted by SPC to conduct validation testing in order to choose two HIV rapid tests as confirmatory testing for a reactive HIV Determine screening test (NB- most PICTs are using this test as the rapid HIV screening test). This project builds upon the results taken from that Phase I and supports both Phase II, the field validation of the testing algorithm in select countries, and Phase III, broader implementation and monitoring of the testing programme.</p> <p><b>General Comments</b></p> <p>Because of the performance of the rapid tests in the Phase I validation study, and the three years it took to complete the validation of the recommended HIV testing algorithm, the HIV Testing Task Force decided to expedite the validation testing by combining the field validation (Phase II) with the actual implementation of the algorithm (Phase III). This means that there is continuing validation of the HIV testing algorithm and quality assurance with roll out of the HIV testing algorithm.</p> <hr/> <p><b>Programmatic Achievements/Highlights</b></p> <p>The recommended HIV testing algorithm has been implemented in seven countries: Kiribati (June 2010), Solomon Islands (August 2010), Vanuatu (August 2010), Marshall Islands (September 2010), Samoa (November 2010), Palau (November 2010) and Federated States of Micronesia (December 2010). A combined laboratory and clinical training was conducted in the seven PICTs mentioned by a team composed of SPC's HIV/STI Laboratory Consultant, SPC's HIV Treatment and Care Adviser and a staff from NRL. A total of 32 laboratory staff have been trained on the HIV testing algorithm in the seven PICTs mentioned.</p> <p><b>Challenges</b></p>	

Country	Organisation	Narrative				Documents														
		<p>The plan was to pilot the recommended HIV testing algorithm in Fiji first. However, Fiji MOH was ready to adopt the recommended HIV testing algorithm. There was also an issue of harmonizing funding support for the laboratory experts that conducted the training in-country.</p> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$89,000.00</b></p> <table border="1" data-bbox="486 494 1944 858"> <thead> <tr> <th colspan="2" data-bbox="486 494 972 534">Disbursements</th> <th colspan="2" data-bbox="972 494 1323 534">Total Acquittals to 31</th> <th data-bbox="1323 494 1944 534" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 534 752 614">Cumulative (AUD\$)</th> <th data-bbox="752 534 972 614">FY 2010 (AUD\$)</th> <th data-bbox="972 534 1323 614">Dec 2010 (AUD\$)</th> <th data-bbox="1323 534 1944 614"></th> </tr> </thead> <tbody> <tr> <td data-bbox="486 614 752 858" style="text-align: center;">\$68,571</td> <td data-bbox="752 614 972 858" style="text-align: center;">\$40,666</td> <td data-bbox="972 614 1323 858" style="text-align: center;">\$30,199</td> <td colspan="2" data-bbox="1323 614 1944 858" style="text-align: center;">As of September 2010, 77% of the value of the grant was disbursed with only 44% acquitted as of December 2010. No additional disbursements were requested in July-December 2010.</td> </tr> </tbody> </table>				Disbursements		Total Acquittals to 31		Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)		\$68,571	\$40,666	\$30,199	As of September 2010, 77% of the value of the grant was disbursed with only 44% acquitted as of December 2010. No additional disbursements were requested in July-December 2010.		
Disbursements		Total Acquittals to 31		Financial Narrative																
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)																		
\$68,571	\$40,666	\$30,199	As of September 2010, 77% of the value of the grant was disbursed with only 44% acquitted as of December 2010. No additional disbursements were requested in July-December 2010.																	
Multi Country Project	Pacific Counselling and Social Services (PC&SS) (RFJPCS03)	<p><b>General Comments</b></p> <p>This project addresses building national level human resources to have a sound HIV and other STI counselling and testing (GC &amp; CT) network throughout ten PICs. This is the second aspect of a wider project with SPC and the Global Fund (HIV and other STI VCCT Practitioners training in ten countries).</p> <p>The goal of the project is to promote and provide access to professional HIV Continuum of Care Treatment and Support services by training counsellors to the Diploma level, thus establishing a foundation for an infrastructure of professional counsellors throughout the PICTs with broader counselling skills, and who could provide support to those trained in basic HIV/STI counselling (VCCT). These counsellors will become an integral part of OSHMM teams in each country who take a leading role in HIV and other STI awareness, prevention, testing and care and support programmes. Diploma candidates are from the Cook Islands, Niue,</p>				 PC&SS Final Programme Evaluation														



Country	Organisation	Narrative	Documents
		<p data-bbox="501 205 1731 236">Solomon Islands, Tonga, Vanuatu, Nauru, Tuvalu, Vanuatu, Kiribati, Palau, RMI and the FSM.</p> <p data-bbox="501 292 1928 448">Through self-study and distance learning courses students are expected to complete 22 units. The SR conducts face-to-face in-country workshops and practicals periodically during the course of the programme to supplement the students' self-learning. The SR also evaluates and monitors the students' progress in completing their units.</p> <p data-bbox="501 504 1048 534"><b>Programmatic Achievements/Highlights</b></p> <ul data-bbox="501 590 1928 1236" style="list-style-type: none"> <li>• 24 diploma candidates continue to be trained and participate in the course in order to develop an in-depth understanding of the five therapies of counselling and how each therapy could be integrated to provide a holistic approach counselling support to their client</li> <li>• Allowed self-evaluation for the trainees where a particular trainee highlighted the need to work on self-improvement to see a positive change in others.</li> <li>• Some countries have started to utilize the services of these trainee counsellors in assisting their clients</li> <li>• Diploma candidates have been able to apply their counselling skills and knowledge to other aspects of their work, including health promotion and outreach and HIV/STI prevention work</li> <li>• Block 3 tutorial, which focuses more on practical experiences (i.e. conducting role play sessions/demonstration of skills) was conducted successfully for the trainees in the South</li> <li>• The trainees also have an opportunity to role play using the five therapies</li> <li>• Units were submitted and resubmissions were given a priority</li> <li>• Through continual mentoring and follow up, there was great improvement from Kiribati students in submission of their units</li> <li>• A total of 8 out of 24 students were able to submit up to Unit 22 by December 2010</li> </ul> <p data-bbox="501 1289 931 1319"><b>Most Significant Change Story:</b></p> <p data-bbox="501 1374 1928 1404"><i>The most significant change for me was how the training has equipped me with the necessary basic counselling</i></p>	

Country	Organisation	Narrative	Documents
		<p><i>and communication skills which has now enabled me to be more confident to conduct counselling for youths accessing our service. I had a different perspective of counselling when coming into to attend this training. Initially when I went through the units I thought they are very short than what I have expected in terms of content. However when the facilitator conducted the tutorial, going through each units, doing group exercises, discussions etc, I became overwhelmed with the knowledge I have gained and was speechless on how professional the facilitators were.</i></p> <p><i>Before when I use to conduct counselling, I thought my sessions were conducted in a very professional manner because I am a qualified nurse. However this training has made me realized that there was no proper procedure nor was there any structure on how the sessions were conducted and I also lacked a lot of skills in counselling. In addition I had no awareness of the importance of rapport building with clients; there was no risk assessment or any documentation of the pre-test and post test counselling session. Sessions were conducted even without explaining confidentiality and its limits. While we were going through the training I began to realize the importance of engaging clients from the first time you meet them and this was thoroughly covered in this Diploma.</i></p> <p><i>Through this unit, “Working with clients” I was made to reflect on what I was doing in my previous counselling sessions and it empowered me to think about ways in which I can improve on the service that I am providing to the youths. Now I have learnt that trust is the foundation of a positive working relationship with clients. Thus in order to conduct a successful counselling session, rapport building by engaging a client in a positive way will display to the client that you are a professional thus enabling/ empowering the client to feel comfortable to express themselves.</i></p> <p><i>In addition, the effective communication skills I have acquired from this Diploma training has greatly improved my communication skills both in my personal and professional life because I am more aware of the communication barriers and I am trying my best to listen and listen well and look at the different issues I come across from another perspective. Moreover I am now eagerly looking forward to take what I have from this training and implement it in my daily work as an ARH nurse and HIV trainee counsellor.</i></p> <p><b>Challenges</b></p>	

Country	Organisation	Narrative			Documents
		<p>One of the main challenges of this project was the late submission of units or slow responses from students on re-submission of units. There are varying factors as to why students were late in submitting their required course work which included, competing obligations and work commitments, lack of supervisory support and oversight, other technical issues, and connectivity challenges which limited the students' access to the internet, and resulting delays in the reviewing and marking of completed units.</p> <p>Another challenge that was evident through the role plays was that the students are still finding it difficult to put some of the counselling concepts into practical demonstration (application of concepts). To tackle this issue, the students were provided with a Five Therapies DVD. Students could use this as a learning tool when they are back in their respective countries and for role play practices.</p> <p>Especially in the smaller PICs, where prevalence of HIV is particularly low, the diploma candidates did not have adequate opportunities to practice and apply their counselling skills and knowledge. It was suggested by many of the candidates and their supervisors to the SR that arrangements should be made to provide secondment opportunities in Fiji for those candidates.</p> <p>Because the entire course was conducted in English, including study materials, units, study groups, in-country workshops and practicums, those students whom English proficiency was low, encountered some difficulty and challenges in completing their courses, and comprehending course presentations and lectures.</p>			
<p><b>Financial Data</b>  <b>Total Lifetime Grant Commitment – AUD\$332,300.00</b></p>					
<b>Disbursements</b>		<b>Total Acquittals to 31</b>		<b>Financial Narrative</b>	
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>			
\$268,052	\$208,448	\$117,876			
				<p>79% of funds acquitted were attributed to training activities implemented by PC&amp;SS. 13% was utilized for staff costs and 9% was</p>	

Country	Organisation	Narrative			Documents
				<p>used for operating expenses.</p> <p>As of December 2010, 81% of the total grant was disbursed with 44% of the disbursed funds acquitted as of December 2010. PC&amp;SS is currently requesting to extend the project due to slow implementation to December 2011.</p>	
Multi Country Project	<p>OSSHMM - Oceania Society for Sexual Health and HIV Medicine</p> <p>(RFJOSS02)</p>	<p><b>General Comments</b></p> <p>OSSHMM was awarded a Stream 5 PRSIP Support grant to support the capacity building of health care workers engaged in HIV and sexual health care in the Pacific. Specifically OSSHMM works with 115 members in 16 PICs.</p>			
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Formation of 2 OSSHMM country teams – OSSHMM had initiated discussion with Vanuatu and Solomon Island to form OSSHMM in-country teams</li> <li>• Flip chart distribution – 65 copies of the flip chart distributed to four countries for OSSHMM members. The flip chart is used to assist in the delivery of voluntary confidential counselling and testing for HIV (VCCT)</li> <li>• Increasing membership numbers</li> <li>• International training of OSSHMM members – 2 OSSHMM members selected and supported to attend the Annual ASHM conference and International short course in HIV medicine and related matters</li> </ul> <p><b>Challenges</b></p>			

Country	Organisation	Narrative			Documents									
		<ul style="list-style-type: none"> <li>• Membership engagement remains an on-going challenge. Various issues have limited member engagement such as:               <ul style="list-style-type: none"> <li>- Limited or no regular internet access of many members</li> <li>- Geographical isolation of members limit their access to resources</li> <li>- OSSHHM's role remains unclear to members</li> </ul> </li> <li>• HIV treatment issues continue to exist in some countries with pre-existing human and health resource limitations. OSSHHM endeavours to continue to provide ongoing professional development in the Pacific to ensure a pool of well-trained HIV clinicians in each country with PLHIV</li> <li>• Brain drain continues as HIV care providers depart to other employment opportunities abroad</li> <li>• OSSHHM's work is limited to HIV and needs to extend its scope include STIs and general sexual health issues</li> </ul> <p style="text-align: center;"><b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$418,000.00</b></p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" data-bbox="486 847 710 884">Disbursements</th> <th data-bbox="943 847 1308 884" rowspan="2">Total Acquittals to 31 Dec 2010 (AUD\$)</th> <th data-bbox="1308 847 1944 884" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 884 710 967">Cumulative (AUD\$)</th> <th data-bbox="710 884 943 967">FY 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="486 967 710 1410" style="text-align: center;">\$129,901</td> <td data-bbox="710 967 943 1410" style="text-align: center;">\$51,105</td> <td data-bbox="943 967 1308 1410" style="text-align: center;">\$112,432</td> <td data-bbox="1308 967 1944 1410"> <p>The total percent disbursed against the grant value was 31% (2009 and 2010). In 2010, they managed to acquit 87% of the total value that was given to them to implement their activities.</p> <p>46%, or \$51646, of the amount acquitted was attributed to personnel costs, 33% or \$37,645 was attributed to training in country. 17% was utilized for travel costs while the remaining</p> </td> </tr> </tbody> </table>		Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	\$129,901	\$51,105	\$112,432	<p>The total percent disbursed against the grant value was 31% (2009 and 2010). In 2010, they managed to acquit 87% of the total value that was given to them to implement their activities.</p> <p>46%, or \$51646, of the amount acquitted was attributed to personnel costs, 33% or \$37,645 was attributed to training in country. 17% was utilized for travel costs while the remaining</p>			
Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative											
Cumulative (AUD\$)	FY 2010 (AUD\$)													
\$129,901	\$51,105	\$112,432	<p>The total percent disbursed against the grant value was 31% (2009 and 2010). In 2010, they managed to acquit 87% of the total value that was given to them to implement their activities.</p> <p>46%, or \$51646, of the amount acquitted was attributed to personnel costs, 33% or \$37,645 was attributed to training in country. 17% was utilized for travel costs while the remaining</p>											

Country	Organisation	Narrative			Documents
				amount was attributed to communication, operating costs and publication expenses.	
Multi Country Project	Regional Rights Resource Team (SPC)  (R01SRR01)	<p><b>General Comments</b></p> <p>The RRRT Stream 5 grant focuses on the implementation of the HIV and Human Rights Programme in the Pacific. The specific focus of this project is in capacity building, as well as input into to national-level legislative changes where HIV is being noted in countries' legislative agendas.</p>			
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Tuvalu HIV Comprehensive Law Recommendations - The Tuvalu national consultation was held from the 15-19 July with key stakeholders from the MOH, NGOs such as Family Health Support, TUFA, TANGO, Red Cross and the police. A total number of 16 participants, 4 males and 12 females attended the 5-day consultation. The primary focus of the consultation was the examination of supportive laws that addressed the issues of stigma and discrimination as this was a real concern for Tuvalu. The group developed a Tuvalu-specific set of drafting instructions which was presented to the Secretary for Home Affairs, the AG's office and the MOH. TUNAC is awaiting formal endorsement from the MOH in order to start the drafting work for a HIV Model Legislation in Tuvalu. The government has informally requested SPC/RRRT for assistance in developing a HIV law which is human rights and gender compliant.</li> <li>• Pacific Diploma in Legal Practice, Suva, Fiji, Law School, 4<sup>th</sup> – 15<sup>th</sup> October 2010 - As with the first cohort of PDLP students, the second half of 2010 saw the instilling of human rights approach to legislation as a positive thing. HIV was a full-day programme which saw the students learn some of the technicalities surrounding the subject of HIV and the law. Not many knew the human rights issues surrounding HIV, and at the end of the session, many were convinced at the importance of approaching</li> </ul>			

Country	Organisation	Narrative	Documents
		<p>HIV with a human rights approach.</p> <ul style="list-style-type: none"> <li>Regional Lawyers Workshop – Auckland New Zealand, 29<sup>th</sup> Nov – 2<sup>nd</sup> December 2010 - A 2-hour session was committed to highlighting to lawyers from around the region the issues surrounding HIV and the law. Many of the lawyers had not been exposed to the subject of HIV and the law. Many questions on criminalisation of HIV and legal liability of victims were raised. It was through a thorough presentation and the Q &amp; A that followed that an understanding of the issues surrounding HIV and the law was appreciated. One point that struck home during this particular presentation was the fact that presenters have to be well-versed not only with legal questions surrounding HIV, but also be conversant about things such as the how and why of transmission. One question that was asked was whether mosquitoes can transmit the HIV virus. The lawyers came from the following countries: Samoa, Solomon Islands, Vanuatu, Nauru, Fiji, Marshall Islands, Tuvalu and Kiribati. The students came from Fiji, PNG, Solomon Islands, Samoa and Vanuatu.</li> <li>Human Rights Defenders Training, 6<sup>th</sup> – 10<sup>th</sup> Sept 2010 - During the session that reviewed the human rights issues of regional countries, a recap of the issues for the RMI and FSM were given to the participants. An example of an issue for RMI was that the RMI is the only Pacific country that has criminalised transmission of HIV. The question that was constructed for this issue was: <i>The Government of Peoples Republic of China congratulates the Republic of the Marshall Islands on its report and asks the Republic of the Marshall Islands to explain to the HRC why it has transmission of HIV on its laws when this is not a HR approach to battling HIV?</i> This question was actually put to the Minister of Foreign Affairs for the Republic of Marshall Islands during the “mock session”. Attending UNAIDS team monthly meetings, where discussion on a range of HIV issues, projects, etc. are done. Meetings are customarily held on the last Tuesday of every month.</li> <li>Universal Periodic Review Report for Samoa and Palau - The Universal Periodic Review process provides an opportunity for PICs to review and prioritize pressing human rights concerns. SPC/RRRT in partnership with OHCHR and the Pacific Islands Forum Secretariat supported Samoa (20<sup>th</sup> -24<sup>th</sup></li> </ul>	


Country	Organisation	Narrative	Documents
		<p>September) and Palau (16-20 August) in developing their state reports and the civil society with their stakeholder submissions. Through these in-country forums, government and civil society were able to draw linkages between HIV and human rights and call for an enabling environment. Samoa and Palau expressed their concerns on the high levels of stigma and discrimination and a need for awareness of HIV issues and comprehensive HIV Legislation. Below are excerpts for the Samoa and Palau State and civil society reports.</p> <ul style="list-style-type: none"> <li>• 2 State Reports undertaken – Samoa and Palau’s state reports completed.</li> </ul> <p><u>Palau State Report</u></p> <ol style="list-style-type: none"> <li>1. Since testing and surveillance were implemented in 1989, only eight persons have been identified as HIV-positive in the Republic of Palau. Confidential testing and referral is conducted at the Belau National Hospital in the Family Health Unit (Family Planning - Antenatal Clinic) and at the Communicable Diseases Unit. A clinic was set up in 2007 to provide free counselling, testing and referral located at the Palau Community College campus. A resource centre at the same college campus location was also set up in 2007 for education, information, referral and distribution of condoms. Rapid test kits are used for initial testing with preliminary confirmatory tests conducted in Palau using repeated rapid tests and ELISA tests. All such testing is voluntary and services are free. HIV and STI cases are reported to the Reportable Diseases Surveillance System (MOH).</li> <li>2. There has been some notable successes in the work on HIV and AIDS. A health resource centre was opened in early 2007 on the campus of the Palau Community College next to the only public high school. This resulted in increased condom distribution among high school and college students (more than 3,000 condoms distributed from March to December 2007 and 353 people visited from September to December 2007). The same college campus provides HIV/STI counselling, testing, referral, and care services at its Open Clinic.</li> </ol>	



Country	Organisation	Narrative			Documents										
		<p>3. A youth peer mentor programme was established in 2007 to educate and to recruit youth for testing and condom distribution. There is provision for universal screening for pregnant women in place known as “Preventing Mother to Child Transmission” (PMTCT). There is screening of all donated blood. Privacy, confidentiality and consent are key elements in testing, counselling and referrals.</p> <p>4. Some key challenges remain: high mobility of the population which makes it difficult to engage in sustainable prevention activities, community attitude towards high risk behaviours (multiple partners), low prevalence of condom use, and HIV/STIs being perceived as a foreign problem.</p> <p><i>Samoa State Report</i></p> <ul style="list-style-type: none"> <li>HIV and AIDS continues to pose a major threat that requires the maintenance of vigorous public awareness programmes and effective institutional medical responses. The resurgence in tuberculosis is also a concern requiring further strengthening of awareness and treatment regimes.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>Cultural and customary barriers</li> <li>Religious barriers and misinformation on the virus</li> <li>Core financing issues (i.e. New Zealand AID withdrawing funds in areas like human rights, gender and HIV) creating problems in terms of continuing to undertake/sustain these activities</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$450,000.00</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Disbursements</th> <th rowspan="2" style="text-align: center;">Total Acquittals to 31 Dec 2010 (AUD\$)</th> <th rowspan="2" style="text-align: center;">Financial Narrative</th> </tr> <tr> <th style="text-align: center;">Cumulative (AUD\$)</th> <th style="text-align: center;">FY 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)					
Disbursements		Total Acquittals to 31 Dec 2010 (AUD\$)	Financial Narrative												
Cumulative (AUD\$)	FY 2010 (AUD\$)														

Country	Organisation	Narrative				Documents
		\$158,757	\$104,810	\$105,503	<p>The SPC RRRT has managed to acquit 66% of the total funds disbursed. However, this acquitted percentage does not include the Jul-December 2010 acquittals which will be reflected in the 2011 report.</p> <p>The total acquitted to date showed that 66%, or \$69,200, was utilised for staff costs involved in this project. 23%, or \$23,896, was attributed to training activities and travel, whilst the remaining 6% was attributed to operating costs, capital costs and communication expenses for the project.</p>	
Multi Country Project	UNAIDS Pacific in coordination and collaboration with UNDP Pacific Centre, UNICEF, UNDP and ILO under the auspices of the UN Joint Programme on HIV – Leadership Component (R00UNA02)	<p><b>General Comments</b></p> <p>Over the last 2 decades, the Pacific has learnt that confronting HIV requires strong political commitment and leadership; supportive legislative and policy frameworks; enhanced access to treatment, prevention, care and support for people living with HIV; approaches based on human rights to combat stigma and discrimination; the promotion of gender equality; and the active participation of people living with HIV and affected communities. It is generally believed that this cannot be achieved without strengthening the capacity and understanding of Pacific leaders from government, the community and the faith arena.</p> <p>The RF Stream 5 project is therefore a partnership primarily between UNAIDS and the UNDP Pacific Centre but in partnership with the UNDP Country Office, ILO and UNICEF under the UN Joint Programme on HIV. The purpose of the project is to assist countries to upscale advocacy on leadership at all levels, whether it be at the political, workplace, urban, rural or community level. This is done through training of trainers in-country who undertake the Transformational Leadership for Development programme (TLDP) sessions nationally in order for the information to be disseminated and used widely. These in-country trainers would then undertake</p>				

Country	Organisation	Narrative	Documents
		<p>the sessions in their own countries.</p> <p>Activities under the project also involve participation of groups such as the arts and media to influence a wide audience and contribute to promoting a better understanding on HIV that will be conducive to strengthen prevention and care efforts. This initiative is also in harmony and consistent with other proven initiatives in the region such as Stepping Stones (methodologies are similar, mutually reinforcing and complementary).</p> <p><b>Programmatic Achievements/Highlights</b></p> <p>In 2010, efforts have focused on reviewing lessons learnt from previously implemented TLDPs, establishing baselines and liaising with/identifying potential partners in the countries this project will work in.</p> <p>Two partners were identified in Tonga and Fiji, both faith-based organisations: The South Pacific Association of Theological Schools (Fiji) and Sia'atoutai Theological School (Tonga). A TOT for participating leaders from these FBOs is planned for Q1 2011. The aim of the TOT workshop will be to:</p> <ol style="list-style-type: none"> <li>a. Involve Christian leaders in the HIV response through raising their awareness and sensitizing them with regards to various aspects of the epidemic, including stigma and discrimination</li> <li>b. Build on the global momentum gained in and familiarize participants with relevant Christian Leaders Declarations and Position Papers on the HIV response</li> <li>c. Familiarize the participants with the Christian Religious Leaders Kit in Response to HIV as a practical tool on how to integrate messages related to HIV and AIDS in their work</li> <li>d. Equip the Christian Leaders attending with the skills and tools needed to convey the message to their peers and train others</li> <li>e. Adapt the TOT Training Manual which was used in the Arab states to the Pacific context and to be used for the TOT in the three project countries</li> </ol> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• There were initial challenges in identifying potential partners among the PICs and ensuring that these</li> </ul>	

Country	Organisation	Narrative	Documents											
		<p>partners were willing to spearhead and implement the project activities. There is current discussion among the UN agencies to re-think the current criteria for selecting potential partners for this project in order to overcome delays</p> <ul style="list-style-type: none"> <li>• Incomplete reporting by the SR possibly due to the lack of proper orientation and training of the RF reporting requirements and templates</li> <li>• To ensure that efforts under this project do not duplicate other regional partners efforts to engage faith-based leaders to address HIV and STIs. The Pacific Conference of Churches (PCC) has a similar project funded under Stream 5. It will be vital for the SPC GMU to ensure that UNAIDS and PCC communicate and coordinate their work together</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$350,000.00</b></p> <table border="1" data-bbox="486 715 1944 1043"> <thead> <tr> <th colspan="2" data-bbox="486 715 985 751">Disbursements</th> <th data-bbox="985 715 1323 751">Total Acquittals to 31</th> <th data-bbox="1323 715 1944 751" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 751 741 831">Cumulative (AUD\$)</th> <th data-bbox="741 751 985 831">FY 2010 (AUD\$)</th> <th data-bbox="985 751 1323 831">Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="486 831 741 1043" style="text-align: center;">\$115,007</td> <td data-bbox="741 831 985 1043" style="text-align: center;">\$0</td> <td data-bbox="985 831 1323 1043" style="text-align: center;">\$7</td> <td data-bbox="1323 831 1944 1043">Funds were disbursed in November 2009. Acquittal reports were submitted in January and May 2011 with less than 85% of the disbursed funds acquitted. No additional funds were disbursed as of May 2011.</td> </tr> </tbody> </table>	Disbursements		Total Acquittals to 31	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)	\$115,007	\$0	\$7	Funds were disbursed in November 2009. Acquittal reports were submitted in January and May 2011 with less than 85% of the disbursed funds acquitted. No additional funds were disbursed as of May 2011.	
Disbursements		Total Acquittals to 31	Financial Narrative											
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)												
\$115,007	\$0	\$7	Funds were disbursed in November 2009. Acquittal reports were submitted in January and May 2011 with less than 85% of the disbursed funds acquitted. No additional funds were disbursed as of May 2011.											
Multi Country Project	Foundation of the Peoples of the South Pacific International (FSPI)  (R01SFP01)	<p><b>General Comments</b></p> <p>The regional Stepping Stones project is a joint programme between the SPC Prevention Cluster and the FSPI Health Programme. The project focuses on the provision and coordination of the regional Stepping Stones programme through the provision of technical assistance, and resource mobilisation. The project commenced in 2009 and though t it is a labour-intensive programme, it has provided clear indications of behaviour change amongst target audiences as well as community facilitators, and therefore should be continue to be supported</p>	 <p>Pacific Regional Stepping Stones Retr</p>											


Country	Organisation	Narrative	Documents
		<p>and rolled-out.</p> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• The development and distribution of the Community Facilitator Journal assisted community facilitators in collecting quantitative data regarding their Stepping Stones workshops, and is a tool used by project managers and coordinators in supervising community facilitators and gauging their progress in facilitating Stepping Stones workshops in their communities.</li> <li>• Many requests for reprinting of the Stepping Stones Manual and M&amp;E Toolkit were met in 2010. Manuals in English, I-Kiribati and Bislama were reprinted and distributed to support national trainings of community facilitators and implementation of Stepping Stones in new communities.</li> <li>• Editions 1-4 of the Stepping Stones newsletter were distributed in 2010. There continues to be positive feedback from countries regarding the newsletters. Progressively, more article contributions from country partners were received and included in the newsletter. The newsletter aims to share and promote Stepping Stones experiences from around the region and internationally, to increase collaboration around the region, and also attempts to document the impacts and success stories that are happening around the region. It is widely distributed electronically and in hard copy format.</li> <li>• From continuous strong support from the Fiji MOH, in April 2010, the project supported a national community facilitator’s training for 23 facilitators, which included two male facilitators from Guam. Under the Cross Pacific Sharing Initiative, two experienced facilitators from the Solomon Islands were present to assist in the training of the facilitators. Based on feedback from previous evaluations, two more sessions were added to the 10 day training: one session to specifically address the issue of gender in order to build facilitators’ understanding of gender issues and to increase their confidence in discussing such issues with their community members, and the second session showed how the use of drama can be used as a powerful tool to educate communities.</li> </ul>	

Country	Organisation	Narrative	Documents
		<ul style="list-style-type: none"> <li>• Building on the strong relationship with the Fiji MOH, funds were released to FSPI to manage the roll-out of Stepping Stones in 8 Fiji communities. This has involved the administrative management of facilitator and community payments and M&amp;E TA support. The two male advocates have provided additional support for facilitators during the gender-based violence sessions and gender relations discussions. Though not funded by the project, but certainly a related activity, the roll-out in Fiji was possible through collaboration and commitment from the national level for Stepping Stones. A positive working relationship has been developed with the Ministry and has resulted in FSPI and MOH collaborating on various other initiatives (e.g. the World AIDS Day celebrations, Fiji Reproductive Health Policy, etc.). From the Fiji work plan developed at the retreat, facilitators mapped out activities for further roll-out and capacity building in the area of M&amp;E and gender analysis. A proposal has been sent to the Fiji MOH seeking these funds for roll-out in 2011.</li> <li>• In May, the project funded a stakeholder’s meeting in Tonga to introduce Stepping Stones to potential partners and collaborators. As a result, Tonga expressed interest in rolling out Stepping Stones in 2011.</li> <li>• In August, the Solomon Islands National Training was conducted. For this activity, the project funded Nelly Hano’s attendance as a co-facilitator to the training, and provided manuals and community journals for the training. The training was coordinated by the in-country facilitator team from MOH, SIPPA and Oxfam, and funded by Save the Children. The training had a total of 44 participants from the various community and civil society organizations.</li> <li>• Remaining funds from an initial tranche that was sent to SPC North for TA to Guam and Chuuk was used to conduct a monitoring trip to Chuuk and to conduct M&amp;E Toolkit training for four facilitators in Guam. In Chuuk, it was noted that community facilitators had a better understanding of stigma, discrimination and gender equality issues and how it relates to HIV and STIs, and had demonstrated more confidence and leadership qualities. Furthermore, it was noted that there has been an increase in collaboration and partnership with the Chuuk State and FSM National Government and other stakeholder agencies in Chuuk for Stepping Stones activities. The visit provided an opportunity for the Chuuk group to discuss successes, lessons learnt and challenges and ways to address these challenges.</li> </ul>	

Country	Organisation	Narrative	Documents
		<p>In Guam, the capacity for the core Stepping Stones support group on the use of the M&amp;E Toolkit and processes was improved. It is envisioned that this TA role for the North will continue to be provided by SPC, and also once the Prevention Adviser SPC comes on board.</p> <ul style="list-style-type: none"> <li>• This reporting period saw the inaugural Stepping Stones Retreat conducted in Fiji from the 22<sup>nd</sup> – 26<sup>th</sup> November. Stepping Stones countries present at the retreat included Fiji, Solomon Islands, Kiribati, Vanuatu, Guam and Chuuk, FSM. As countries who are interested in implementing Stepping Stones in 2011, participants from Papua New Guinea (PNG), Tonga and Cook Islands were also present. There were a total of 30 participants and 8 lead resource people involved in the retreat. Additional support was sought from The International Women’s Development Agency, The Pacific Islands AIDS Foundation (PIAF), Salamander Trust (UK), SPC, the MOH Fiji and UNIFEM Pacific. All participants stated that the retreat allowed them to learn how to better implement Stepping Stones in their countries and communities. Key comments included; <i>“the opportunity to share and compare makes me more confident that we are implementing Stepping Stones well in Solomon Islands”</i>, <i>“the retreat was an excellent opportunity to learn from partners”</i> and <i>“I now know that we have to work closely with existing bodies to help support Stepping Stones. We cannot work alone”</i>. The most useful aspects of the retreat as identified by participants included country presentations, sharing and discussing with other facilitators, learnt the importance of M&amp;E, had the opportunity to participate in new sessions on homosexuality and migration, witnessed the work done in Fiji on gender and engaging men and designing national/country work-plans. On the final day of the retreat, countries completed a national Stepping Stones work plan of activities for 2011. The FSPI Regional Health Manager and Gender and HIV Officer worked with countries to ensure all capacity requirements would be met.</li> <li>• Key achievements from the inaugural retreat included, 1) agreement of the development of 3 new Stepping Stones modules including sessions on homosexuality, migration and basic gender awareness, 2) countries shared lessons and learned from each other’s implementation, 3) Fiji was able to showcase its work on engaging men and the use of drama and facilitated discussion to strengthen gender analysis skills resulting all countries attending wanting to implement similar work, 4) a selection criteria for all future cross-Pacific sharing activities (with both facilitator and FSPI obligations) was created, and 5)</li> </ul>	

Country	Organisation	Narrative	Documents
		<p>gathered information which will contribute to the up-dating of the Stepping Stones M&amp;E Toolkit (G-Scale update and Analysis Sheet)</p> <p>The retreat provided a time for reflection and stock-take on the work of the Pacific Stepping Stones Programme since its inception. It was also a chance to bring together the Stepping Stones family of facilitators and put a face to people that had been communicating regularly over email, phone. etc. It was a week that forged new friendships and re-acquainted old ones. As echoed by one participant on her experience at the retreat:</p> <p><i>"It was an amazing week! It was fantastic to be amongst so many inspiring, warm and dedicated people, all passionate about implementing and developing Stepping Stones. The new sessions developed in the Pacific such as gender violence, teenage pregnancy and Kava use are very powerful and address the priority needs of communities. They've also created some really cheeky and fun new energisers. The level of dynamism and creativity being poured into the programme is astounding. Thank you again to you all for your wonderful Bula ("welcome") and for giving me a real taste of Pacific culture ;-)"</i> Amandine Bollinger, Salamander Trust UK</p> <p><b>Most Significant Change Story</b></p> <p><i>During my married life I make sure that my wife stays at home and does everything that I want and never to confront me with my work or why I am coming home late. This is strictly my wife's role as I fear that one day she might become to know or be aware of my extra martial affairs with other women.</i></p> <p><i>Now I have major plans and dreams to bring back the trust that I have once lost from my wife. However when I return I will ask for her forgiveness and I will buy her a gift. I feel I owe her a lot which means that it has to be a daily change and daily asking for forgiveness. In addition Stepping Stones has helped my see that my wife is a crucial partner to make decision and now I will ask her to contribute with me. Furthermore, I really want to talk to the other older men in the village and we all make a change to the high amount of violence against women.</i></p> <p><b>Challenges</b></p>	




Country	Organisation	Narrative			Documents											
		<ul style="list-style-type: none"> <li>• Challenge in implementing Stepping Stones with communities and maintaining momentum with facilitators, as well as maintaining community participation and commitment</li> <li>• Lack of reliable M&amp;E data available in all Stepping Stones countries. The need for improved documenting of the impacts of the programme and the challenges faced in carrying out the M&amp;E processes of Stepping Stones continues to arise</li> <li>• Stepping Stones facilitator’s ability to challenge gender stereotypes with community members</li> <li>• Loss of/inadequate regional technical assistance</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$250,000.00</b></p> <table border="1" data-bbox="486 619 1944 911"> <thead> <tr> <th colspan="2" data-bbox="486 619 943 659">Disbursements</th> <th data-bbox="943 619 1200 659">Total Acquittals</th> <th data-bbox="1200 619 1944 659" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 659 712 738">Cumulative (AUD\$)</th> <th data-bbox="712 659 943 738">FY 2010 (AUD\$)</th> <th data-bbox="943 659 1200 738">to 31 Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="486 738 712 911" style="text-align: center;">\$141,352</td> <td data-bbox="712 738 943 911" style="text-align: center;">\$96,967</td> <td data-bbox="943 738 1200 911" style="text-align: center;">\$86,699</td> <td data-bbox="1200 738 1944 911">As of December 2010, 57% of the total grant was disbursed and 44% was acquitted. More than 85% of the disbursed funds were acquitted in 2011 and additional funds were disbursed in early 2011.</td> </tr> </tbody> </table>			Disbursements		Total Acquittals	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	to 31 Dec 2010 (AUD\$)	\$141,352	\$96,967	\$86,699	As of December 2010, 57% of the total grant was disbursed and 44% was acquitted. More than 85% of the disbursed funds were acquitted in 2011 and additional funds were disbursed in early 2011.	
Disbursements		Total Acquittals	Financial Narrative													
Cumulative (AUD\$)	FY 2010 (AUD\$)	to 31 Dec 2010 (AUD\$)														
\$141,352	\$96,967	\$86,699	As of December 2010, 57% of the total grant was disbursed and 44% was acquitted. More than 85% of the disbursed funds were acquitted in 2011 and additional funds were disbursed in early 2011.													
Multi Country Project	New Zealand AIDS Foundation (NZAF)  (RNZNAF01)	<p><b>General Comments</b></p> <p>The MSM Resiliency Project has been developed as a package of activities and interventions working with a number of partners that aim to reduce the prevalence of undiagnosed HIV and STIs, prevent onward transmission of HIV, reduce health inequalities, and reduce discrimination for Pacific gay men, bisexual men, non-identifying Pacific Island MSMs (fa’afafine, akava’ine and fakaleiti) and other Pacific transgender people.</p> <p>The project mainly focuses on building the capacity of two organizations in the South Pacific, the Samoa AIDS Foundation (SAF) and the Tonga Leiti Association (TLA) to better serve and support MSMs in their communities, and to establish the Pacific Sexual Diversity Network (PSDN) and to support efforts to implement PSDN’s strategic plan.</p>			 NZAF Assessment Report October 2010											

Country	Organisation	Narrative	Documents
		<p>The model of intervention will be to build capacity in the following areas:</p> <ul style="list-style-type: none"> <li>• Increasing access to services support (service marketing and social marketing using culturally appropriate models)</li> <li>• Youth development workshops</li> <li>• Organisational mentoring and support</li> <li>• Leadership mentoring</li> <li>• Funding advice and support</li> <li>• Business development skills training</li> <li>• Organising fono that gather Pacific MSM together to celebrate diversity, build networks, empower Pacific MSM and provide leadership and governance skills</li> <li>• Advocacy skills training to enable Pacific organisations to advocate for policy and/or legislative change that improve access to sexual health care and human rights for MSM</li> </ul> <hr/> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Establishment of the Project Management Committee (PMC) with all partners as key members to oversee the development, implementation and monitoring of the project</li> <li>• Consultation and establishment of MOU with in-country partners – Tonga Leiti Association, Samoa AIDS Foundation and Pacific Sexual Diversity Network (PSDN) and Work Plan developed with partners.</li> <li>• From April-July 2010, NZAF conducted intensive work in-country with SAF that included the following key activities: <ul style="list-style-type: none"> <li>1. SWOT analysis specifically related to SAF clinical service and peer support programme completed</li> <li>2. Workshop held for SAF staff and key stakeholders on increasing access to SAF sexual health services using social marketing approaches</li> <li>3. Discussions with SAF on the key priorities for support of peer education programme</li> <li>4. Specific workshops and tailored individual training for peer educators</li> </ul> </li> <li>• From April-July 2010, NZAF conducted intensive work in-country with TLA that included the</li> </ul>	

Country	Organisation	Narrative	Documents
		<p>following key activities:</p> <ol style="list-style-type: none"> <li>1. Development of a strategic plan for the TLA, including an initial planning agreement with TLA members; member SWOT analysis workshop; two member residential workshops; individual and group stakeholder consultation. The plan was launched by a member of the Tongan Royal Family at the Miss Galaxy Pageant.</li> <li>2. Establishment of a funding sub-group of TLA members and training of the group to prepare funding applications</li> <li>3. Support to formalize TLA partnership with the Tonga Police to develop work to respond to sexual violence against Leitis in Tonga</li> <li>4. Support to prepare an Expression of Interest (EoI) for the AusAID Human Rights Grants Scheme</li> <li>5. Support to establish an in-country stakeholder advisory group (including MOH, Tonga Family Health, Police representatives) to advice TLA on issues related to programme delivery, funding, governance and management</li> </ol> <ul style="list-style-type: none"> <li>• Partnership work between the NZAF and PSDN was focused on identifying funding for the PSDN. The significant feature of this work was supporting the PSDN Chair and Board members to prepare a funding application for Dutch donor, HIVOS (<a href="http://www.hivos.nl">www.hivos.nl</a>). This included the development of a two-year work programme based on the PSDN strategic plan and a matching budget.</li> <li>• An evaluation of the project after one year of implementation was conducted. Recommendations included: <ol style="list-style-type: none"> <li>1. Re-design of the evaluation framework into a logical framework with outputs and revised indicators</li> <li>2. Continue to promote participatory approaches in the planning, design, and implementation of the programme</li> <li>3. Develop a partnership framework that clearly delineates roles and responsibilities of partners as well as NZAF expectations and anticipated outputs</li> <li>4. Foster regular communication between NZAF and partners to extend technical assistance as well as the benefits of the NZAF supported activities. This will require enhanced dialogue and communication skills on the part of the implementing partners as well as proper guidance from NZAF.</li> </ol> </li> </ul>	

Country	Organisation	Narrative			Documents											
		<p>5. Explore innovative ways and alternative methods, such as remote assistance, to build institutional and technical capacity of partners</p> <p>6. Strengthen partnerships with other donor organisations supporting the PSDN</p> <p>7. Maintain current activities, despite implementation difficulties and possibly expand them to support the sustainability, effectiveness, and impact of the Programme's wider outcomes</p> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• PSDN has been unable to operationalise its strategic plan due to lack of funding</li> <li>• While the new TLA strategic plan is clear and strong, the lack of any organisational capacity within the TLA will be a significant barrier to implementing the plan (no staff or organizational capacity to do the activities identified). Part of the current strategic plan will be to create a position that will provide the capacity to support and implement activities.</li> <li>• Change of Executive Director and structure and SAF. SAF as current host of PSDN secretariat, but no funding available to SAF to continue supporting PSDN in this way.</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$400,000.00</b></p> <table border="1" data-bbox="486 967 1944 1297"> <thead> <tr> <th colspan="2" data-bbox="486 967 943 1007">Disbursements</th> <th data-bbox="943 967 1200 1007">Total Acquittals to 31 Dec 2010</th> <th data-bbox="1200 967 1944 1007" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 1007 710 1086">Cumulative (AUD\$)</th> <th data-bbox="710 1007 943 1086">FY 2010 (AUD\$)</th> <th data-bbox="943 1007 1200 1086">(AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="486 1086 710 1297" style="text-align: center;">\$132,041</td> <td data-bbox="710 1086 943 1297" style="text-align: center;">\$84,152</td> <td data-bbox="943 1086 1200 1297" style="text-align: center;">\$136,306</td> <td data-bbox="1200 1086 1944 1297">33% of the total grant was disbursed as of December 2010 and 1.03% of the disbursed funds were over acquitted. Additional funds were disbursed in 2011.</td> </tr> </tbody> </table>			Disbursements		Total Acquittals to 31 Dec 2010	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	(AUD\$)	\$132,041	\$84,152	\$136,306	33% of the total grant was disbursed as of December 2010 and 1.03% of the disbursed funds were over acquitted. Additional funds were disbursed in 2011.	
Disbursements		Total Acquittals to 31 Dec 2010	Financial Narrative													
Cumulative (AUD\$)	FY 2010 (AUD\$)	(AUD\$)														
\$132,041	\$84,152	\$136,306	33% of the total grant was disbursed as of December 2010 and 1.03% of the disbursed funds were over acquitted. Additional funds were disbursed in 2011.													

Country	Organisation	Narrative	Documents
Multi Country Project	Pacific Islands AIDS Foundation (PIAF)  (R01PIA01)	<p><b>General Comments</b></p> <p>HIV-positive people have been largely excluded from participating in research on HIV and AIDS in the Pacific region. The exclusion of HIV-positive people from research initiatives has meant that understanding of the lives and experiences of people living with HIV (PLHIV) is inadequate. The scarcity of evidence and lack of understanding of the lives of HIV-positive people impedes the progress of strategic actions that support the realization of the rights of PLHIV. The research initiatives proposed by PIAF under the RF Stream 5 grant will aim to 1) contribute toward addressing the need to produce research that is grounded in the lives and perspectives of PLWH, 2) collaborate with and build the capacities of HIV-positive people, and 3) ultimately support strategic actions that will contribute to improving the lives of HIV-positive people in the Pacific.</p> <p>RF funding will enable PIAF to conduct two research projects. The first research project, will examine women’s vulnerability to HIV in the Pacific context. The second research project will involve collaboration with a research team of HIV-positive people to act as data collectors in investigating satisfaction of treatment and medical care among HIV-positive people in the Pacific.</p> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>In 2010, one of the main highlights for the research project entitled <i>"Increasing Knowledge and Understanding of the Lives of HIV-Positive People in the Pacific through Research and Communication"</i> was that significant progress was made in completing the report for the Women and HIV project. The Research Officer was able to code, analyse, and write up (in draft form) the data that was collected during fieldwork. The findings focus on the experiences of women living with HIV and there are specific sections focusing on their experiences of 1) Diagnosis and Disclosure, 2) Health Services, 3) Living with HIV, 4) Being a Woman with HIV, and 5) Ideas about HIV. The insights and observations on these issues have generated analysis that will be outlined in detail within the final report and IEC materials that are produced based on this project.</li> </ul>	 <p>Women and HIV - background note.pdf</p>

Country	Organisation	Narrative	Documents											
		<ul style="list-style-type: none"> <li>Information-sharing of the findings from the Women and HIV research project at conferences and meetings such as ICAAP, International AIDS Conference, Cook Islands National AIDS Committee meetings, PIAF staff meetings and trainings, and the Pacific Wayfinders and Changemakers meeting held in British Columbia, Canada. Feedback received from stakeholders of the reports and findings have been integrated into the final report which should be completed by early 2011.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>Conducting in-depth trainings by the peer researchers</li> <li>Maintaining regular contact with individuals with the research activities</li> <li>Inaccurate budget and underestimated timeframe in implementing key activities. The SR has made adjustments to the work-plan to speed up implementation of research activities to ensure completion of project within the agreed-upon time frame</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$377,000.00</b></p> <table border="1" data-bbox="483 871 1944 1161"> <thead> <tr> <th colspan="2" data-bbox="483 871 972 909">Disbursements</th> <th data-bbox="972 871 1323 909">Total Acquittals to 31</th> <th data-bbox="1323 871 1944 909" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="483 909 752 991">Cumulative (AUD\$)</th> <th data-bbox="752 909 972 991">FY 2010 (AUD\$)</th> <th data-bbox="972 909 1323 991">Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="483 991 752 1161" style="text-align: center;">\$130,514</td> <td data-bbox="752 991 972 1161" style="text-align: center;">\$84,705</td> <td data-bbox="972 991 1323 1161" style="text-align: center;">\$156,210</td> <td data-bbox="1323 991 1944 1161">35% of the total grant was disbursed as of December 2010 with 1.19% of the disbursed funds over-acquitted in 2010. Additional funds were disbursed in 2011.</td> </tr> </tbody> </table>	Disbursements		Total Acquittals to 31	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)	\$130,514	\$84,705	\$156,210	35% of the total grant was disbursed as of December 2010 with 1.19% of the disbursed funds over-acquitted in 2010. Additional funds were disbursed in 2011.	
Disbursements		Total Acquittals to 31	Financial Narrative											
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)												
\$130,514	\$84,705	\$156,210	35% of the total grant was disbursed as of December 2010 with 1.19% of the disbursed funds over-acquitted in 2010. Additional funds were disbursed in 2011.											
Multi Country Project	Foundation of the Peoples of the South Pacific International (FSPI)	<p><b>General Comments</b></p> <p>The project aims to develop network partners’ capacity to be responsive to sexual and reproductive health issues, gender sensitivity and HIV and AIDS across the workplace, organisational and community settings. This will involve designing a workplace HIV Strategy and providing training to all community</p>												

Country	Organisation	Narrative	Documents
	(R01FPS01)	<p>educators/facilitators in HIV, gender sensitisation and stigma and discrimination. This strategy will implement tangible HIV responsive outcomes such as ensuring network partners, and that programmes operate as condom distribution points, actively participate and collaborate with UNFPA’s Comprehensive Condom Programme, provide communities with access to information and awareness materials, promote and respond to community requests to be involved in the Stepping Stones processes, and build the capacity of community facilitators as SS facilitators; and where possible ensure the inclusion of positive people and groups in order to ensure an HIV-sensitised workplace.</p> <p>The project is focused on the formulation of a Pacific relevant workforce HIV policy development training. FSPI, through this project, aspires to create a HIV-Compliant Workforce Criteria that the organizations involved in policy development can implement. Consultations are being held with PIAF and FJN+ to achieve these objectives.</p> <hr/> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• A joint initiative from the FSPI Regional Health Team, the Fiji Ministry of Labour, Industrial Relations and Employment under their National Occupational Health Safety (OHS) Service and other agencies, saw the first Training of Trainers on the National Code of Practice for HIV and AIDS in the workplace conducted on the 26<sup>th</sup>, 27<sup>th</sup> and 29<sup>th</sup> of April 2010 in Suva. The project supported the attendance of the FSPI Regional Health team and the 3 Network Partners, PCDF (Fiji), SIDT (Solomon Islands) and TCDT (Tonga) who will be developing their HIV workplace policies.</li> </ul> <p>Participants explored the impact of HIV and AIDS in the workplace, the different elements of the Code of Practice and its application in detail, the existing laws, and the 10 key principles of the ILO Code of Practice (of which the Fiji National Code of Practice is grounded on). The training culminated with participants working in their individual organizations to develop their own workplace policy.</p> <p>The training provided an ideal opportunity for the Regional Health Programme and Network Partners to sit and begin discussion on the development of a HIV strategy and what a HIV and AIDS-friendly</p>	




Country	Organisation	Narrative	Documents
		<p>workplace would look like. This enabled the team to begin to think about workplace policies that ensure tangible activities are developed to implement a HIV workplace policy (e.g. the availability of condoms at the reception area of an organization) conducting HIV and AIDS awareness trainings twice a year with employees and their families, and engaging positive peoples in in-house and programme HIV and AIDS-related work. Feedback from the regional participants to the training was encouraging in that it enabled them to start their policy development process with more knowledge and confidence on HIV and AIDS and its impact on the workplace.</p> <ul style="list-style-type: none"> <li>• Supported the attendance of FJN+ in regional trainings. During the training FSPI engaged with PIAF who facilitated sessions on human rights, the law and legislation. FSPI and PIAF have since signed a MOU which will ensure that workplace polices employ human rights-based approaches and protect and promote the protection of PLHIV at the workplace.</li> <li>• The newly recruited Project Officer has completed two key trainings, these being the FWCC gender training and the MOL HIV in the workplace TOT. This will ensure that workplace policies are gender responsive and comply with relevant HIV law and legislation in the respective network partner countries.</li> <li>• Policy training has been conducted with the network partners in Tonga, Fiji and the Solomon Islands and drafts of their HIV workplace policies have been developed. Key CSOs and Government agencies were represented at these trainings. Other organisations present at the training expressed an interest in developing their own policies for their workplace.</li> <li>• The project met its output of developing 3 Network partner HIV workplace strategies: TCDT, SIDT and PCDF in 2010. Additional policies that were developed were FSPI and MENFiji making it a total of five policies developed in 2010. The SIDT HIV workplace policy has been endorsed by their Board and a second draft is in the process of being developed and necessary arrangements have been made to implement the policy via a committee and an annual review of the policy planned. In Fiji, two of the policies are still in their first draft (FSPI and MENFiji) and are awaiting further input from staff that were not able to attend the training. PCDF has developed their second draft. Their policy has been</li> </ul>	



Country	Organisation	Narrative	Documents											
		<p>presented to their Board for approval.</p> <ul style="list-style-type: none"> <li>Organisations have displayed commitment and motivation to developing their workplace policies and the important role the workplace plays in advocating for the rights of PLHIV and those affected, and also in addressing the issues of HIV in the workplace</li> <li>Policies developed illustrate the increased capacity and awareness of FSPI and its Network partners to be responsive to sexual and reproductive health issues, gender sensitivity and HIV and AIDS across their workplace, home and community settings</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>The ability of network partners to sustain a gender-responsive and human rights-based approach to HIV</li> <li>Engaging PLHIV in policy formulation and HIV responses in network partner programmes</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$360,000.00</b></p> <table border="1" data-bbox="486 906 1944 1198"> <thead> <tr> <th colspan="2" data-bbox="486 906 766 948">Disbursements</th> <th data-bbox="766 906 999 948">Total Acquittals to 31</th> <th data-bbox="999 906 1944 948" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 948 766 1027">Cumulative (AUD\$)</th> <th data-bbox="766 948 999 1027">FY 2010 (AUD\$)</th> <th data-bbox="999 948 1323 1027">Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="486 1027 766 1198" style="text-align: center;">\$159,605</td> <td data-bbox="766 1027 999 1198" style="text-align: center;">\$93,662</td> <td data-bbox="999 1027 1323 1198" style="text-align: center;">\$106,679</td> <td data-bbox="1323 1027 1944 1198">As of December 2010, 44% of the total grant was disbursed with 67% acquitted. Additional funds were disbursed and acquitted in May 2011.</td> </tr> </tbody> </table>	Disbursements		Total Acquittals to 31	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)	\$159,605	\$93,662	\$106,679	As of December 2010, 44% of the total grant was disbursed with 67% acquitted. Additional funds were disbursed and acquitted in May 2011.	
Disbursements		Total Acquittals to 31	Financial Narrative											
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)												
\$159,605	\$93,662	\$106,679	As of December 2010, 44% of the total grant was disbursed with 67% acquitted. Additional funds were disbursed and acquitted in May 2011.											
Multi Country Project	Burnet Institute Pacific	<p><b>General Comments</b></p> <p>Given the high rates of STIs in the Pacific and the priorities identified within PRSIP II, there is a real need to</p>												

Country	Organisation	Narrative	Documents
	(R01BIP01)	<p>explore improved strategies to control STIs. Point of Care (POC) diagnostic tests have the potential to enhance existing strategies, particularly when used as a screening tool among the asymptomatic population. Governments and technical experts/organisations working in the area of SRH need guidelines to assist decision-making about the uptake of such tests; and they need to understand the circumstances in which point-of-care tests will improve patient management and where to invest their money. Where governments see value in adding point-of-care rapid tests to their existing STI control strategy, they will need to understand the various regulatory, policy, programming, training and monitoring/evaluation implications for different levels of the health system.</p> <p>This project seeks to support SPC and the STI Working Group to further build the capacity of PICs to implement their national responses to HIV and STIs. Specifically, it would result in the development and trialling of an operational tool to assist governments to appraise the suitability of STI point-of-care rapid tests in various contexts, and to guide uptake where appropriate.</p> <p><b>Programmatic Achievements/Highlights</b></p> <p>As of the end of 2010, the first three phases of the project progressed which included a desk review of the current status of new diagnostic tests and their use and syndromic management in the region; facilitating a regional forum of key experts in the field and region to discuss the implications for PICs of introducing rapid diagnostic testing; and developing an draft toolkit and guidelines for introducing rapid tests and strengthening STI management.</p> <p><b>Challenges</b></p> <p>There were numerous challenges this year which severely delayed the progress of this project. It became clear that the original intent of using the Cambridge Chlamydia Rapid Test was not feasible since the sample collect procedure for the CRT did not allow it to be used at the point of care.</p>	

Country	Organisation	Narrative	Documents										
		<p>Given this, it was considered to use a syphilis test instead of the CRT and to base the pilot in Vanuatu. During a fact finding mission to assess the possibility of conducting the study in Vanuatu, it was apparent that further research and consideration was needed to understand the following: whether a POC test for syphilis is needed/justified in Vanuatu and if introduction of a POC/syphilis test is justified, what decisions need to be made before proceeding with implementation? As a result of this reflection and exploring such questions, it highlighted the need to include in the toolkit and guidelines more guidance on exploring such issues.</p> <p>Furthermore, as a result of these questions being raised, it allowed the SR to identify several key challenges in gathering information to allow for planning for the introduction of a POC/syphilis test in Vanuatu. Some key conclusions were that:</p> <ul style="list-style-type: none"> <li>• Vanuatu may not be the most suitable place to pilot a POC/syphilis test, because of the background high prevalence of yaws which presents similar symptoms as syphilis; and</li> <li>• in any setting, the benefits of introducing an existing POC/syphilis test may be outweighed by the possible benefits of using one of the 'more advanced' newly developed tests, such as a test that can screen and confirm at the same time.</li> </ul> <p>These conclusions had implications for the selection of the proposed pilot site and test and the SR is in current discussions with the STI Technical Working group to advise on what test should be used for the pilot, and where the pilot study should occur. Until then the project is temporarily on hold until such discussions can be had with the TWG.</p> <p>It is anticipated that by 2011 these decisions will be made and implementation of the remaining phases of the project will be completed by the end of 2011. Due to the significant delays and shifts in project implementation, this grant may need an extension beyond 2011.</p> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$205,400.00</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Disbursements</th> <th rowspan="2" style="text-align: center;">Total Acquittals to 31 Dec 2010</th> <th rowspan="2" style="text-align: center;">Financial Narrative</th> </tr> <tr> <th style="text-align: center;">Cumulative</th> <th style="text-align: center;">FY 2010</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Disbursements		Total Acquittals to 31 Dec 2010	Financial Narrative	Cumulative	FY 2010					
Disbursements		Total Acquittals to 31 Dec 2010	Financial Narrative										
Cumulative	FY 2010												

Country	Organisation	Narrative				Documents
		(AUD\$)	(AUD\$)	(AUD\$)		
		\$77,288	\$20,942	\$64,575	38% of the total grant disbursed as of December 2010, and 84% of the disbursed funds were acquitted. Additional funds were disbursed in 2011.	
Multi Country Project	Burnet Institute Pacific  (R01BIP02)	<p><b>General Comments</b></p> <p>Given the expanding response to HIV and STIs in the region and influx of resources, it has been highlighted that there is a need to ensure that PICs have in place a national strategic planning framework, comprising of national strategies, country work plans and monitoring and evaluation plans, that meet appropriate and agreed quality standards to guide the implementation and evaluation of an effective national response. It is also important that countries have the capacity to translate their respective national strategic framework into action, are able to define priorities, and identify the resources necessary to translate agreed priorities into action.</p> <p>The aim of this project is threefold:</p> <ol style="list-style-type: none"> <li>1) To strengthen the capacity of SPC in its newly-assigned leadership role to facilitate national strategic planning monitoring and evaluation at the country level;</li> <li>2) To ensure coherence across Regional Partners to the approach to supporting national strategic planning, monitoring and evaluation; and</li> <li>3) To build capacity at country level, through the HIV coordinators and national planning teams, to facilitate and support national strategic planning frameworks.</li> </ol>				 Draft NSF Roadmap.docx  RMI Capacity Assessment Tool.doc  RMI Quality Assessment Tool.doc
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• Establishment of a regional planning team consisting of participants from SPC HIV &amp; STI Unit, UNAIDS, UNFPA, UNICEF, WHO &amp; Burnet Institute (PME WG)</li> </ul>				

Country	Organisation	Narrative	Documents
		<ul style="list-style-type: none"> <li>• Continuing engagement of PICs. The Project Coordinator presented an outline of the project goal and approach at the NAC/CDO meeting in Fiji In June 2010. During the course of that meeting, representatives of six countries (Kiribati, Solomon Islands, Marshall Islands, Niue, Palau and Tonga) met with the Coordinator to discuss how the Project could support their strategic frameworks for the response to HIV and STI. Follow-up field visits were arranged for three countries (Kiribati, Solomon's and RMI).</li> <li>• Development, testing and adaptation of Tools for Strengthening Planning, Monitoring &amp; Evaluation: Three tools, the Road Map, the Capacity Assessment Tool and the Quality Self-Assessment Tool, were developed for use at country level. The Road Map outlines and explains the key elements of the 8 phases of the strategic framework at national level; completion of this tool provides a framework for consultation to develop and establish a national strategic framework, including the formation of a national planning team. The Capacity Assessment Tool (CAT) guides national planning team members (or proposed members) to assess their level of skills and experience, as a group, in leading the development of a national strategic framework. A capacity development programme is developed as a result of this assessment. The Quality Self-Assessment Tool (QSAT) assists National Planning team members to assess the quality (the strengths and weaknesses) of their existing national strategic framework, identify the current status of the framework, determine the next step for engagement and explore areas for strengthening. The tools have been tested and adapted in the Solomon Islands, FSM and the Marshall Islands.</li> <li>• Four in-country workshops (Kiribati, Solomon Islands, FSM and the Marshall Islands) to assess each countries' readiness to commence planning was conducted where national planning teams were established, reviews of NSPs were scheduled, capacity needs were assessed and training programmes developed and finalised.</li> <li>• Finalisation of the Vanuatu Monitoring &amp; Evaluation Framework - a field visit conducted by the SR took place in May 2010. This followed on from earlier work under TSF grant in Oct-Dec 2009. The</li> </ul>	

Country	Organisation	Narrative			Documents											
		<p>MEF is now complete.</p> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Countries unable to commit to timelines for workshops and other field visits</li> <li>• Regional Partners are unable to commit to timelines for engagement at country level</li> <li>• There is an apparent need to identify a sub-regional organisation to provide assistance and support to North Pacific islands and territories in strategic planning</li> <li>• Whilst participatory approaches ensures that approaches build from and respect local knowledge and experience, national and regional counterparts may lack confidence, or an ‘objective’ sense of ‘quality standards’ when self-assessing their skills and capacity to lead the Strategic Planning processes. In tandem with this, implementing participatory localized approaches to costing tools and developing Planning and M&amp;E skills takes time – and will stretch available resources.</li> <li>• Current project resources cannot meet the requests of all countries and therefore, a select few countries are receiving direct TA assistance through the project.</li> <li>• Health Ministries may find that they face priorities other than HIV/STIs, or are challenged by weaknesses across broader network of national government agencies (with weak health or other ministry infrastructure undermining their approach).</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$449,800.00</b></p> <table border="1" data-bbox="486 1129 1944 1417"> <thead> <tr> <th colspan="2" data-bbox="486 1129 996 1169">Disbursements</th> <th data-bbox="996 1129 1308 1169">Total Acquittals to 31</th> <th data-bbox="1308 1129 1944 1169" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 1169 741 1249">Cumulative (AUD\$)</th> <th data-bbox="741 1169 996 1249">FY 2010 (AUD\$)</th> <th data-bbox="996 1169 1308 1249">Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="486 1249 741 1417" style="text-align: center;">\$36,971</td> <td data-bbox="741 1249 996 1417" style="text-align: center;">\$0</td> <td data-bbox="996 1249 1308 1417" style="text-align: center;">\$12,561</td> <td data-bbox="1308 1249 1944 1417">Funds were disbursed in October 2009 with only one acquittal report submitted in 2010, and with only 33% of the disbursed funds acquitted. Additional funds were acquitted and</td> </tr> </tbody> </table>			Disbursements		Total Acquittals to 31	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)	\$36,971	\$0	\$12,561	Funds were disbursed in October 2009 with only one acquittal report submitted in 2010, and with only 33% of the disbursed funds acquitted. Additional funds were acquitted and	
Disbursements		Total Acquittals to 31	Financial Narrative													
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)														
\$36,971	\$0	\$12,561	Funds were disbursed in October 2009 with only one acquittal report submitted in 2010, and with only 33% of the disbursed funds acquitted. Additional funds were acquitted and													




Country	Organisation	Narrative			Documents
				disbursed in 2011.	
Multi Country Project	SPC Human Development Programme (HDP)  (R01SHD01)	<p><b>General Comments</b></p> <p>The project commenced in July 2010 and has struggled due the absence of a dedicated person to manage the project. It is coordinated by the Manager of the SPC Human Development Programme (HDP) who is juggling the project and other work commitments. The GMU has held several meetings to move forward the implementation of the project.</p>			
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>A study was commissioned in July 2010 for the Gender and Women’s Human Right’s Audit of the PRSIP II. Ms Marion Quinn undertook this assignment assisted by the GMU, the PRSIP Coordinator, and Dr Dennie Iniakwala. A report is expected in early 2011. The study will include site visits to Fiji, Kiribati and Tonga. The findings will assist in a review and inclusion of gender and women’s human rights issues with PRSIP II.</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>This is a one year project, however, timely reporting has been an issue given the lack of resources at HDP. This has only recently been assisted with the recruitment of a Project Assistant at HDP.</li> </ul>			
		<p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$149,000.00</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><b>Disbursements</b></td> <td style="width: 33%; text-align: center;"><b>Total Acquittals to 31</b></td> <td style="width: 33%; text-align: center;"><b>Financial Narrative</b></td> </tr> </table>			
<b>Disbursements</b>	<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>			

Country	Organisation	Narrative				Documents
		Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)		
Multi Country Project	Pacific Conference of Churches (PCC) (R01PCA01)	\$13,964	\$13,964	\$14	Funds were transferred in the first half of 2010 and have yet to be acquitted. Only 9% of the total grant has been transferred. Follow up action has been done by the GMU team and acquittals will be reflected in the 2011 period.	
		<p><b>General Comments</b></p> <p>Many of the regional organisations involved in PRISP II address a number of thematic areas of HIV and STIs that range from leadership training, PLHIV advocacy and prevention work. In the Pacific region, it is acknowledged that at the community level, the church plays a leadership role in addressing social and justice issues and based on this premise, this project aims to address these themes from the church's perspective.</p> <p>Originally, the proposal outlined five main activities:</p> <ol style="list-style-type: none"> <li>1) Leadership training/workshops for church leaders;</li> <li>2) Prevention workshops targeting youth;</li> <li>3) To engender a better understanding of human sexuality, the development of a Sunday school curriculum and a curriculum for theological schools, and the development of liturgies and sermon reflecting on HIV and AIDS;</li> <li>4) Coordination of candlelight vigils to promote and advocate for affordable drugs for PLHIV</li> <li>5) Increase awareness of Prevention of Parent to Child Transmission of HIV and how to better serve and support HIV+ mothers and their children; and</li> <li>6) Building awareness and sensitivity to HIV and STI issues internally among PCC staff.</li> </ol> <p>It remains to be seen if all activities will be implemented by the SR in the next year as the current logframe</p>				



Country	Organisation	Narrative	Documents
		<p>only indicates 3 of the five activities listed above. SPC GMU is currently in discussions with the SR to assess human resources and capacity and finalisation of the RF logframe is set to be in July 2011.</p> <hr/> <p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>• In order to continue building support and understanding of the project within the PCC, an internal assessment of staffs’ knowledge regarding HIV was conducted. The results of the knowledge survey conducted in-house illustrated the need to conduct basic HIV 101 sessions among staff of the organization, and highlighted the need to develop an HIV workplace policy for the organization.</li> <li>• Support to the Lakeba Road show Campaign 2010: HIV STOPS WITH ME CAMPAIGN and the Gate Keeper Initiative. The Gate Keepers Initiative is intended to revamp member churches’ commitments and to ensure the sustainability of HIV information whereby community church members act as “gate keepers” and distribute IEC materials, and act as the key contact in any event where HIV-related services are required.</li> <li>• World AIDS Day Campaign: Establishing a Hardship Grant for People Living with HIV. The PCC marked the day with singing, dances and various performances to commemorate and stand in solidarity with PLHIV in Fiji. The pilot project of establishing a Hardship Grant for PLHIV aims to address the daily needs and basic necessities of HIV+ people that will enhance efforts on positive prevention, health and dignity. PCC member churches, through this initiative, have been engaged in supporting PLHIV in a more holistic and practical manner. Simultaneously, the activity has drawn attention on church commitment as stipulated in the Nadi Declaration which is to “<i>encourage family members to understand HIV&amp;AIDS, providing assistance on how to physically care for positive people, upholding the biblical teachings of Jesus Christ to love one another without discrimination and the church must engage and encourage testimonies of people living with HIV</i>”.</li> <li>• Distribution of 800 Red Ribbons in 5 PICs. PCC, during its Red Ribbon Campaign, encouraged church</li> </ul>	

Country	Organisation	Narrative	Documents
		<p>leaders to highlight pressing issues that are affecting those infected and affected by HIV. This was a vital opportunity to educate church leaders and the community at-large the meaning of the red ribbon.</p> <ul style="list-style-type: none"> <li>• In 2010, PCC conducted three community sessions on basic HIV 101 and Stigma and Discrimination. The session was conducted in Nabaka Village, the Indonesian Embassy targeting seafarers, and with the UNICEF staff.</li> <li>• PCC through its mission to support PLHIV and its member churches disseminated IEC materials including condoms and femidom. <i>NB: due to the sensitivity and controversial nature of condoms, PCC's stand is to not promote condom and promiscuity, but to provide options for young people, youths, street kids and the public in general.</i></li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Insufficient information on the needs of other countries, and therefore current work plan might not fully address the needs of member churches</li> <li>• Lack of resources to adhere to the call and demand of church members throughout the Oceania region</li> <li>• Lack of knowledge on HIV and AIDS information and legislation exist in countries project is being implemented</li> <li>• Staffing and capacity issues: A significant amount of time was lost in identifying the current project manager, however, due to capacity issues and other factors, project manager was placed on suspension until issues were resolved. SR will need further guidance and assistance from SPC GMU to ensure reporting is improved and complete.</li> <li>• Other regional partners are addressing the need to train up FBO leaders as HIV advocates, therefore it will be important to ensure coordination among those partners to avoid duplicating efforts and activities and/or activities are complementary</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p>	

Country	Organisation	Narrative				Documents
		<b>Total Lifetime Grant Commitment – AUD\$350,000.00</b>				
		<b>Disbursements</b>		<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>	
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>		
		\$98,049	\$0	\$9		Funds were disbursed in December 2009 and acquittal reports were submitted to SPC in 2011 with less than 85% of disbursed funds acquitted. No additional disbursements were requested as of May 2011.
Multi Country Project	TCC Clinical Support Cluster, HIV and STI Section, SPC  (R01STC01)	<p><b>General Comments</b></p> <p>The Treatment, Care and Counselling (TCC) Stream 5 Grant coordinated by the SPC Treatment and Care Technical Team aims to provide a treatment and care programme that focuses on strengthening STI and HIV treatment and care work in the Pacific. This involves laboratory-related programmes, STI Management and HIV/STI procurement of consumables.</p>				 Policy Recommendation_stra
		<p><b>Programmatic Achievements/Highlights</b></p> <ol style="list-style-type: none"> <li>1. The completion of validation for HIV rapid test - The TCC Cluster worked closely with the National Reference Laboratory (NRL) in Australia supporting the validation of the HIV rapid test. The result of the validation will be used to support countries to have the HIV confirmatory testing carried out in the countries. The roll-out of the new HIV testing algorithm will be implemented in 2011.</li> <li>2. The revision of the Strategy for STI Control. In response to the STI epidemic in the PICTs, the Pacific Regional Sexually Transmitted Infection Working Group (STI WG) headed by the SPC STI Advisor developed an updated Recommendation for STI Control for the region. The summary and the details of</li> </ol>				 Recommendation package for STI cont   Documenting implications of Chla

Country	Organisation	Narrative			Documents
		<p>the Recommendation have been shared with the countries. The implementation of the new strategy will be started in 2011.</p> <p>3. Based on the recommendation, the proposal has been developed and submitted under GF HIV Round 7 Phase 2. This will allow SPC and countries to secure some funds to support the implementation of the new strategy.</p> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Absence of a dedicated laboratory specialist based in SPC has affected the implementation of STI/HIV activities, and requiring support from another SPC laboratory specialist originally supporting the surveillance of other communicable and vector-borne infections</li> <li>• The slow responses from the country level</li> </ul> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$420,000.00</b></p>			
<b>Disbursements</b>		<b>Total Acquittals to 31</b>		<b>Financial Narrative</b>	
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>			
\$177,438	\$0	\$139,732			

Country	Organisation	Narrative			Documents
				<p>of activities.</p> <p>A total of 51%, or \$71,537, acquitted was attributed to training activities in-country. 17% was for payments of staff costs involved in the project, while 22% was attributed to operating costs. 9%, or \$11885, was attributed to payments to consultants, and 1% was attributed to travel costs.</p>	
Multi Country Project	UNICEF (R00UNC01)	<p><b>General Comments</b></p> <p>This project is focused on the prevention of HIV transmission in the Pacific for Most at-Risk Adolescents (MARAs), youth and women. The aim of the project is twofold:</p> <ol style="list-style-type: none"> <li>1) Engage and increase the capacity of MARAs by supporting the establishment of youth-friendly RHS, providing opportunities to develop social lifeskills, Peer Education trainings, facilitating an enabling environment for programming and interventions aimed specifically for youth, and through the innovative use of technology and media to communicate prevention messages.</li> <li>2) Prevent parent-to-child transmission by increasing awareness and access to PMTCT+ services for women, build the capacity of public sector organisations for PMTCT service provision, and to contribute to establishment of quality improvement systems for PMTCT+ services integration.</li> </ol>			
		<p><b>Programmatic Achievements/Highlights</b></p> <p>Component 1: HIV prevention for most at risk adolescents and young people (MARAs/MARYPs) and</p>			

Country	Organisation	Narrative	Documents
		<p>especially vulnerable adolescents and young people (EVA/EVYP)</p> <ul style="list-style-type: none"> <li>▪ Baseline survey for Most at Risk and Especially Vulnerable Adolescents and Young People: The completion of the 2009-2010 HIV/AIDS Baseline Study which looked at the knowledge, attitudes and practices of vulnerable young people in the Solomon Islands, Vanuatu and Kiribati has been key in developing and designing interventions for MARAs for this project. In addition, the project has assisted Fiji in developing TORs to define their criteria for most at risk youth in relation to HIV/STIs.</li> <li>▪ Peer Education Trainings: In this reporting period a total of 109 Youth Peer Educators were trained in Fiji, Vanuatu and Kiribati. Peer educators provide information and skills to their peers on sexual and reproductive health issues including STIs/HIV, and motivate young people to use available health services.</li> <li>▪ Behaviour Change Communication: In the Solomon Islands and Kiribati, key messages on HIV prevention have been developed through participatory work of stakeholders. UNICEF supported both the two countries with technical support. Messages were developed based on formative research and baseline data that had been conducted. The messages are in the form of radio spots and print materials that encourage MARYP and EVYP, as well as pregnant women and their partners to access and utilize services.</li> <li>• Capacity of faith and community-based organisations and leaders to respond to HIV: Several meetings were held between UN agencies and FBO leaders in Fiji in which participants discussed how faith-based leaders could potentially contribute more the HIV and STI response in Fiji. In response to fiath-based organisations (FBOs) leaders' requests, UNICEF has contracted a consultant to develop a five-year inter-faith strategy on HIV prevention.</li> <li>• Youth Friendly Services (YFS): Through its joint programme activities with UNFPA and SPC, UNICEF provided TA to the Solomon Islands, Vanuatu and Kiribati to develop national guidelines on the provision of adolescent and youth-friendly health services. The guidelines are complemented by a monitoring and evaluation plan as well as a step by step guide that will address gaps in service coverage, accessibility and utilisation by young people. While countries have opted to integrate services for young people into existing primary care health settings, UNICEF has further contributed to the establishment of one integrated youth-friendly health services facility in each country.</li> </ul> <p>While UNICEF has lead the process in three countries, SPC through the joint programme has completed a</p>	

Country	Organisation	Narrative	Documents
		<p>study on current youth health services facilities in 10 PICs. The aim of the study was to develop a regional guideline for the remaining countries to establish minimum standards and improve the quality of the services being provided to young people. In addition, through the joint UNICEF/UNFPA/SPC programme, two youth-friendly centres in FSM (Chuuk and Pohnpei) have been supported. 1,356 students between the ages of 13-19 had visited and used the centres, 346 VCCT for HIV/STI, and 85 had been treated for an STI.</p> <p>Component 2: Prevention of Parent to Child Transmission (PPTCT):</p> <ul style="list-style-type: none"> <li>• With TA support from UNICEF, the Kiribati National PPTCT policy guideline was revised in line with the new WHO and UNICEF guidelines. The policy guideline was endorsed by MOH and Medical Services of Kiribati in October. In addition, Fiji National PPTCT policy was revised in collaboration with the national stakeholders and a consensus and endorsement meeting was organised in December.</li> <li>• Five PPTCT clinics in South Tarawa (Kiribati), where 50% of the total population resides, started providing HIV Testing and Counselling services in 2010. According to the Health Sector Response to HIV Report, in 2009 only 40% of pregnant women were tested for HIV and knew their results. However, data collected from the clinics between June and August indicated substantial increase of uptake of HIV testing and counselling.</li> <li>• Increased capacity of 66 health care workers to provide quality PMTCT in Fiji and Solomon Islands</li> <li>• Renovation of two health facilities in the Solomon Islands and one in Kiribati was completed and allows integration of PPTCT service into the existing ANC services</li> <li>• Capacity of 5 health facility in Kiribati, Fiji and Solomon Islands was strengthened by the provision of medical and non-medical supplies</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Multiple responsibilities at the country level and partners. There are many partners at the regional level and focal persons find it hard to manage the activities</li> <li>• Capacities to address the needs of MARYP and EVYP in planned interventions is still an area that</li> </ul>	

Country	Organisation	Narrative				Documents
		<p>needs to be developed</p> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$450,000.00</b></p>				
		<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>	
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>			
		\$248,786	\$198,771	\$50,036	<p>This project commenced in October 2009. A total of 80%, or \$198771, of the grant value was disbursed in 2010. 20% of the disbursed funds were acquitted in 2010. Additional acquittal reports were submitted to SPC in 2011.</p>	
Multi Country Project	Pacific Legislatures for Population and Governance Incorporated (PIPG Inc)  (R01SPP01)	<p><b>General Comments</b></p> <p>This organisation has undergone a restructure and is now called the Pacific Legislatures for Population and Governance Incorporated (PLPG, Inc.). Whilst the project has not yet commenced in 2010, PLPG has profiled and advocated HIV and youth issues through its HIV Champions Campaign. The organisation is now located in Rarotonga, Cook Islands (relocated from SPC Suva). The transition process affected the ability of the project to start as it was being manned by one person. The agreement is that the project will commence the 1<sup>st</sup> July 2011.</p>				
		<p><b>Programmatic Achievements/Highlights</b></p> <p>N/A</p> <p><b>Challenges</b></p>				



Country	Organisation	Narrative			Documents											
		<p>Remote communication has been a challenge. A site visit is planned in early 2011 to move the project forward. Previous attempts to consult with the coordinator through email, phone calls and via visiting SPC staff have been unsuccessful.</p> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$200,000.00</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" data-bbox="486 451 987 496">Disbursements</th> <th data-bbox="987 451 1308 496">Total Acquittals to 31</th> <th data-bbox="1308 451 1944 496" rowspan="2">Financial Narrative</th> </tr> <tr> <th data-bbox="486 496 716 571">Cumulative (AUD\$)</th> <th data-bbox="716 496 987 571">FY 2010 (AUD\$)</th> <th data-bbox="987 496 1308 571">Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td data-bbox="486 571 716 643" style="text-align: center;">\$0</td> <td data-bbox="716 571 987 643" style="text-align: center;">\$0</td> <td data-bbox="987 571 1308 643" style="text-align: center;">\$0</td> <td data-bbox="1308 571 1944 643"></td> </tr> </tbody> </table>			Disbursements		Total Acquittals to 31	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)	\$0	\$0	\$0		
Disbursements		Total Acquittals to 31	Financial Narrative													
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)														
\$0	\$0	\$0														
Multi Country Project	International Labor Organization (ILO)  (R01ILO01)	<p><b>General Comments</b></p> <p>Working with PICs governments, the private sector and workers’ unions, this project under the ILO aims to:</p> <ol style="list-style-type: none"> <li>1. Build upon existing work done in the areas of workplace policy awareness especially for organisations in Fiji and the tripartite partners in Kiribati, PNG, Solomon Islands and Vanuatu. Most of these partners are aware of workplace policies, but do not have workplace programmes to implement the policy and ensure its sustainability.</li> <li>2. Begin awareness raising on HIV/AIDS workplace policies in Samoa, Marshall Islands and Tuvalu</li> <li>3. For higher level intervention, the project will focus on the development of National Codes of Practice for HIV/AIDS workplace policy (under the Occupational Safety and Health Act) and for lower level, the project will focus on the development of workplace policies at enterprise levels as is done in the case of Fiji. Through discussions with Vanuatu, Solomon Islands and Kiribati, they are also looking at developing National Codes of Practice</li> </ol> <p>Similar projects are being implemented by other regional partners funded by the RF and therefore it will be critical for the SPC GMU, as the administrator and manager of the grant, to ensure efforts in this area are not duplicated among the partners. Due to ongoing and lengthy negotiations between ILO and SPC of the terms</p>														


Country	Organisation	Narrative			Documents
		<p>and conditions of the RF grant, the LOA has not been signed and so no funds have been disbursed and activities have not been implemented. With follow-up conducted in late 2010 and early 2011, ILO has since agreed to sign a revised LOA and to commence activities in July 2011.</p>			
		<p><b>Programmatic Achievements/Highlights</b></p> <p>Project has not commenced as of 2010.</p> <p><b>Challenges</b></p> <p>Due to the delayed start of the project, it is anticipated that activities outlined in the original proposal will need to be adjusted to ensure the usage of funds is strategic, and results tangible and sustainable given the shorter timeframe to implement activities.</p> <p style="text-align: center;"><b>Financial Data</b></p> <p style="text-align: center;"><b>Total Lifetime Grant Commitment – AUD\$450,000.00</b></p>			
		<b>Disbursements</b>		<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>	
		\$0	\$0	\$0	


## Stream 7: Rapid Response Grants

### Summary Level

<b>Stream 7 Rapid Response Grants (summary level)</b>	<b>Summary:</b>  The RF Rapid Response (RR) Stream 7 Grant is a discretionary pool of funds held at SPC. This funding is flexible and able to respond rapidly to promote and support innovative ideas, both nationally and regionally. The vast majority of these grants are for discreet and short-term activities, but which complement existing responses and/or respond to an emergency situation that requires immediate resolution.  Due to the nature of some of the projects which do not constitute ‘emergency’ or ‘innovative’ activities, and which essentially could have been built into other RF stream funding with proper planning, the GMU has undertaken a review of the RR guidelines to narrow down the scope of eligible projects under this stream.			
	<b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$134,719.26</b>			
	<b>Disbursements</b>		<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>
	<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>	
\$108,464	\$30,367	\$54,758	RR grants to date have been of project duration of one year or less, and most often for one-off events.  Acquittals from some of the RR SRs have been slow to arrive in the 2010 period, and were only received in 2011.	

## Individual Grant Detail

Fiji	PPAPD-FPOC (Pacific Parliamentary Assembly on Population and Development- Forum Presiding Officers and Clerks)	<b>General Comments</b>			 Mission Report - Bali.docx
		<p>The project covered the attendance of the PPADP Project Officer and government delegates to the 9<sup>th</sup> ICCAP Conference in Bali, Indonesia. The conference was hosted by the Government of Indonesia through its Ministry of Tourism and Health in collaboration with the Australian Government (AusAID), the AIDS Society in Asia and the Pacific (ASAP), the Global Fund for AIDS, TB and Malaria (GFATM), the World Health Organisation (WHO), the Joint United Nations Programme on AIDS (UNAIDS), the United Nations Fund for Population (UNFPA) and the Indonesian National AIDS Commissions.</p>			
	(R01SPP02)	<b>Programmatic Achievements/Highlights</b>			
		<p>PPADP Project Officer accompanied the two members of Parliament from Cook Islands (Leader of the House) and Bougainville (Deputy Speaker) to provide technical support to the two delegates in their advocacy, networking etc., including providing communication strategies on the delegates ICAAP involvement.</p> <p><b>Challenges</b></p>			
<b>Financial Data</b>					
<b>Total Lifetime Grant Commitment – AUD\$10,000.00</b>					
<b>Disbursements</b>		<b>Total Acquittals to 31</b>		<b>Financial Narrative</b>	
<b>Cumulative</b>	<b>FY 2010</b>	<b>Dec 2010</b>			
<b>(AUD\$)</b>	<b>(AUD\$)</b>	<b>(AUD\$)</b>			

		\$10,000	\$0	\$6,024	The remaining amount will be acquitted in 2011.	
Fiji	SPC - Regional Media Centre  (R01SRM01)	<b>General Comments</b>				 Report on the 9th International Congress
		This project is to develop and produce a documentary film focusing on the participation of the Pacific contingent to the 9 <sup>th</sup> ICAAP in Bali, and also to look at the current situation of HIV and AIDS in the Pacific from the perspective of the Pacific participants.				
		<b>Programmatic Achievements/Highlights</b>				
		The documentary featured: <ul style="list-style-type: none"> <li>• Interviews with participants, both from the Pacific and Asia</li> <li>• Highlights of major speeches</li> <li>• Opening and closing ceremonies</li> <li>• Presentations – individual and panel discussions</li> <li>• Cultural events</li> </ul>				
<b>Challenges</b>						
<b>Financial Data</b>						
<b>Total Lifetime Grant Commitment – AUD\$9,406.00</b>						
<b>Disbursements</b>		<b>Total Acquittals to 31</b>		<b>Financial Narrative</b>		
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>				

		\$9,407	\$0	\$8,249	All ICAAP related activities have been completed and acquitted. Acquittals related to DVD finalisation and production will be provided in 2011.		
Fiji	USP Oceania Centre for Arts and Culture  (R01USP01)	<b>General Comments</b>					
		This grant requested funding in September 2009 to re-stage “A Love for Life-Silence and HIV/AIDS” production show. The show opened to the public from the 16-18 <sup>th</sup> of September, 2009. Peer educators were part of the production members, and involved a range of participants such dancers, choreographers, creative team and MONFORT MOYS Town Choir.					
		<b>Programmatic Achievements/Highlights</b>					
		<ul style="list-style-type: none"> <li>• The re-staging of the production show was successful</li> <li>• More than 500 people were able to watch this show</li> <li>• It reached all age groups from the young to the old</li> </ul>					
<b>Challenges</b>							
<ul style="list-style-type: none"> <li>• Preparation for the show</li> <li>• Getting all the production role players in on time</li> </ul>							
<b>Financial Data</b>							
<b>Total Lifetime Grant Commitment – AUD\$10,000.00</b>							
<b>Disbursements</b>		<b>Total Acquittals</b>		<b>Financial Narrative</b>			
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>to 31 Dec 2010 (AUD\$)</b>					

		\$10,000	\$0	\$9,512	The remaining amount will be acquitted in 2011.		
Fiji	SPC – HIV/STI Section  (R01SHS01)	<b>General Comments</b>					
		This project provided funding support for the Pacific Meeting House at the 9 <sup>th</sup> ICAAP Conference in Bali, Indonesia at the Asia-Pacific Village. This included:					
		<ul style="list-style-type: none"> <li>• Support for Pacific delegates attending the conference, particularly for HIV positive Pacific delegates</li> <li>• Built stronger networks and coalitions across the region</li> <li>• Profiled Pacific HIV-related issues at an international level</li> <li>• Promoted successful initiatives in prevention, surveillance, treatment and care, and reducing stigma and discrimination that are taking place in the PICs</li> </ul>					
		<b>Programmatic Achievements/Highlights</b>					
		<b>Challenges</b>					
<b>Financial Data</b>							
<b>Total Lifetime Grant Commitment – AUD\$9,583.00</b>							
		<b>Disbursements</b>		<b>Total Acquittals to 31</b>		<b>Financial Narrative</b>	
		<b>Cumulative</b>	<b>FY 2010</b>	<b>Dec 2010</b>			
		<b>(AUD\$)</b>	<b>(AUD\$)</b>	<b>(AUD\$)</b>			
		\$9,583	\$0	\$9,577		The remaining amount will be acquitted in 2010.	

Fiji	Fiji School of Medicine (FSMed)  (RFJFSM01)	<p><b>General Comments</b></p> <p>The Fiji School of Medicine RR grant aimed to support a series of research capacity-building activities to be hosted by the Pacific STI and HIV Research Centre (PSHRC). This included: 1) a Pacific HIV social research conference, and 2) an academic-writing and proposal-writing workshop. To date no report has been received. Follow-up has been undertaken to address this delay in reporting. The next disbursements for the Fiji School of Medicine grants will depend on prior period reports submitted.</p>												
		<p><b>Programmatic Achievements/Highlights</b></p>   <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Reports pending</li> </ul>												
		<p><b>Financial Data</b> <b>Total Lifetime Grant Commitment – AUD\$10,000.00</b></p>												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Disbursements</th> <th style="text-align: center;">Total Acquittals to 31</th> <th rowspan="2" style="text-align: center;">Financial Narrative</th> </tr> <tr> <th style="text-align: center;">Cumulative (AUD\$)</th> <th style="text-align: center;">FY 2010 (AUD\$)</th> <th style="text-align: center;">Dec 2010 (AUD\$)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$10,000</td> <td style="text-align: center;">\$10,000</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">Still awaiting reports. To be reflected in 2011.</td> </tr> </tbody> </table>	Disbursements		Total Acquittals to 31	Financial Narrative	Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)	\$10,000	\$10,000	\$10	Still awaiting reports. To be reflected in 2011.	
Disbursements		Total Acquittals to 31	Financial Narrative											
Cumulative (AUD\$)	FY 2010 (AUD\$)	Dec 2010 (AUD\$)												
\$10,000	\$10,000	\$10	Still awaiting reports. To be reflected in 2011.											
Fiji	Ministry of Health , Adventist	<p><b>General Comments</b></p> <p>This grant supported the joint Fiji-based peer education network (Support and Empowerment Network of Peer</p>												



	Development and Relief Agency Fiji  (RFJMOH03)	Educators in Fiji or SENPEF) to develop and produce multi-media/visual educational materials tailored for the Fiji Safe Event Campaign during the Miss South Pacific Pageant.		
		<b>Programmatic Achievements/Highlights</b>		
		<ul style="list-style-type: none"> <li>• Production of 4 thematic mini-brochures: HIV &amp; AIDS, HIV Testing, Safe Sex and STIs brochures</li> </ul>		
		<b>Challenges</b>		
		<b>Financial Data</b>		
<b>Total Lifetime Grant Commitment – AUD\$8,380.00</b>				
<b>Disbursements</b>		<b>Total Acquittals to 31</b>		
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>	
\$3,118	\$0	\$3,118	This grant was handled through direct payments to the vendors for the production of the brochures.	
Fiji	Fiji Network for People Living with HIV & AIDS in Fiji (FJN+)  (RFJFNP04)	<b>General Comments</b>		
		The FJN+ RR grant aimed to support a candlelight campaign and road show to promote compassion and support for PLHIV.		
		<b>Programmatic Achievements/Highlights</b>		
		<ul style="list-style-type: none"> <li>• Candlelight campaign materials developed and distributed</li> </ul>		

		<ul style="list-style-type: none"> <li>Conducted “Tin Shack” Initiative which displayed photographs illustrating the impact of HIV on PLHIV in Fiji to sensitize viewers to PLHIV issues</li> </ul> <p><b>Challenges</b></p>			
		<p><b>Financial Data</b></p> <p><b>Total Lifetime Grant Commitment – AUD\$1,736.00</b></p>			
		<b>Disbursements</b>		<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>
		<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>	<b>Dec 2010 (AUD\$)</b>	
		\$1,736	\$1,736	\$1,736	
Fiji	Fiji Network for People Living with HIV & AIDS in Fiji (FJN+)  (RFJFNP05)	<p><b>General Comments</b></p> <p>The RR grant supported FJN+’s efforts and contribution towards the Hibiscus Safe Festival Campaign in 2010 in Fiji.</p>			
		<p><b>Programmatic Achievements/Highlights</b></p> <ul style="list-style-type: none"> <li>AIDS Ambassadors Booth Activities - The 2010 Safe Campaign was aimed to increase people’s knowledge on HIV, reduce stigma and discrimination of PLHIV, and promote VCCT and fostering a supportive environment for PLHIV using the festival as an entry point.</li> </ul> <p>4 PLHIV managed the booth on a daily basis disseminating HIV/STI brochures, condoms, femidoms, lubricants and red ribbons. The support board activity identified 352 thumbprints on the board from people visiting the booth who had shown their support that PLHIV should not be stigmatized and discriminated against. A briefing session was conducted before and after each shift to ensure uniformity</p>			

of information delivered, challenges faced discussed, lesson learnt and suggestions to better the outreach program the next day. This was a coordinated programme with SENPEF whereby FJN+ AIDS Ambassadors use the platform to share their stories and disseminate HIV information. The highlight of this year's Safe festival Campaign was that Luke Nayasa and his wife Lora came out public with their status.

- Talent/Dance Approach- On the talent night, a message box that depicts hands of different shades signifies that HIV demands a holistic approach and consolidated effort from the public in general to effectively address the needs of positive people and to reverse the HIV situation in Fiji. The dance portrays Joeli's journey and life experience from the moment he knew of his HIV status. Seeing his lifetime story through dance was very moving as he gives the impression of determination to change perception towards PLHIV. Joeli won the title of Talent King 2010.
- Float - This year's float was a suitable platform to showcase the key messages that were promoted during the weeklong festival, simultaneously visualizing the innovative approach of prevention, care, and support for PLHIV. The exercise is intended to capture and mobilize attention on how different organisations and individual efforts have been consolidated to prevent the further spread of HIV in this country. Hence the float procession had allowed different organisations to come in unity and to stand in solidarity with PLHIV as they humanize HIV infection and remind the public in general of their responsibility to combat HIV. In addition, the float involved business partners and networks such as Rentokil and Foamscaff to support the cause. It is anticipated that this relationship could be maintained for future networking in strengthening the involvement of the private sector in HIV programmes. The Hibiscus Festival was a platform in which Joeli successfully advocated and promoted FJN+ and SENPEF messages to youth and the general public. The float procession ended at Albert Park and the talent King crowning was a highlight of the event. Joeli received a standing ovation.

### **Challenges**

- Identifying resources that could meet the work load demand and contribute to the completion of activities

		<b>Financial Data</b>			
		<b>Total Lifetime Grant Commitment – AUD\$1,660.50</b>			
		<b>Disbursements</b>		<b>Total</b>	<b>Financial Narrative</b>
		<b>Cumulative</b>	<b>FY 2010</b>	<b>Acquittals to 31</b>	
		<b>(AUD\$)</b>	<b>(AUD\$)</b>	<b>Dec 2010</b>	
		<b>(AUD\$)</b>	<b>(AUD\$)</b>	<b>(AUD\$)</b>	
		\$1,661	\$1,661	\$1,661	Fully acquitted.
Fiji	Pacific Youth and Sports Conference (PYSC)  (R01SHS02)	<b>General Comments</b>			
		This grant provided support to PYSC for the production of Behaviour Change Communication (BCC) materials for the 2010 Pacific Youth and Sports Conference in New Zealand.			
		<b>Programmatic Achievements/Highlights</b>			
		<ul style="list-style-type: none"> <li>• Production of 10 x 2mtrs x 0.75 mtrs drop-down banners</li> </ul>			
		<b>Challenges</b>			
		<b>Financial Data</b>			
		<b>Total Lifetime Grant Commitment – AUD\$9,627.00</b>			
		<b>Disbursements</b>		<b>Total Acquittals to 31</b>	<b>Financial Narrative</b>
		<b>Cumulative</b>	<b>FY 2010</b>	<b>Dec 2010</b>	
		<b>(AUD\$)</b>	<b>(AUD\$)</b>	<b>(AUD\$)</b>	
		<b>(AUD\$)</b>	<b>(AUD\$)</b>	<b>(AUD\$)</b>	
		\$9,627	\$9,627	\$7,524	The remaining amount will be acquitted in 2011.

Multi Country Project	IPPF - ESEAOR / TSF-ESEAP  (R01IPP01)	<b>General Comments</b>		
		This grant was awarded to MOH Fiji to acquire the services of a consultant to support Fiji's Global Fund HIV Round 9 submission.		
		<b>Programmatic Achievements/Highlights</b>		
		<ul style="list-style-type: none"> <li>No reports received yet</li> </ul>		
		<b>Challenges</b>		
<b>Financial Data</b>				
<b>Total Lifetime Grant Commitment – AUD\$10,000.00</b>				
<b>Disbursements</b>		<b>Total Acquittals to 31 Dec 2010 (AUD\$)</b>	<b>Financial Narrative</b>	
<b>Cumulative (AUD\$)</b>	<b>FY 2010 (AUD\$)</b>			
\$10,000	\$0	\$0	Follow-up action has been carried out by the GMU to gage the status of this activity.	