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## LIST OF ACRONYMS

ANM	AIDS Network on Migration
APN+	AIDS Positive Network
APE	Asia-Pacific Economic Cooperation
ASEAN	Association of South East Asian Nations
ATFOA	ASEAN Task Force on AIDS
BCC	Behaviour Change and Communication
CARAM	Coordination for Action Research on AIDS and Mobility
CPM	CSEARHAP Project Manager
DDC	Department of Disease Control (Thailand)
DFID	Department for International Development
DOH	Department of Health
DSEP	Department of Social Evils Prevention (MoLISA Vietnam)
FHI	Family Health International
FP	Focal Point
GIPA	Greater Involvement of People Living With AIDS
GO	Governmental Organisation
GMS	Greater Mekong Sub-region
HCMC	Ho Chi Minh City
ICAAP	International Congress on AIDS in Asia and the Pacific
IEC	Information, Education, Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IOM	International Organization for Migration
(I)NGO	(International) Non-Governmental Organizations
KHANA	Khmer HIV/AIDS NGO Alliance (Cambodia)
LFA	Logical Framework Analysis
LoA	Letter of Agreement (Vietnam)
MAP-4	Mobility AIDS Partnership – 4 Countries in the GMS
M&E	Regional Performance Measurement
MFA	Migrant Forum Asia
MIMP	Meaningful Involvement of Migrants/Mobile Populations
MIS	Management Information System (Thailand)
MMP	Migrant and Mobile Populations
MOI	Ministry of the Interior (Cambodia)
MOLISA	Ministry of Labour and Social Affairs (Vietnam)
MOLVT	Ministry of Labour and Vocational Training (Cambodia)
MOPH	Ministry of Public Health (Thailand)
MOPWT	Ministry of Public Works and Transport (Cambodia)
MOU	Memorandum of Understanding
MRD	Mekong River Delta
MSC	Mobility Steering Committee (MST in Thailand)
MST	Multi-Sector Team
NAA	National AIDS Authority (Cambodia)

NAC	National AIDS Centre (Lao PDR)
NCCA	National Committee for the Control of AIDS (Lao PDR)
NCCAB	National Committee for the Control of AIDS Bureau (Lao PDR)
NSP	National Strategic Plan
PAD	Project Approval Document
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
PIP	Project Implementation Plan
PLHA	People Living With HIV/AIDS
PMF	Performance Measurement Framework
PSC	Project Steering Committee
RBM	Results Based Management
REWG	Regional Executive Working Group
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNRTF	UN Regional Task Force on Mobility and HIV Vulnerability
VCT	Voluntary Counselling and Testing
WBS	Work Breakdown Structure

## **1 INTRODUCTION**

This Annual Report covers the period April 1, 2005 to March 31, 2006. Volume 1 presents an overview of results achieved. Each country partner has prepared an individual Annual Report; these are provided in Section 8, Appendix 8.8, in Volume 2 of 2.

CSEARHAP has carved out a unique place for itself in the sub-region. The Regional Approach adopted by CSEARHAP and its participatory design methodology have yielded results in 2005/06. At the country level, regional priorities and cross-border collaboration now take precedence over the primarily national stances previously common to all four countries participating in CSEARHAP. Although results achieved this fiscal year have been uneven across the four countries, progress has been made with all partners.

National interests are linked to regional priorities through the UN Regional Task Force on Mobility and through the newly established Mobility & AIDS Partnership (MAP-4). Communication linkages through newsletters and substantive regional opportunities for collaboration have built on the positive and productive relationships developed with and among all four partners and with members of the regional HIV/AIDS development and donor community.

The programme is now considered an important part of the regional landscape by regional organizations working in the Greater Mekong Sub-region, who perceive it as a catalyst for change, harmonization and integration. In 2005/06, the programme built on the foundation laid in 2004/05, responded positively to changes in the region, and met the challenges of programming amid the diversity of national contexts. The distinct and constantly changing situations in programme countries required flexibility in activity design and programme implementation facilitated by the remarkable efforts of a dynamic and committed regional and CEA team.

## **2 CHANGES IN PROJECT CONTEXT**

Changes in project context over the past year have related primarily to transformations in strategic considerations and to the evolution of the cross-cutting themes. These changes are viewed positively, and have strengthened the ultimate impact that CSEARHAP will have in the region.

### ***2.1 Strategic Considerations***

CSEARHAP's second year of implementation was important for strengthening operational processes and nurturing key partnerships. It was also important for supporting the growing political will for and commitment to HIV prevention and reducing the vulnerability of mobile and migrant populations in all four participating countries. Relationships between and among programme countries have been strengthened and key regional issues identified. The updated Regional Strategy has adopted the practical approach taken by CSEARHAP in Task Force action planning for 2006/07.

CSEARHAP's multi-sector approach has provided entry points for it to engage multiple ministries, civil society, and PLHA in the unique dynamics of HIV prevention and mobility. In addition, CSEARHAP has engaged partners in addressing the underlying causes of mobility and re-thinking the gender mainstreaming approach that does not

adequately meet the unique needs of mobile and mobility-affected women. More details on this last point are found in Section 2.2.1.

## ***2.2 Trends and Issues in the Programming Environment***

### ***2.1.1 Gender Mainstreaming***

From the outset of CSEARHAP, gender and the role of women in HIV prevention programming have been priorities. Each country has incorporated specific interventions for women in their Project Implementation Plans and Annual Work Plans and women are the focus of planned Demonstration Projects. All performance indicators and planned activities are gender inclusive, with specific actions noted to ensure that the needs of women and ethnic minorities are addressed in policy, planning, capacity development, and regional coordination interventions.

Although gender refers to the relationships between women and men, most existing gender equity interventions, including those for HIV/AIDS, have focused on women. However, such interventions are doing little to change male behaviour and in some instances have been proven to cause harm (there is evidence that teaching women about condom use and empowering them to discuss the issue with their husbands has increased violence against women). Therefore, one of the initiatives under development with regional partners at UNAIDS and the Rockefeller Foundation is the review of approaches to mobile and mobility-affected women with a view to developing a new paradigm for reaching the most vulnerable and addressing the unique problems women face. This review and development process will be a high priority in 2006/07.

Gender mainstreaming initiatives undertaken this fiscal year included (i) workshops in each country, (ii) development of a tool kit that documents background information, research and effective methodologies and best practices in the region, and (iii) creation of a roster of regional and local consultants available to assume responsibilities in CSEARHAP gender mainstreaming activities.

It is recognized that the subject matter of the CSEARHAP Gender Sensitivity, Anti-Discrimination and De-Stigmatization Training course is extremely sensitive and, in many ways, will be breaking new ground. For example, the key gender issue in the fight against the epidemic is changing male sexual behaviour and responsibilities. It is imperative that the message delivered through CSEARHAP training clearly expresses the need for interventions aimed at changing male behaviour and demonstrates successful approaches.

### ***2.1.2 Poverty Reduction***

CSEARHAP recognizes the need to address the multiple challenges of HIV prevention among mobile populations who are generally the poorest people in the region. Poverty is the driving force behind mobility and migration, with the poor moving internally and across borders in search of employment. National policy interventions and capacity building initiatives focus on protecting the most vulnerable and socially excluded groups including migrants, women and ethnic minorities. Specific efforts are designed to ensure adequate legal protection and reduced discrimination and stigmatization. This is extended to encompass adequate access to primary health care and provision of culturally appropriate information on HIV/AIDS prevention for migrants.

By emphasizing pro-poor aspects of public sector reform, it is expected that government officials, with the support of civil society representatives, will begin to work together to develop strategies that recognize that economic opportunity is the only

sustainable means of reducing the vulnerability of mobile populations by decreasing the primary reason for migration.

### *2.1.3 Sustainability*

National ownership and leadership of the HIV/AIDS response is central to good governance, accountability and sustainability. Each of these priorities also requires strengthening the capacity of partner countries to manage and monitor programming that is country-led and country-owned. A common HIV/AIDS Action Framework serves to establish agreement between stakeholders about the policies, priorities and strategies that will lead to results and serve accountability. CSEARHAP provides that framework.

Cost effective programming is essential to sustainable development. CSEARHAP began the transition to using regional technical assistance in early 2005. Regional and local consultants have been recruited to staff permanent positions within each country and regionally. Increasingly, the Regional Teams include nationals of host countries and experienced expatriates living and working in the region.

## **3 RESULTS ACHIEVED IN 2005/06 VS PLANNED RESULTS**

Substantial results were achieved in 2005/06 in programme implementation and project management. Widespread support was noted for CSEARHAP and its integrated approach generated by partners and stakeholders in all project countries and regionally. Significant progress was achieved on policy and advocacy (Output 1.1); programming and project management (Output 2.1) and building partnerships and networking (Outputs 2.2; 3.1).

Detailed information on progress by Outcome and Output in each Country is provided in Section 8, Appendix 8.9, in Volume 2 of 2 of this report. In addition, the Integrated Results Matrix, which recaps results for Regional and each Country, is provided in Section 8, Appendix 8.7, in Volume 1 of 2.

A brief assessment of the main results is presented below.

### **Outcome 1: Enabling national policies conducive to reducing risk among mobile populations are developed and reflected in gender-sensitive national plans in the context of the Regional Strategy on Mobility.**

Policy Reform and Enforcement has built on the lessons learned and progress made in 2004/05. During the Policy & Planning sessions held during the August Workshop, participants gained a greater understanding of the priority legal and policy issues arising in the context of HIV/AIDS and migration, opportunities and obstacles for change in the four project countries, and the regional policy context.

A National Policy Self-Audit was conducted in all four countries and is now available in English, with bilingual versions prepared by country. These documents have been approved by the Multi-Sector Teams in each country and will be printed and distributed at the AIDS 2006 Conference in Toronto.

A reform mechanism that includes ensuring accountability of implementation and monitoring of results in the policy area of strategic plans is under final review by all stakeholders. Specific legislative changes have been selected for reform and redrafting was commenced with support of MAP-4 partners.

National Strategies and Action Plans on HIV/AIDS include a section on migrants and mobile populations to be implemented over the next five to seven years. Mapping of financial and non-financial resources has identified sources of funding and technical support by country (and regionally); the allocation processes have been documented. Concerns persist that strengthening capacity in planning in both source and destination countries will have limited impact if all stakeholders do not broaden their perspective on the disease to include full participation in critical regional systems and mechanisms to control the spread of HIV/AIDS.

**Output 1.1: Reforms to policies and enforcement impacting mobility-related HIV/AIDS drafted by multiple sector representatives and submitted to relevant authorities for approval.**

A regional advocacy strategy and common policy review process to capitalise on regional synergies is now in place in each country, although at varying levels of operationalization. The mechanisms implemented include: (i) a common policy review process, gap analysis and gender assessment; and (ii) selected policy and enforcement issues assessment at demonstration sites, with recommendations for improvement. The next step is establishment of a regional working group on policy issues, including the drafting of reforms/recommendations by policy/ordinance in key sectors.

The policy communications strategy, materials, and delivery mechanisms for sharing key issues and progress is in place, with consultation mechanisms for ongoing dialogue on critical policy issues developed with government partners in each country.

Cambodia has already distributed the self audit to key ministries and partners. In Lao PDR the self audit has been approved by the MST and will form the basis for dialogue on policy reform recommendations. In Thailand, the policy self-audit has been completed and forms the basis for the work plan at national and provincial levels in policy reform and implementation.

In Vietnam, concurrent to completion of the formal project agreements, and with the participation of all parties, a participatory assessment of policy and planning related to HIV/AIDS and mobility at both national and provincial levels (National Policy Self-Audit) was completed in December 2005. Further to this, a review of current policies related to migration and HIV in Vietnam was conducted jointly by CSEARHAP, MOLISA, and the IOM. This, in turn, led to a policy, planning, and advocacy workshop in December 2005, and then a meeting of key ministries related to HIV and mobility in early 2006. Each of these events built on the success of the previous, and assisted the programme to foster a robust relationship with our national partner, MOLISA.

**Output 1.2: Gender-sensitive management systems designed, tested and implemented to evaluate national policies, plans, and budgets impacting mobility-related HIV/AIDS.**

The development of national plans that comprehensively address the issues surrounding mobility and vulnerability to HIV/AIDS in the region has been impeded by competing priorities for scarce resources and limited management and programming capacity.

In Cambodia, the Resource Mobilization Unit, set up for resource tracking, allocation and mobilization in the HIV/AIDS response, has responsibility for national funding of HIV prevention but as yet has no operational plan. NAA staff have participated in the training on the Goal Model (software to identify gaps in resource allocation) organized by the Policy Project (Futures Group). The NAA and CSEARHAP will continue to work

to obtain further information on resource allocation and mobilization initiatives in Cambodia and coordinate with these for appropriate interventions related to AIDS and mobility. As the CSEARHAP demonstration projects are designed, linkages are being made with the relevant Provincial AIDS Secretariats and Departments of Transport. Inclusion of mobility in the revised NSP 2006-2010 is agreed and the operational plan has been drafted with reference to mobility.

The Lao PDR National Strategy 2006-2010 has been approved by the government, with the design and implementation of a more participatory policy review process and more open dialogue on key issues. The Strategy was designed in collaboration with IOM and UNAIDS.

In Thailand, an Action Plan for HIV Prevention, Care and Support has been submitted to the government and approval is pending. This Action Plan includes policy change recommendations on access to prevention services for migrant workers and improved enforcement of existing laws and regulations. The technical assistance provided by the CSEARHAP Regional Team for Policy, Planning and Advocacy ensured the views of migrants and mobile populations were included in the Action Plan. The Team remains a member of the Working Group, which is turning its attention to Action Plan implementation in two provinces.

Working with the Policy Project, support from the CSEARHAP Regional Team helped Vietnam's Ministry of Social Affairs to address key implementation elements of the Action Plan on Mobility. As a result of CSEARHAP participation at the National AIDS Conference in Ho Chi Minh City in November 2005, a new active relationship with the Government of Vietnam on furthering the policy agenda and adjusting the approach to vulnerable groups is evident in the structure and mandate of the new national level MST, with the Ministry of Health actively participating with MOLISA. In Can Tho, the mechanism for ensuring effective communication and implementation at the provincial level was refined and tested; demonstration projects with evidence-based policy and planning components are now fully operational.

**Outcome 2: Strengthened national capacity to collaborate regionally on mobility-related HIV/AIDS programmes.**

Improving the quality of policies, plans and programmes for the prevention of HIV/AIDS among migrant, mobile and mobility-affected individuals requires clearly articulated responsibilities for executing HIV/AIDS prevention strategies in the work plans of the governments of Cambodia, Lao PDR, Thailand, and Vietnam.

The capacity baseline was reviewed by stakeholders in each country and regionally; institutional and individual capacity development profiles are now linked to demonstration projects and documented. Common gaps in capacity were identified and action was taken to close these gaps through programming and a regime of shared resources from country and regional partners.

Capacity Development Plans for each country are operational, with a cost/benefit analysis and monitoring framework completed to determine the value-added of CSEARHAP interventions. The programme management curriculum is supported by an inventory of existing training materials and tool kits and the scheduled capacity building programmes have been conducted. Selected members of multi-sector teams, CPMs and Focal Points are better able to implement programming under CSEARHAP and with other funding partners.

Cross-border programming in the region is reflective of the correlation between areas of high prevalence and population movements. Refining and expanding current

interventions, working with civil society on existing programmes, testing new approaches with vulnerable groups, forming associations on migration, involving migrants and AIDS positive individuals in planning and implementation, and preparing proposals for funding of HIV prevention initiatives, are ongoing activities.

Mechanisms have been established for resolving cross-border issues of migrant workers through constructive dialogue with regional counterparts at scheduled and monitored opportunities. The lessons learned from these interventions are adding to best practices at the regional level, contributing to the development of a *safe mobility model* and provide a vehicle for assessing the capacity built in each country through bilateral and multilateral interventions at borders.

**Output 2.1: Knowledge and skills of national AIDS agencies and ministries in different sectors in preparing proposals, mainstreaming gender, managing programming and mobilizing appropriate resources related to HIV/AIDS and mobility improved.**

CSEARHAP's Capacity Building strategy has been predicated on identifying critical knowledge gaps among key stakeholders, particularly within each country's Multi-Sector Teams (MST). These knowledge gaps are now identified and specific training and capacity building activities will address the gaps. Specifically, capacity building is intended to address two general skill areas:

**Technical Gaps** - knowledge shortfalls directly related to issues surrounding HIV/AIDS prevention, mobility and migration, including:

- Policy Reform, Advocacy (Internal and External), Rights-based Approach
- Understanding community-based approaches to HIV/AIDS prevention (focusing on the GIMP and GIPA principles – the "Greater Involvement of Mobile Persons and Persons Living with HIV/AIDS)
- Reasons and Causes of Mobility and Migration and Reducing Vulnerability for Mobile and Mobile-Affected Peoples
- Mainstreaming of Gender, Anti-Discrimination and De-stigmatization Principles

**Programming Gaps** - stakeholder limitations in designing, implementing and managing program interventions are primarily in the following areas:

- Project Design
- Proposal and Report Writing
- Financial Management
- Monitoring and Evaluation
- Linguistic skills upgrading
- IT/Computer Training

Improvements to stakeholder capacity during 2005/06 are evident in the following areas: (i) strategic planning; (ii) policy reform and advocacy; (iii) human, financial and information resource management; (iv) external relations, which includes better communications and improved resource generation; (v) programme design, monitoring and evaluation evidenced in CSEARHAP management and through demonstration project design; (vi) gender analysis and mainstreaming approaches; and (vii) internal advocacy, primarily inter-agency constituency building within government through

MAP-4 and Civil Society participation, especially representation of migrant and mobile population associations and advocacy groups.

Information management systems to support the tracking of work related to HIV/AIDS have begun with management information needs and an inventory of existing systems and linkages documented regionally and by country. A multi-media approach to monitoring and evaluation has been designed and an integrated approach to data collection, analysis and access to alternative sources of information is regionally coordinated and available to all partners.

Regional capacity development programming included RBM, Policy, Advocacy and HIV and Mobility training of trainers for all Country Teams. The planned programming for 2005/06 was conducted on schedule and below planned budget. Details are provided in Section 8, Appendix 8.3, Volume 1 of 2.

In Cambodia, consultative meetings resulted in a comprehensive capacity development plan and training programs in RBM, Policy, Advocacy and Demonstration Project design were conducted, with ministry representatives tasked with building capacity within their departments upon completion. This institutional capacity strengthening is being monitored and refresher programming is planned for 2006/07.

In Lao PDR, the capacity development plan was revised to reduce the number of people trained to include only those currently and actively involved in prevention efforts related to the demonstration projects. With the formal approval of CSEARHAP in December, capacity building efforts were accelerated and built around the design of the national and cross-border demonstration projects with Thailand.

In Thailand, several training sessions and workshops were undertaken including training on RBM, a workshop to review existing data and sources of data, as well as data requirements. Provincial team workshops were also held to enhance consultations related to this data identification. A baseline review related to National Capacity was developed and based on results of this study, a meeting was conducted to assess training needs, and develop and finalize the Capacity Development Plan. Together with Lao PDR, joint training on cross-border demonstration projects were held at the borders with national, provincial and district teams.

At the National level in Vietnam, a workshop was held in January 2006 to review the findings related to the Capacity Assessment in the areas of National Planning and Policy Development. At the provincial level, a similar baseline assessment of the situation was also prepared and disseminated for feedback. Based upon this, a capacity development plan was developed, finalized and implemented. This training included RBM, Financial Management, Gender and GIPA. At the provincial level, training focussed on developing an advocacy strategy. Also at the provincial level, the demonstration project was designed and approved, with technical capacity needs identified to implement the demonstration project

**Output 2.2: Gender sensitive mechanisms established for sustained and constructive collaboration among regional stakeholders on cross-border HIV issues of migrant workers.**

Past and present interventions were reviewed to identify key regional issues and the best opportunities for pilot programming. These were presented to respective national Multi-Sector Teams and brought to MAP-4 for discussion, clarification and finalization of planned interventions. Opportunities provided for government and non-government collaboration and harmonization of resources include shared mapping and an agreed approach to key bilateral and multilateral issues.

Collective criteria were documented for Demonstration Projects, resulting in designed interventions at key sites, including detailed work plans and an agreed regional monitoring and evaluation process. The preliminary status of the Demonstration Projects has been fully documented in pictures and reports. An iterative approach to capacity development was implemented that includes self-assessment and recommendations for adjustments to the Training Plan.

The proposed regional demonstration project for truckers and their sexual partners along segments of the ASEAN highway (in cooperation with ESCAP and IOM) has now been documented and the proposal approved by all partners. The proposal is provided in Section 8, Appendix 8.4.

The Cambodia Cross Border Strategy was approved by the MST and specific actions taken with Thailand on specific interventions in Trad, building on the success of previous programmes and what was learned through MST cross-border site visits to identify core issues. Proposed interventions have been now designed and specific demonstration projects documented.

Strategies for cross border collaboration opportunities with Thailand were assessed in Quarter 4 and findings presented to the MST have been incorporated in the Lao PDR Cross Border Strategy. Specific sites for cross border demonstration projects have been selected and discussions held with counterparts in Thailand and regional agencies to formalize plans for interventions.

At the national level in Vietnam, strategies for cross border collaboration opportunities were assessed, and findings were presented to MOLISA, MAG VN and MAP-4 in December 2005. At the provincial level, an inter-provincial meeting was conducted to share cross-border activities. A study tour for MOLISA was organised in March 2006 for meetings in Can Tho related to the demonstration project activities and the cross border implications.

Representatives from the Cambodian NAA were invited to the Vietnam National AIDS Conference in Ho Chi Minh City in November 2005 to discuss regional experiences with shared migrant populations.

**Outcome 3: Regional cooperation and coordination strengthened through a Regional Executive Working Group addressing common issues of mobility-related HIV policies, plans and programmes.**

CIDA designed CSEARHAP as a catalyst for change and a focal point for improved coordination among the four countries selected and their neighbours within the GMS. Opportunities for synergies with our regional partners have exponentially increased the impact of CSEARHAP in operationalizing the *Regional Strategy* and furthering the application of the Three Ones principles. It has also allowed for significant increase in the activities in which CSEARHAP is able to make a contribution to HIV prevention in the region.

The challenges of HIV regional programming has drawn together a committed group of regional organizations that are anxious to enter into collaborative arrangements with CSEARHAP. Each agency operating in the four countries faces the same challenges, shares the same objectives, and works with the same national government departments and personnel.

Through extensive efforts in mentoring, discussion, and negotiation in each country and regionally, the CSEARHAP Regional Team worked with national and regional partners to identify and achieve consensus on key issues impacting all countries. These issues have in common that they can be effectively addressed through

cooperative efforts and building on the strengths of governments, donors, executing agencies and regional organizations. Coordinating and sharing materials, information, consultants and forums is a welcomed approach to synergy at the regional level and coordination of informed and comprehensive programming in the region.

**Output 3.1: Regional Executive Working Group established for sharing best practices and lessons learned from national implementation of regional strategy on mobility.**

Regularly scheduled working group meetings were attended by all country partners and regional opportunities for cooperation were highlighted and agreed. The UNRTF Meetings in June 2005 and January 2006 moved forward on the action planning for the next two years, with most initiatives congruent with CSEARHAP regional and country work plans.

**Mobility AIDS Partnership (MAP- 4)**

MAP-4, the re-named Regional Executive Working Group, facilitates sharing of lessons for solving cross-border issues and addresses issues of mobility in the GMS, and continues the work of the UN Task Force between meetings. Partners in MAP-4 are committed to working together to achieve mutual goals. MAP-4 is restricted to the four CSEARHAP countries and the specific issues that are of particular importance to building a stronger more constructive relationship between and among these four sub-regional partners.

MAP-4 has already become a strong, regionally driven, sustainable mechanism for operationalizing, at the sub-GMS level (the four countries of CSEARHAP – Cambodia, Lao PDR, Thailand and Vietnam) the revised *Regional Strategy* of the UNRTF. MAP-4 focuses on HIV and mobility and is not time limited. MAP-4 has initiated discussions to mobilize resources for key interventions from regional sources. Through the partnerships already established, MAP-4 has the potential to continue as a mechanism for regional collaboration after the present CSEARHAP programme is completed. One measure of the success of the current CSEARHAP phase will be the sustainability and vitality of MAP-4 beyond 2007.

By structuring cooperation around common regional issues, developing a coherent strategy for addressing these issues, and creating sustainable mechanisms for continued cooperation, the existing mechanisms of the UN and ASEAN Task Forces, MAP-4 aims to:

- Operationalize the Task Force Regional Strategy in the four countries participating in CSEARHAP (Cambodia, Lao PDR, Thailand and Vietnam), which are part of the Greater Mekong Sub-region (GMS);
- Carry out activities and interventions that strengthen the response of the 4 CSEARHAP countries through existing and potential regional/sub-regional tools, mechanisms and forums;
- Work with non- and inter-governmental agencies, development organizations, country representatives and stakeholders from all 4 countries with the aim of harmonizing donor activity at the sub-regional level;
- Report to the Task Force, share lessons learnt, best practices and program results with Task Force members; and
- Communicate MAP-4 activities to the Task Force and the wider community of development organizations and other concerned parties.

Minutes of the MAP-4 Meetings are provided in Section 8, Appendix 8.5.1 and 8.5.2, Volume 1 of 2.

### **UN Task Force on Mobility & HIV Vulnerability Reduction (UNRTF)**

*The task force identifies priorities and gaps and facilitates programmatic, policy, and advocacy actions to reduce mobility-related HIV vulnerability and address issues of care and support.*

The Task Force is a member-driven, neutral body with the task of linking key agencies in the region. The structure is linked to the mandate with a goal of good governance through member participation and flexible working arrangements. CSEARHAP will continue to provide practical opportunities for operationalizing the *Regional Strategy* and embodying the principles articulated by the Task Force in the Joint Memorandum of Understanding signed by all CSEARHAP countries.

### **ASEAN Task Force on AIDS (ATFOA)**

The ASEAN Task Force on AIDS is an intergovernmental mechanism with important linkages to ASEAN economic and trade priorities. Although the impact of ATFOA to date has been limited, the potential for becoming a sustainable and influential mechanism for linking economic development and HIV prevention is important to the Southeast Asia Region and the goal of CSEARHAP. Both the UN Task Force and CSEARHAP are committed to working with ATFOA more effectively to ensure this government led forum assumes a proactive role in HIV prevention among mobile and migrant populations engaged in economic activities

### **APEC Health Task Force**

CSEARHAP played a major role in coordinating and leading the APEC Conference on AIDS and Migrant Populations in Manila in December 2005. Minutes of the meeting are provided in Section 8, Appendix 8.5.3, Volume 1 of 2.

Strengthening regional collaboration and communication and harmonizing resources to address regional issues has taken root under the guidance of MAP-4, with partners participating in mapping existing programs, sharing data collected and analysed by various agencies, and coordinating a Southeast Asia calendar of events. The MAP-4 work plan includes seven major areas of collaboration and resource harmonization initiatives.

The Regional Strategy implementation case study is based on Cambodia, with video documentation of migrant perspectives based on the Cambodia case study proposed for 2006/07 in cooperation with the UNRTF and IOM. This video will be an important advocacy and communications tool for CSEARHAP and Task Force member countries.

Working in close collaboration with government partners, the Regional Director of CSEARHAP is directly involved in regional representation and cooperation with other regional agencies to move the HIV prevention and mobility agenda forward with colleagues from donor and development agencies. As members of the UN Task Force and MAP-4, the four countries participating in CSEARHAP continue to participate fully in regional forums, with Cambodia a major contributor to harmonization initiatives and global best practice discussions.

This year, the success of MAP-4 was expanded to include parallel partnerships at the country level. Meetings with the national counterparts of regional organizations have confirmed that the integrated approach established in MAP-4 resonates with national

counterparts and the timing is right for coordinated harmonization initiatives at the national level.

## **4 PROJECT MANAGEMENT**

### ***4.1 Overview***

Managing a complex project in four countries and regionally requires the support of a qualified and experienced management team, both in Canada and in the region. Significant diversity in the human and financial resources, development priorities, sophistication of responses and openness to new approaches adds to this complexity and puts additional pressure on the management team to effectively achieve planned results and remain responsive to rapidly changing circumstances.

Streamlining the management structure in each country and ensuring closer cooperation with government partners has required additional on-site support and reallocation of human and financial resources in 2005/06. Each country requires significant technical assistance from international, regional and local consultants. Forecasts for this year and the remainder of CSEARHAP have been adjusted to accommodate these requirements.

### ***4.2 Results Achieved 2005/06***

#### **Shared Office Space & Administration**

On July 8, registration of International Development Services (IDS) was approved by the Thai Government and is now operating as a legal entity providing financial, administrative and logistical support services to three CIDA regional programmes.

The programming benefit of centralizing CIDA regional programmes is the potential synergies among trade, human rights and HIV prevention interventions. CSEARHAP, EIP and SEARCH are capitalizing on opportunities for contributing ideas, undertaking compatible programming and sharing resources such as materials, technical assistance and administrative support staff.

#### **Regional Team Approach**

In recognition that CSEARHAP is a complex and dynamic programme, CIDA approved the Regional Team Approach in January 2005. This approach is proving effective in meeting the needs of the programme. Broadening the management structure became critical to achieving contracted results. Although the Regional Director remains responsible for programming results, technically qualified team leaders have been given the latitude to manage their areas of responsibility and to transfer knowledge and skills to team members in the areas of Policy, Planning & Advocacy, Programming Capacity Development and Regional Coordination.

With the exception of Programming Capacity Development, this approach has worked very well. It became evident that consistent time on site was necessary to a successful team approach to implementation. Due to other commitments and an accident, the Team Leader for Programming Capacity Development was not able to spend sufficient time on site to fully support the results expected. Coordination and management of the Capacity Development component is now led by the Regional Office with the support of the Policy Planning & Advocacy and Regional Coordination Team Leaders.

Regional Programming is complex and requires project management staff regionally and in each country to ensure results are achieved, relationships cultivated and participation of national partners in regional activities well coordinated and managed. The part-time Deputy Regional Director (DRD) has assumed programme management responsibilities for CSEARHAP in Vietnam and Thailand, with new CPMs hired in September and December 2005 to manage the programme in each of these countries. The DRD also manages the implementation of the Regional Communications Plan, developing the logo, newsletter, project profile, intranet and website for CSEARHAP.

### **Organization Structure & Staffing**

Changes to the organization structure of CSEARHAP have been based on the needs of a regional programme in a complex environment of uneven capacity and limited resources. The structure proposed in the RFP has now almost totally changed and further changes are envisioned as the programme evolves and sustainability in the post-project era becomes an even higher priority.

CSEARHAP Cambodia is now a satellite Project Management Office (PMO) attached to the Regional Programme Office (RPO) in Bangkok, and is managed by the CPM Cambodia. CSEARHAP Thailand is now managed from the RPO, with the CPM position being staffed in December 2005. In Lao PDR, CSEARHAP will establish a PMO in a separate office near the NCCAB of the Department of Prevention and Hygiene, with the current Focal Point seconded as CPM in March 2006. A Project Officer will be recruited in Quarter 1. CSEARHAP Vietnam is now located within PATH Canada in Vietnam. The CPM Vietnam and two Project Officers (one for Can Tho, (located in Can Tho) and the other in Hanoi) assumed their responsibilities in September 2005. PATH Canada Vietnam will also administer the finances and contract local consultants for CSEARHAP in that country. All CSEARHAP PMO staff report to the Regional Director or Assistant Regional Director.

The process of handover from international consultants to regional consultants also took shape in 2005/06, with the creation of the Regional Consultant category for Policy & Advocacy. This approach to regionalization of consultant contracting will continue in the remainder of this fiscal year and is at the core of the handover plan that will contribute significantly to sustainability.

The structure within the CEA in Canada has also changed during this reporting period, with the Co-Directorship dissolved and PATH Canada assuming the role of Director. In addition to providing project oversight, reporting interlocutor with CIDA, PATH Canada assumed responsibility for financial reporting to CIDA from October 1, 2005, with significant support from CSIH.

### **Project Implementation Plan (WBS 610)**

The CSEARHAP PIP, January 31, 2005 was approved by CIDA in April 2005. Each country worked to finalize their individual PIPs in Quarter 1, with drafts presented to CIDA at the PSC in May 2005. Further revisions to the Country PIPs and updates of the Work Plan 2005/06 and budgets by quarter were submitted to CIDA at the end of Quarter 1 as Appendix 7 in a second volume of the Annual Work Plan 2005/06.

### **Work Planning (WBS 620)**

Annual Work Plans and budgets for 2005/06 by country were developed and submitted for approval in June 2005. Significant assistance was provided to each country in documenting work plans for 2005/06, particularly in Lao PDR, Thailand and Vietnam, where no CPM was in place. These Country Work Plans were aggregated and added

to regional programming developed by the Team Leaders. The Regional Work Plan and Country Work Plans was coordinated and written by the Regional Director with support from PATH Canada and CSIH, and three versions were submitted to CIDA (May 2005, June 2005 and September 2005). All budgets were prepared in detail for 2005/06, by output, by input, by country, quarterly in USD and CAD and submitted to CIDA for review and inclusion in each version of the AWP 05/06.

### **Programming Management (WBS 630)**

Programming results are described under each of the WBS components in the integrated results matrix (Appendix 8.7, Volume 1 of 2). The Cambodia CPM, acting CPMs, Team Leaders, Regional Director and Assistant Regional Director and CEA staff recorded significant unbillable time in the past year to achieve results beyond what was planned. This extra effort was rewarded with a programme that is now fully operational and well-positioned to respond to the challenges of the programming environment.

Details of country programming managed this year are documented in the Country Annual Reports provided in Section 8, Appendix 8.8, Volume 2 of 2.

### **Financial Management (WBS 640)**

The CARE International Offices in each country were initially contracted to administer CSEARHAP finances. Raks Thai in Thailand also administered the Regional Office budget until June 18, 2005. With the withdrawal from CSEARHAP of three of four CARE Country Offices, centralizing of field-level financial management at the Regional Programme Office became a reality. On July 11, the Regional Manager Budgeting, Planning & Programming was hired full time to take over the regional financial management function.

The CSEARHAP Regional Director, the Manager Budgeting, Planning & Programming, and the Finance Department of PATH/CSIH have worked together to develop a detailed and streamlined financial system for tracking expenses, calculating CAD equivalents on fees and expenses monthly, and invoicing CIDA with detailed reports on CSEARHAP finances. This new system was implemented effective October 1, 2005 and has proven to be efficient and accurate. Reconciliation of financial reporting to September 30, 2005 rests with CARE Canada.

### **Communications (WBS 650)**

A communications action plan was effectively implemented this year, with material prepared for project promotion and identification. The new CSEARHAP logo was designed and approved by CSEARHAP partners. The CSEARHAP newsletter was designed; three issues have been published and distributed. For copies of the newsletters and the distribution list, see Section 8, Appendix 8.6, Volume 1 of 2.

The CSEARHAP profile was professionally produced and material for the Vietnam AIDS Conference included a brochure. The CSEARHAP intranet to improve internal communications and provide a knowledge management vehicle for the growing documentation archive on CSEARHAP was launched and csearhap.org e-mail addresses assigned to project staff and consultants. The CSEARHAP website is under design and will be launched in Quarter 1 2006/07.

To ensure adequate visuals for documentation and dissemination of lessons learned in 2007, a photographic and video approach to key events in the implementation of CSEARHAP is under development. The proposed video for advocacy is under

discussion and alternatives to written documentation for issues presentation, project memory and case study documentation are in the planning stages.

### **Monitoring & Reporting (WBS 660)**

Working with the Regional Programme Management team in Bangkok and the CSEARHAP Project Managers and Focal Points in each country, the Regional Performance Measurement (M&E) Consultant developed a standardized monitoring template linked to the results reporting process. Unfortunately in the absence of consistent programming staff in every country but Cambodia, these forms were not completed. This made reporting semi-annually very difficult in the first 18 months of CSEARHAP.

In March 2006, the LFA of each country and regional were reviewed by CIDA and agreement was reached on revisions to both outputs and performance indicators. These revised LFAs are included in the AWP 2006/07. In addition, the Internal Monitor worked with the CIDA Monitor to revise the Performance Measurement Framework and Guidelines were prepared to assist each country in using the revised PMF for performance measurement and preparing informative reports on progress. The revised Regional LFA is provided in Section 8, Appendix 1.

A Report Writing Workshop was held in Bangkok late September to work directly with existing Country staff to write the country Semi-Annual Reports and complete the Results Matrix, which was then consolidated in the Integrated Results Matrix. Again in February 2006, a report writing workshop was held in Bangkok to assist Country Teams in preparing the PSC documents.

The reporting process and the format and content of both the Annual Report 2005/06 and Annual Work Plan 2006/07 were streamlined significantly in March 2006 with the support and assistance of CIDA. In addition, two part-time support staff provided report writing assistance and coordination from February to April. This approach has worked well. With financial support of the Manager Finance, Budgeting and Programming and the cooperation of the CSEARHAP Team, the year end reporting process has been much less onerous than in the past and the quality of the submission is improved.

### **Project Steering Committee Meetings (WBS670)**

The second PSC Meeting was held on May 26, 2005 in Siem Reap. The AWP 05/06 plans were considered overly ambitious and CIDA requested that plans be reviewed, reduced and resubmitted. The AWP 2005/06 was revised by country and regionally and re-submitted on June 30, 2005.

Annual Reports were reviewed and changes to content and format made for the Semi-Annual Report, including the Integrated Results Matrix that provided current and cumulative progress in a long and detailed chart. The Integrated Results Matrix is provided in Section 8, Appendix 8.7 in Volume 1 of 2. The Results Matrix by country is included in each Country Annual Report (see Section 8, Appendices 8.8 in Volume 2 of 2).

**Project Management Results Reporting**

<b>Planned Management Activity</b>	<b>Planned Completion</b>	<b>Actual</b>	<b>Variance</b>
Project Implementation Plan	September 1, 2004; November 1, 2004; January 31, 2005	September 1, 2004; November 1, 2004; January 31, 2005	None
Monthly Invoice for Fees	Within 45 days of end of month	Delayed monthly and annually to September 30, 2005. On time from October 1, 2005.	Variable
Quarterly Financial Report and invoice for Reimbursable Expenses & Report on Variances	Within 45 days of end of quarter and within 45 days of end of year	Delayed monthly and annually to September 30, 2005. On time from October 1, 2005.	Variable
Semi-Annual Progress Report	Within 45 days of end of Quarter 2	Submitted November 22, 2005	7 days late
Annual Report on Progress	3 weeks before annual Project Steering Committee Meeting	Due May 3, 2006	7 days late
Annual Work Plan	3 weeks before annual Project Steering Committee Meeting	Due May 3, 2006	
Minutes Steering Committee Meetings	Within 10 days of meeting May 24, 2006	Due June 7, 2006	
Meetings with CIDA Officer	Quarterly	May 2005, August 2005, January 2006, March 2006	

## **5 FACTORS AFFECTING PERFORMANCE**

The following factors affected performance in 2005/06, both positively and negatively:

### ***5.1 Partnerships***

Developing collaborative and positive partnerships with national governments and the development community has been an important activity for CSEARHAP. Although some difficulties and delays were encountered, overall the relationships with national partners are strong. Similarly, the relationships with regional organizations who are members of the UNRTF and MAP-4 are very productive and strong. These are very important factors and their impact on performance has been very positive.

### ***5.2 Programming***

CSEARHAP is a very dynamic programme and as such, requires intensive effort to manage and implement so many activities in five locations. The project is moving very quickly now and the on-site involvement of numerous consultants and staff has created hectic schedules and requires significant coordination at the Regional Office. The role of IDS is largely administrative, with little possibility of using the services of IDS staff for programming implementation.

In spite of a demanding schedule and the need to provide programming support and assistance to a diverse group in each country, progress on programming has exceeded expectations and plans have been met. The main factor affecting positive performance in programming is the quality of the CSEARHAP team. CSEARHAP staff and consultants have devoted considerable personal time to completing a large volume of work each quarter. The enthusiasm, dedication and long hours contributed by everyone in the field have advanced programming quickly and facilitated achievement of programming results.

In some cases, programming plans have been overly ambitious and CPMs have taken on too much given their resources. This has created problems only where the support of the MST or the government partner was not forthcoming. Programming was scaled back in Quarter 2 in the review of PSC documents and these revised plans have been achieved.

### ***5.3 Reporting***

Reporting has been an issue for CSEARHAP from the outset. Delays in receiving updated financial information and activity reports were a major drain on Regional Office resources. However, sorting out financial reporting errors and acquiring adequate reports on activities from the countries are problems that have now been resolved. Part of the solution was to hire qualified staff and local consultants to assist with progress reporting, planning and financial management. With this approval to hire staff and the efforts of CIDA and the CIDA Monitor to lessen the reporting burden by clarifying reporting requirements and offering solutions to complex procedures, reporting on CSEARHAP is now manageable.

#### **5.4 Staffing**

In Cambodia, the Project Manager has been on staff since July 2004; the CPM positions in Lao PDR and Thailand have experienced high turnover ratios; and the first national CPM in Vietnam was recruited in September 2005. At March 31, 2006 the tenure of the CPM in Lao PDR was 2 weeks, in Thailand 4 months and in Vietnam 6 months. Although everyone is working very hard to meet the demands of this position, professional development is required to ensure CPMs are able to meet the requirements of their mandate. Stability in this important position is critical to progress in each country.

#### **5.5 Financial Issues**

The development of sound field-level financial management policies and procedures that are tailored to the needs of CSEARHAP have been the first priority for the Manager Budgeting, Planning & Programming during this period. With the departure of CARE Cambodia and Raks Thai from CSEARHAP in Quarter 1, the Regional Office assumed full responsibility for financial administration in Cambodia and Thailand, as well as the finances of the Regional Office.

In Vietnam, PATH Canada in Vietnam has assumed responsibility for financial administration of CSEARHAP Vietnam. CARE Laos continues to provide financial administration support in Lao PDR, although this situation is expected to change with the opening of a project office in Vientiane in 2006. All four countries provide monthly financial reports to the Regional Office where these reports are consolidated and integrated with the new financial reporting system managed by the CEA in Canada.

The new financial system implemented in the last half of this year has improved the quality of field financial reporting and streamlined a common system for preparation of reports to the CEA. The transition to field-level financial management at the Regional Office more effectively controls financial administration for field operations and provides clear management information to the Regional Director. At the same time, the handing over of overall financial management, including reporting and invoicing to CIDA, from CARE Canada to PATH/CSIH in Ottawa has significantly improved both the timeliness and quality of the financial reports and invoices.

Considerable time and effort has been expended in reconciling the financial reporting of CARE Canada and dealing with funding shortages in the field that have been reported previously.

#### **5.6 Risk Analysis & Mitigation Strategies**

The Risk Analysis and Mitigation Strategies detailed in the Semi-Annual Report, September 2005 remain unchanged at year end. Please refer to that report for details.

## **6 LESSONS LEARNED & RECOMMENDATIONS**

### **6.1 *Lessons Learned***

- The design of regional programming requires full and active commitment from all stakeholders and a willingness to adapt and change with new challenges in a rapidly changing environment. A participatory approach to start-up and project design may take time initially, but the benefits in subsequent years are worth the initial investment.
- Appropriate HIV prevention programming requires the meaningful involvement of mobile and migrant populations (MIMP) and should be a key component of all activities.
- Gender mainstreaming is not sufficiently effective when addressing the vulnerability of mobile and mobility-affected women. A new paradigm is required and CSEARHAP is positioned to put this shift on the development agenda.
- Partnership with other regional organizations and programmes is an effective approach to maximising the impact of HIV prevention programming and sharing resources is an important component of this integration.
- Appropriately staffed project offices in each country are critical to success in achieving results. Ideally, these units should be located within or near the partner office. Once staffed, the professional development of project management is the highest priority in the first year of operations.
- A Regional Team works well if members of the team spend consistent time together in the field to facilitate programming in a collegial and supportive environment. It is difficult for a regional team to develop when individuals do not spend sufficient time on site. There is no substitute for face-to-face communication.
- Dynamic regional projects move quickly and maintaining an up to date knowledge of current status is difficult for those not in the field on a regular basis.
- A combined regional project office with a support unit integrated into the legal structure is a good approach to regional programming, offering cost savings and opportunities for sharing resources and learning from other programmes.
- Cost effectiveness is a priority for CIDA and for CSEARHAP and this can only be achieved if systems and procedures are streamlined and well documented. The prototype structure developed for CSEARHAP is a good example for other regional programmes and should be well documented for use by other projects.

### **6.2 *Recommendations***

- Continue to support an innovative and iterative approach to programming implementation.
- Provide ongoing opportunities for regional programme staff to share ideas and resolve mutual issues; reduce costs by sharing office space, materials and technical assistance where possible.
- Support the partnership and harmonization approach developed with regional organizations involved in HIV prevention in the region.
- Support a review and revision to gender approaches to protecting the rights of women in the region who are vulnerable to HIV.
- Support the meaningful involvement of MIMP as an essential component of HIV prevention programming.

- Resolve the outstanding financial issues with CARE as soon as possible.
- Allow for semi-annual site visits by the CEA and CIDA and by the Regional Director or Assistant Regional Director to Ottawa for updates on project progress.
- CIDA should design and document guidelines that are provided to regional programmes at start-up, in an updated and comprehensive Regional Programme Operations Manual.
- Recognize the diversity of programming partners in each country and adjust expectations as recommended by field management.

### ***6.3 Support Required from CIDA***

In addition to the ongoing and supportive relationship with CIDA, CSEARHAP would like to investigate the possibility of a cost extension to facilitate completion of the outputs in the revised LFA approved in March 2006. This extension would add 14 months to the current contract, moving the completion date from January 31, 2008 to March 31 2009.

## **7 2005/06 FINANCIAL REPORT**

The financial reports provided include details of financial results as per the report template provided by CIDA.

**7.1 Financial Results by Input by Quarter (CAD)**

## **7.2 Explanation of Variances**

### **Introduction**

The attached Annual Financial Report provides our best estimate of expenses and disbursements for the 2005/06 fiscal year, and for the project as a whole, as of 31 March 2006. As CIDA is aware, the 2005/06 fiscal year saw the handing over of financial responsibility for the CSEARHAP project from CARE Canada to PATH Canada (PC) and the Canadian Society for International Health (CSIH). This hand-over has required an ongoing series of adjustments to CARE's financial records for the project; these adjustments have, in many cases, involved adjustments made to reports submitted for previous quarters, and in fact for the previous fiscal year. These adjustments are often reflected in the variances that appear for the current reporting period, as noted below. We have, for clarity, provided the CARE-submitted Quarterly Report figures separately from the PC-submitted Quarterly Report figures.

We would like to note that, given the current CIDA audit of the project, and our ongoing review of CARE expenses, there may still be additional adjustments made to CARE's books, which will ultimately impact on the final 2005/06 report. Therefore, we are submitting this Annual Financial Report with the understanding that it may be necessary, in future, to make adjustments.

### **Explanation of Variances**

#### **1.0 Fees**

##### **1.1 Canadian Personnel (Short Term)**

###### **1.1.1 Management and Administration**

**1.1.1.1 Co-Director CARE Canada** The current year forecast for this position does not reflect the fact that this position was abolished with the hand-over of management from CARE to PATH Canada. Therefore, prior to the abolishment of the Co-Director CARE Canada position, the position remained largely unfilled at CARE Canada, resulting in an under-expenditure of that line item.

**1.1.1.2 & 1.1.1.3 Co-Director PATH Canada and CSIH** The burden of the Co-Director CARE Canada workload shifted to the Co-Director PATH Canada and the CSIH Management positions, but this is not reflected in the current year forecast. This shifting of workload, together with the inordinate amount of time required to implement the handover, resulted in over-expenditure in both of these line items.

**1.1.1.5 Finance and Administration** Finance and Administration staff at both CARE Canada and PATH Canada took on significant amounts of additional work to (i) clean up the books at CARE Canada as much as possible and (ii) to create an entirely new financial reporting and tracking system at PC. In addition, during the first five months of PC's management of the financial reporting, CIDA reporting requirements were not made clear, resulting in the need to recreate reporting templates. This has resulted in over-expenditure of this line item.

The Jessica Hyba position was created after the current year forecast was approved to assist at the Regional Office. However, after the position was created and time billed (Q2), it was abolished (and therefore does not appear in the Revised Budget). The variance represents the time that was billed between the time the position was approved and abolished.

### *1.1.2 Technical Assistance*

**1.1.2.3 Monitoring and Evaluation** This line shows over-expenditure due to catch-up adjustments and/or incorrect billing. Billable days for the current fiscal year have not been exceeded. We continue to attempt to reconcile the fees with CARE Canada.

**1.1.2.4 Communications** This line shows under-expenditure as some of the planned workload was taken on by the Deputy Regional Director with the support of an intern in the field.

### *1.2 Canadian Regional Consultants (Short-Term)*

**1.2.1 to 1.2.8** All Canadian consultant line items show over-expenditure. This is due to catch-up adjustments and billing by CARE Canada for previous fiscal year work completed by the consultants and/or incorrect billing by CARE Canada. None of the consultants have exceeded their billable days for the current fiscal year and we continue to attempt to reconcile the fees with CARE Canada.

### *1.3 Canadian Personnel (Long-Term)*

**1.3.1 Regional Director** This line shows only a minor over-expenditure which reflects a level of effort that was higher than anticipated. .

### *1.4 Local Professionals*

**1.4.1 CSEARHAP Program Managers** The CPMs in Thailand and Lao were hired only in December and so expenses have been lower than originally forecasted.

**1.4.2 Local Consultants** This line shows considerable under-expenditure due to unbilled invoices.

## 2.0 Expenses

### 2.1 Expenses CEA

#### *2.1.1 Canadian Personnel (Short Term)*

**2.1.1.1 to 2.1.1.2 International Travel and Accommodations/Per Diems** These lines show over-expenditure due to previously unbilled expenses that were paid in this fiscal year. For the current fiscal year, expenditures did not exceed forecasts.

**2.1.1.3 Regional Travel** Regional travel is overspent as a result of unplanned participation in APEC. In addition, some Canadian consultant travel expenses had been billed through the Regional Office and thus appear against this line item rather than in International travel as forecasted.

**2.1.1.4 Other Direct Expenses** Over expenditure in this line reflects the internal financial audit that was undertaken by CARE Canada prior to handing over the financial administration to PATH Canada and the Canadian Society for International Health.

*2.1.2 Canadian Personnel (Expenses/Allowances)*

**2.1.2.1 to 2.1.2.5 Allowances/Benefits, Relocation, International Travel, Housing** Variances in these line items reflect the reallocation of previous expenses by CARE Canada and catch-up of previously unbilled expenses.

*2.1.3 Regional Expenses*

**2.1.3.1 Communication and Reproduction** Expenses have been less than forecast i.e., the collateral material for demonstration projects currently under development were deferred to the next fiscal year. .

**2.1.3.2 Office Rental** This line shows over-expenditure as a result of catch-up of delayed billing.

**2.1.3.3 Local Support Staff** This Country Office line shows under-expenditure as a result of the implementation of more cost-effective approaches, including the move from CARE Vietnam to PATH Canada, the creation of a separate project office within the NAA in Cambodia, the absorption of the Thailand country office into the Regional Office, and the establishment of direct reporting of all country offices to the Regional Office. The Regional Office line shows an over expenditure as a result of catch-up billing and the absorption of the Thailand office.

**2.1.3.4 Vehicle and Computer** This line shows under-expenditure as a result of expenses being less than forecasted.

*2.1.4 Regional Travel Costs*

**2.1.4.1 Regional Travel** No significant variances

**2.1.4.2 Other Project Related Expenses** Expenses were less than anticipated

2.2 Expenses – Project Training

*2.2.1 Project Training Expenses*

**2.2.1.1 to 2.2.1.3 Training Allowances, Training Programs, Other Training** These lines show significant under-expenditure due to delays in commencing programming in Lao PDR and Thailand; in addition, some activity expenses incurred late in the fiscal year have not yet been invoiced.

2.3 Other Project Expenses

*2.3.1 Performance of Services by Counterpart Personnel*

Delays in implementation in Lao PDR, Thailand and Vietnam have resulted in lower billing incurred for counterpart personnel than forecasted.

## **8 APPENDICES**

**8.1 Revised Regional LFA**

<b>Region:</b> Southeast Asia Regional		<b>Project No:</b> 7030686	
<b>Project Title:</b> CSEARHAP		<b>Project Budget:</b> CAD 5,581,916	
<b>CEA:</b> CARE /PATH Canada/CSIH		<b>Project Manager:</b> Nicole Vaillancourt, CIDA	
<b>Related C/RFP:</b> SEA Regional Programming Update		<b>Project Team:</b>	
<b>Narrative Summary</b>	<b>Expected Results</b>	<b>Performance Indicators</b>	<b>Assumptions/Risk Indicators</b>
<p><b>Project Goal</b> To reduce the threat of AIDS to human security, regional stability and sustainable development in the Greater Mekong Sub-region (GMS).</p>	<p><b>Impact</b> To reduce the spread of HIV among mobile and migrant populations (MMP) in the GMS.</p>	<ul style="list-style-type: none"> <li>Degree to which national strategies on mobility and HIV prevention reflect and integrate regional policies and programs, are funded, and are supported by key stakeholder groups.</li> <li>Degree to which incidence of HIV infections among mobility-affected populations is reduced in targeted areas.</li> </ul>	<ul style="list-style-type: none"> <li>A positive and supportive political environment exists for national interventions and regional cooperation on issues of HIV/AIDS and mobility.</li> </ul>
<p><b>Project Purpose</b> To strengthen the national response of Thailand, Vietnam, Cambodia and Lao PDR to reduce male and female mobility populations' vulnerability to HIV/AIDS in a regionally coordinated and gender-sensitive manner by implementing the Regional Strategy and associated country work plans.</p>	<p><b>Outcomes</b></p> <ol style="list-style-type: none"> <li>Enabling national policies conducive to reducing risk to HIV among MMP are developed and reflected in gender-sensitive national plans in the context of the Regional Strategy on Mobility.</li> <li>Strengthened national capacity to plan and collaborate regionally on mobility-related HIV/AIDS programmes.</li> </ol>	<ol style="list-style-type: none"> <li> <ol style="list-style-type: none"> <li>Increased participation of multiple sectors, including PLHA, in policy review and development related to mobility and HIV.</li> <li>Number of new or amended policies about mobility-related HIV submitted for approval or enforced.</li> <li>Extent to which mobility-related HIV/AIDS policies adopt gender inclusive approaches.</li> </ol> </li> <li> <ol style="list-style-type: none"> <li>Number of new cross-border/regional mobility HIV prevention initiatives proposed that reflect implementation of the Regional Strategy.</li> <li>Evidence of effective information sharing and improved coordination of initiatives.</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>National governments remain committed to implementing the Regional Strategy through their National Strategies on HIV/AIDS and mobility.</li> <li>Governments support non-stigmatising, HIV/AIDS policies and programmes.</li> <li>Participating countries retain favourable economic ties with trading partners in sectors employing largely unskilled workers.</li> <li>Stability of national governments.</li> <li>Regional organizations continue to seek opportunities to harmonize and coordinate HIV/AIDS prevention interventions.</li> </ul>

CANADA SOUTH EAST ASIA REGIONAL HIV/AIDS PROGRAMME – CSEARHAP

Narrative Summary	Expected Results	Performance Indicators	Assumptions/Risk Indicators
	<p>3. Regional cooperation and coordination strengthened to address common issues on mobility-related HIV policies, plans and programmes.</p>	<p>3.1 Level of consistent participation of governments, international organizations and members of Civil Society in MAP-4.</p> <p>3.2 Evidence of improved coordination and harmonization of mobility-related HIV policy recommendations, resource allocations, projects and programming.</p>	
<p><b>Resources</b></p> <p>\$5,581,916 CAD to be used as follows:</p> <ul style="list-style-type: none"> <li>• Technical assistance and varied methodologies for capacity building initiatives;</li> <li>• Pilot/Demonstration Projects for assessing lessons learned in each country;</li> <li>• Training of national AIDS agencies and Ministries, Mass Organizations, Civil Society and Private Sector Associations at national and provincial levels.</li> </ul>	<p><b>Outputs</b></p> <p>1.1 Reforms to policies and enforcement impacting mobility-related HIV/AIDS discussed among multiple sector representatives and agreed recommendations submitted to relevant authorities for approval.</p> <p>1.2 Improved processes and coordinating mechanisms in place to manage national plans and funding.</p> <p>2.1 Knowledge and skills of national AIDS agencies and ministries in different sectors managing programming, mainstreaming gender, and mobilizing appropriate resources related to HIV and mobility improved.</p>	<p>1.1.1 Quality and level of participation of multiple sectors, PLHA and women evident in policy dialogue/reviews related to MMP and HIV.</p> <p>1.1.2 Extent to which dialogue on policy and recommendations informs and impacts the mobility-related policy agenda.</p> <p>1.2.1 Increase in resources allocated to mobility-related HIV prevention in targeted sector budgets.</p> <p>1.2.2 Number of government ministries and other organizations involved in mobility-related HIV prevention annual work plans.</p> <p>2.1.1 Number of viable, gender-based, regionally-focused mobility-related HIV proposals/ concepts developed for potential funding.</p> <p>2.1.2 Demonstration of information sharing and coordination of resources related to HIV and mobility.</p>	<ul style="list-style-type: none"> <li>• Participation of stakeholders with appropriate decision-making authority is sustained.</li> <li>• Views of vulnerable and mobile people are taken into account.</li> <li>• Stakeholder budgets for HIV/AIDS initiatives are adequate and not reduced. Donors are flexible in adjusting requirements to support harmonization.</li> <li>• Source and destination countries are willing to address migrant worker documentation and reduce corruption at borders.</li> <li>• Source and destination countries and enterprises are actively engaged in HIV/AIDS programming.</li> </ul>

CANADA SOUTH EAST ASIA REGIONAL HIV/AIDS PROGRAMME – CSEARHAP

Narrative Summary	Expected Results	Performance Indicators	Assumptions/Risk Indicators
	<p>2.2 Cross-border and regional issues of MMP addressed through constructive dialogue with regional counterparts.</p> <p>3.1 Regional coordination mechanisms, including MAP-4, developed to facilitate implementation of regional strategy on mobility.</p>	<p>2.2.1 Frequency of migrant-friendly and gender-balanced collaboration on cross-border HIV issues.</p> <p>2.2.2 Evidence that analysis of MMP is shared and used by both source and destination countries in ways that protect and promote equal rights to health and confidentiality.</p> <p>3.1.1 TOR and clear mandate endorsed for MAP-4 that addresses key elements of MMP vulnerability and linked to UNRTF.</p> <p>3.1.2 Evidence of harmonization of programme resources, financial and non-financial, among MAP-4 members.</p> <p>3.1.3 Evidence of contribution to lessons learned and global best practices, including gender mainstreaming.</p>	<ul style="list-style-type: none"> <li>• Alternative and effective regional coordination mechanism for continuing the work of the UNRTF is in place post-UNRTF timeframe</li> <li>• Consensus is reached by multiple sectors on best practices for a comprehensive regional HIV strategy and action plan.</li> </ul>

## **8.2 Policy, Planning & Advocacy**

*8.2.1 Regional Policy Reform and Advocacy Strategy draft*

*8.2.2 Regional Policy Reform and Advocacy Background Paper*

### 8.3 Programming Capacity Development

Capacity Building Plan								
Skill Requirement	Methodology	Participant Breakdown (By country: C=Cambodia L=Lao T=Thailand V=Vietnam)					Location & Time Frame	Total Training Days
		Male	Female	Gov't	NGO/	PLWA & Migrant		
<b>I. AIDS &amp; Mobility</b>								
Policy Planning & The Rights-Based Approach	Regional Workshop	C - 2 L - 4 T - 1 V - 2	- 1 2 1	C 1 L 2 T 1 V1	1 2 2 2	- 1 - -	Bangkok (3.5 days, June 2004)	45.5 days
National Level Policy and Planning Workshops	National workshops	C 11 T 8 V 6	4 5 5	C 10 T10 V- 9	4 2 1	1 1 1	3 National Workshops (2 days each; June & July 2004) Sihanoukville, near Vientiane, CanTho (NB Thailand has yet to hold this workshop)	78 days
Advocacy and Policy Formation	Sub-regional workshops	C 3 L2 T 3 V 3	- - 1 2	C- 2 L- 1 T- 3 V-3	1 1 1 2	- - - -	Hanoi & Bangkok August 2005 (1.5 days in each site)	19.5 days
National Level Advocacy and Policy Formation	Follow-on National workshops with MSTs	C- 16 T- 10 V- 9	C- 11 T- 10 V- 7	C- 20 T- 12 V- 12	6 6 3	1 2 1	Cambodia (Nov/05 – 3 days) Thailand – (Jan/06 – 6 days divided into two workshops) Vietnam (Jan/06, 4 days, participants from Can Tho and MOLISA/ Hanoi)	265 days
Best Practices on Pre-Departure Briefings and NGO/Government Collaboration	Study Tour in Philippines	C-4 L-1 T-3 V-2	C-1 L-1 T-2 V-2	C-4 L-1 T-4 V-3	1 1 1 1	- - - -	Manila (2 days, Dec 2005)	32 days

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Skill Requirement	Methodology	Participant Breakdown (By country: C=Cambodia L=Lao T=Thailand V=Vietnam)					Location & Time Frame	Total Training Days
		Male	Female	Gov't	NGO/	PLWA & Migrant		
Understanding of Mobility Issues (including UNRTF strategy on mobility)	Mobility and Vulnerability Regional TOT (Training of Trainers)	C- 3 L- 2 T- 1 V- 1	C- 1 L-0 T-2 V- 4	C- 1 L- 1 T- 2 V- 3	3 1 1 2	- - - -	Chiang Mai (3 days, Jan 2006)	42 days
Mobility & Vulnerability – developing "safe mobility" strategies	Follow-on national-level workshops with MSTs	C- 14 T- 20 V- 8	C- 9 T- 20 V- 7	C- 16 T- 25 V- 10	5 12 3	2 3 2	Follow-up workshop in each country (3 days each, Jan through May 2006)	234 days
Community-based approach to HIV/AIDS Prevention (focusing on GIMP/GIPA principles – Greater Involvement of Migrants & Persons Living with HIV/AIDS)	Regional TOT workshop	C – 3 L- 1 T- 2 V- 3	C- 1 L- 1 T- 2 V- 3	C – 2 L- 1 T- 3 V- 4	2 1 1 2	- - - -	April 2006 (3 days, Site to be determined, probably in Vietnam)	Estimated 48 days
Community-based Approach to HIV/AIDS Prevention	Follow-on national workshops	C- 16 L- 6 T- 18 V- 8	C- 11 L- 4 T- 18 V- 7	C- 20 L – 6 T- 22 V- 10	6 2 9 3	1 2 5 2	Follow-up workshops in each country (4 days each, April and May 2006)	Estimated 352 days
Gender Sensitivity and Anti-Discrimination	Regional TOT	C- 3 L- 1 T- 1 V- 1	C- 2 L- 1 T- 2 V- 2	C- 2 L- 1 T- 2 V- 2	2 1 1 1	1 - - 1	June 2006 (3 days, site to be determined)	Estimated 39 days
Gender and Discrimination	National workshops intended to build program design and implementation skills that mainstream gender and overcome discrimination	C- 14 L- 5 T- 10 V- 7	C-14 L- 6 T- 10 V- 9	C- 15 L- 7 T- 9 V- 10	9 2 6 3	4 2 5 3	Follow up workshops in each country (3 days each, June and July 2006)	Estimated 225 days

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Skill Requirement	Methodology	Participant Breakdown (By country: C=Cambodia L=Lao T=Thailand V=Vietnam)					Location & Time Frame	Total Training Days
		Male	Female	Gov't	NGO/	PLWA & Migrant		
<b>Projected Training Programmes 2006/07 (estimates only)</b>								
Training events on Migration and Mobility (specific issues to be determined)	Regional and national meetings/workshops	C- 18 L – 8 T- 12 V- 12	C- 12 L- 4 T- 12 V- 12	C- 20 L- 9 T- 14 V- 16	7 2 6 4	3 1 4 4	1 Regional event (15 participants) and 3 national or sub-regional events (FY2006/07 – average of 3 days each event)	Estimated 315 days
Training events and best practice project visits related to GIMP/GIPA	Regional and national meetings/workshops	C- 18 L – 8 T- 12 V- 12	C- 12 L- 4 T- 12 V- 12	C- 20 L- 9 T- 14 V- 16	7 2 6 4	3 1 4 4	1 regional training (15 participants), 1 regional study tour (12 participants), 4 national trainings, workshops or study tours (FY2006/07 – average of 2.5 days each)	Estimated 260 days
Training events and project visits related to Advocacy and Policy Reform	Advocacy related events targeting policies related to AIDS prevention and migration	C- 18 L – 8 T- 12 V- 12	C- 12 L- 4 T- 12 V- 12	C- 20 L- 9 T- 14 V- 16	7 2 6 4	3 1 4 4	4 trainings/conferences/events (FY2006/07 – average of 4 days each)	Estimated 360 days
Gender mainstreaming mini-course	Regional TOT, follow up national workshops	C- 6 T- 4 V- 5	C- 9 T- 6 V- 7	C- 9 T- 6 V- 8	4 3 2	2 1 2	1 regional training, 3 follow up workshops (FY2006/07, average of 5 days per event)	Estimated 156 days
Events related to overcoming stigma, stereotyping and discrimination	National workshops, possible regional conference or study tour	C- 9 L- 4 T- 5 V- 6	C- 6 L- 2 T- 5 V- 6	C- 9 L- 4 T- 6 V- 9	4 1 3 1	2 1 1 2	4 events – to be determined (FY2006/07 – average of 3 days)	Estimated 129 days

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II. Professional Development								
Introduction to Results Based Management (RBM)	Regional training	C- 3	0	C- 1	2	-	Bangkok (4 days, June 2004)	44 days
		L- 3	0	L-2	1	-		
		T- 1	2	T-2	1	-		
		V-1	1	V-1	1	-		
National RBM Workshops	Follow up national workshops	C- 13	4	C – 12	5	-	Siem Reap, Luang Prabang and Can Tho (Thailand did not have a workshop) 2 days each in June and July 2004	88 days
		L- 10	2	L – 9	3	-		
		V- 8	7	V- 13	2	-		
RBM Refresher Training and Financial Management (also Monitoring and Reporting Standards)	Sub-regional workshops	C- 3	-	C- 2	1	-	Hanoi & Bangkok August 2005 (1.5 days in each site)	21 days
		L- 2	-	L- 1	1	-		
		T- 3	1	T- 3	1	-		
		V- 3	2	V-3	2	-		
Project Design – developing the demonstration project proposal	Training course	C – 15	C- 5	C – 16	4	-	Cambodia – Dec 2005 (5 days) Thailand – June 2006 (3 days) Vietnam – early FY2006/07 (4 days)	Estimated 220 days
		T- 10	T- 10	T- 18	2	-		
		V- 7	V- 8	V- 12	3	-		
Proposal and Report Writing	Seminar	C- 15	C-5	C- 16	3	1	Tailored workshops and case study/practice – 3 days initial workshop, 2 day follow up workshop (Cambodia – June 2006, Vietnam & Laos 2006)	Estimated 205 days
		L- 4	L- 2	L- 5	1	-		
		V- 8	V-7	V- 12	2	1		

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Skill Requirement	Methodology	Participant Breakdown (By country: C=Cambodia L=Lao T=Thailand V=Vietnam)					Location & Time Frame	Total Training Days
		Male	Female	Gov't	NGO/	PLWA& Migrant		
Project-based Financial Management	Specialized course (site to be identified)	C- 4 L- 2 T- 2 V- 1	C- 1 L- 0 T- 1 V- 2	C- 4 L- 2 T- 2 V- 2	1 - 1 1	- - - -	Regional specially based course (5 days), replicated among selected MST members at national level (July-Sept 2006)	Estimated 65 days
Data Base Development and Computer Skills Upgrading		T- 10 V- 8	T- 10 V- 8	T- 20 V- 14	0 1	- 1	Private sector courses (8 days/participant in Vietnam), specialized seminar for Thailand (3 days) FY2006/07	Estimated 188 days
Media Training, Communications and BCC Materials Development	Workshop or specialized training (depending on skill level of nominated candidates)	C- 10 T- 8 V- 8	C- 8 T- 7 V- 7	C- 10 T- 8 V- 10	6 5 2	2 2 3	1 regional and 3 national events/workshops, to be determined (average of 3 days each – Fy2006/07)	Estimated 156 days
English Skills Upgrading	Tailored course	C- 4 V- 3	C- 1 V-3	C- 4 V- 5	1 1	- -	Private language institute course to be identified in Vietnam (average 30 days training per participant over 4-6 months in early FY2006/07)	Estimated 360 days
Monitoring and Evaluation	Regional Training, Follow Up National Seminars	C- 14 L- 4 T- 10 V- 6	C- 6 L- 1 T- 10 V- 6	C- 16 L- 4 T- 18 V- 10	4 1 2 2	- - - -	Specialized regional training (3-day seminar/case study); national follow-up trainings (4 days each country) Mid-Fy2006/07	Estimated 228 days
Negotiation Skills	Specialized workshop (focusing on advocacy issues)	C - 18	C- 7	C- 23	C- 2	-	1-day workshop in Phnom Penh (late FY2006/07)	25 days

**8.4 *Demonstration Projects***

**8.4.1 *Truckers Project Proposal***

#### 8.4.2 *Truckers Meeting Minutes*

**8.5 Regional Coordination**

**8.5.1 Minutes from MAP-4 June 2005**

*8.5.2 Minutes from MAP-4 December 2005*

*8.5.3 Minutes of APEC Conference on HIV & Migrant Populations*

## **8.6 Communications**

### **8.6.1 Newsletters**

**8.7 *Integrated Results Matrix***

**8.8 Country Annual Reports 2005/2006**

**Volume 2 of 2: Country Annual Reports**

8.8.1 *Cambodia*

8.8.2 *Lao PDR*

8.8.3 *Thailand*

8.8.4 *Vietnam*