

# CORE INITIATIVE

Communities Responding to the HIV/AIDS Epidemic



COMMUNITY BRIEFINGS

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## CORE Initiative and the President's Emergency Plan for HIV/AIDS Relief (PEPFAR)

The President's Emergency Plan for HIV/AIDS Relief (PEPFAR) officially began with the signing of H.R. 1298, U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 on May 27, 2003, and the appointment of Randall Tobias as Ambassador to coordinate this effort shortly thereafter.



*Pepper growing to support vulnerable people in Rwanda*

The Plan's \$15 billion will support achievements towards the following objectives: 1) supporting treatment for 2 million HIV-infected people, 2) preventing 7 million new infections, and 3) supporting care for 10 million people infected and affected by HIV/AIDS, including orphans and vulnerable children. This plan is also known as "2-7-10".

Since the signing of the bill, 15 countries mostly in Africa and the Caribbean have been prioritized to receive ongoing strategic planning and increased financial support from the U.S. Government. The CORE Initiative currently supports projects in 6 of these countries with central funds in Kenya, Mozambique, Rwanda,

South Africa, Uganda, and Vietnam, and with additional PEPFAR resources provided by USAID Missions in Rwanda, Uganda, and Vietnam. This quarterly newsletter highlights programs and key achievements made by the CORE Initiative in PEPFAR countries using both central and mission funds.

The CORE Initiative's contribution to PEPFAR objectives has extended across all areas of the plan. For example, in Kenya, the Initiative has provided a large grant to the American Jewish World Service (AJWS) to support ongoing activities on page 2 of this newsletter.

In Mozambique, Samaritan's Purse has been engaged in providing training to community mobilizers in home-based care, prevention awareness-raising through peer education in abstinence and being faithful for youth and married couples (AB/Y), and improving access to clean water supplies for HIV/AIDS vulnerable households. Samaritan's Purse has since been awarded additional PEPFAR funds to scale-up this project in another province in Mozambique and three other countries.

In Rwanda, the focus has been to scale-up a successful intervention focused on support for child-headed households and support groups for people living with HIV/AIDS implemented by CARE Rwanda. This project has reached 500 beneficiaries to-date with support for income generation activities, home-based care, HIV/AIDS treatment literacy, and peer education.

In Uganda, the CORE Initiative has received two awards through PEPFAR. The first award was to support work with the Ministry of Gender, Labor, and Social

*This newsletter highlights key achievements made through the various mechanisms of support accessible through the CORE Initiative.*

Development (MGLSD) to identify their capacity development needs in rolling out the Uganda National Strategy and Plan for Orphans and Vulnerable Children, as well as to begin a small grants program through the Hope for African Children Initiative (HACI), for which 24 grants have been awarded to local FBOs and CBOs. In January 2005, the Initiative received a multi-year Associate Award to deepen and expand its work to strengthen the capacity of community- and faith-based groups addressing the needs of orphans and vulnerable children over the course of the next 4 years, as well as to incorporate AB/Y as part of that response with the MGLSD.

And finally, in Vietnam, what began as a small grants program funded out of central funds has since been expanded to provide larger grants to successful community and faith-based organizations to scale up their activities that strive to reduce stigma and discrimination while supporting the needs of people living with and affected by HIV/AIDS.

A key strength that has been recognized throughout the CORE Initiative's work is the complementary approaches of the partners and ability to respond quickly with an existing infrastructure of consortium partners. This has enabled work at the community level to provide grants, capacity building, and networking support. Multi-sectoral approaches identified by the project's beneficiaries have been successfully integrated along the HIV/AIDS prevention, care and support continuum to address local vulnerabilities and livelihoods. Within PEPFAR, it is the scaling up lessons learned from our first two years of implementation in these areas that help bring us closer to achieving "2-7-10".



## Muslim Leaders Prepare for the Third International Muslim Leaders' Consultation by Moussa Abbo, Deputy Director

Muslim leaders around the world have recently engaged in a series of efforts to formulate new ideas and approaches to reducing the spread and impact of HIV/AIDS. These efforts include groundbreaking meetings and declarations, as well as community-level approaches and action on the ground.

The First International Muslim Leaders' Consultation on HIV/AIDS in Uganda (November 2001) initiated the movement under the leadership of the Islamic Medical Association of Uganda. With support from the CORE Initiative pilot project, this first Consultation brought together community representatives and delegates from over 20 countries across Africa, Asia, the Middle East, and North America, and included imams, kadhis, and muftis, and representatives from women's and youth groups, health professionals, Muslims living with HIV/AIDS, NGO leaders, and government and international donors. It marked the first time that Muslim leaders came together in an international forum to collaborate on HIV/AIDS. The Consultation catalyzed a global Muslim initiative to combat HIV/AIDS and brought HIV/AIDS issues to the forefront of discussions with some of the world's most influential Muslim leaders.

The Second International Muslim Leaders' Consultation, held in Kuala Lumpur in May 2003, built on the foundation of the first meeting and provided a reflection on the progress made

since the 2001 meeting. This paved the way for further discussions and progress on engaging Muslim communities in the response to HIV/AIDS around the world. The CORE Initiative provided support for Islamic Relief (a U.K.-based Muslim relief and development NGO) to participate in this second consultation so they could become familiar with how to build partnership to engage on HIV/AIDS within their development and relief work worldwide.

In December 2004, more than 80 Arab religious leaders signed the Cairo Declaration during the Regional Religious Leaders Colloquium in Cairo. The Declaration states that: "We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab World...face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action." This declaration signifies the commitment of regional leaders of multiple faiths to unite in the support of HIV prevention, treatment, and care, and the active involvement of religious leaders to generate action in response to the epidemic.

The community-based NGO Positive Muslims is one example of the community-level application of this Islamic approach to HIV/AIDS. With support from the CORE Initiative, Positive Muslims is working to eliminate stigma and ensure services and support for HIV-positive Muslims in Cape Town, South Africa. With their extensive experience in the community and with local religious leaders, Positive Muslims supports dialogue among Islamic leadership and the wider Muslim community around a response to HIV/AIDS based on Islamic values.

In keeping with the momentum of discussions and action by the Muslim community on HIV/AIDS, the Third International Muslim Leaders' Consultation is planned for November 2005 in Cape Town, South Africa. In preparation for this consultation, the CORE Initiative supported a planning meeting in Kampala, Uganda, in February

2005. Representatives of the Federation of Islamic Medical Association (FIMA) HIV/AIDS committee, and organizers and participants from the first and second consultations attended two days of discussions. The meeting included discussions on the mission of the FIMA HIV/AIDS committee, action plans for the upcoming consultation in South Africa, and strategies to increase the impact and reach of the third consultation at the community level. The theme of the Third International Muslim Leaders' Consultation will be "The Islamic Approach to HIV/AIDS and the Community Response."



*CORE Initiative small grantee in Southern Thailand reaches Muslim youth with HIV prevention messages*

As a participant in the planning meeting in February, I was very impressed by the broad range of representation among the 14 participants, including Muslim leaders, medical doctors, and women Muslim community leaders from locations as diverse as West Africa and Pakistan. The vision for the International Muslim Leaders' Consultation was discussed to ensure continuity among successive consultations and a goal for the third consultation was formulated to focus on impact at the community level. The discussion on community-level impact resulted in the recognition that religious leaders have a responsibility to sensitize and educate the community as a whole, not only Muslim communities. In many communities in Africa, for example, one member of a family may practice Islam and another may be a Christian. We hope to reach a consensus at this upcoming consultation on an Islamic approach to address the HIV pandemic in the whole population, including the Muslim communities.



## CORE Initiative Large Grantee promotes multi-sectoral responses to HIV/AIDS in Kenya

The challenges facing many communities affected by HIV/AIDS go beyond the common health sector responses of prevention, care, and treatment. A reliable source of income, nutrition, and education for children are all affected by HIV/AIDS in the community. The CORE Initiative is committed to promoting a multi-sectoral approach to the causes and consequences of HIV/AIDS by creating more secure environments for those most vulnerable to HIV/AIDS. One CORE Initiative large grantee, American Jewish World Service (AJWS), is working with local organizations in Kenya to address issues ranging from food security and nutrition to domestic violence. AJWS has extensive experience with many local non-governmental organizations in Kenya and is building on years of experience in providing resources to local community NGOs.

The AJWS project funded by central funds at the CORE Initiative focuses on two main components: providing resources to five local NGOs, and promoting peer exchanges. The local partners receiving financial support from the CORE Initiative through AJWS vary in the approaches used to address the impact of HIV/AIDS. Some address it directly, by caring for people living with HIV/AIDS, supporting children orphaned by AIDS, and addressing overstretched economic and subsistence resources caused when breadwinners fall ill or die. Others focus on the many indirect impacts of HIV/AIDS, such as family food security, changes in family structures, and faltering educational systems. The second component of the AJWS project is to facilitate horizontal peer-learning exchanges between local partner organizations. These exchanges allow each organization to showcase their areas of expertise and to receive feedback from their peers on the challenges they face. Peer exchanges provide AJWS

partners with an opportunity to form networks for ongoing capacity-building, training, information-sharing and coordination of activities.

**“The organizations represented [at the peer-exchange] were all at different levels of knowledge, experience and scope of home-based care and food security / nutrition activities. Therefore, there was a lot for each organization to learn and a cross transfer of knowledge and ideas took place. Each organization was challenged to come up with one idea that they would implement in the next three months as a result of the knowledge acquired from the exchange meeting.”**

*Phoebe Kilele, CORE Initiative East and Central Africa Regional Advisor*

One of the five partners supported through the CORE Initiative AJWS project is Kisumu Medical Education Trust (K-MET). The grant supports the integration of nutrition into a successful home-based care program for people living with HIV/AIDS and their families. Volunteer community health workers are receiving training to improve dietary management for people living with HIV/AIDS and to provide them with supplementary dietary materials. Processing the dietary supplements also serves as an income-generation activity for community members and volunteers. Volunteers are also trained to offer basic medical care and psychosocial support to people living with HIV/AIDS.

K-MET’s nutrition program continues to demonstrate positive impact. The project recently reported that preliminary and small-scale research suggests that many people living with HIV/AIDS who

receive nutri-meal dietary supplements show marked improvement in their health. With continuous support for three months many were able to return to their work; after six months they could carry on with regular day-to-day activities. These changes were especially notable among those patients who were also on TB drugs.

Carolina for Kibera is another organization receiving support from the CORE Initiative through AJWS. Their “Binti Pamoja” [“Daughters United”] Center in the Kibera neighborhood outside of Nairobi provides a safe environment where young women can meet to receive peer support and discuss gender discrimination, domestic abuse, and rape. A drama group that addresses issues of reproductive health and violence and promotes self-confidence among girls is now performing regularly for audiences of up to 500 people.

The first AJWS peer exchange meeting at the end of February focused on home-based care for people living with HIV/AIDS and nutrition. Future peer exchanges will focus on Psychosocial Support for Orphans and Vulnerable Children, Linking Grassroots Communities with NGOs, and Capacity-Building and Linking Community-Based Outreach with Health Care Centers.

AJWS is an independent not-for-profit organization founded in 1985 to help alleviate poverty, hunger and disease among the people of the world regardless of race, religion or nationality. They have granted more than \$13 million to non-governmental organizations working in the developing world over the past 18 years.

## Multi-sectoral Approaches

A multi-sectoral approach promotes the need to address the HIV/AIDS epidemic’s root causes through a variety of sectors, including access to education, food security, health services, and income generating opportunities. Vulnerability to contracting HIV can be inextricably linked to socioeconomic, demographic and socio-cultural factors that may enhance or discourage risk behavior. Poverty, livelihood insecurity, gender inequality, migration, wars and civil conflicts can shape individual and community vulnerability to HIV.



## Strengthening Joint Government and Civil Society Responses to Orphans and Vulnerable Children and HIV/AIDS Prevention for Youth in Uganda

In January 2005, the CORE Initiative received its second Associate Award, a four-year program under PEPFAR for \$15.6 million awarded by USAID Uganda. The award supports the Ministry of Gender, Labor and Social Development (MGLSD) and its mandate to lead the national response to the plight of HIV orphans and vulnerable children (OVC) and to curb HIV incidence among Uganda's youth, through an extensive and substantial partnership with civil society, faith-based, and community-based organizations (CSOs, FBOs and CBOs). The purpose of the program is to expand targeted HIV/AIDS services for youth and critical services for orphans and vulnerable children by facilitating collaboration between the Government of Uganda and civil society.

In January, the CORE Initiative officially welcomed Tom Fenn as Director of the CORE Initiative Associate Award in Uganda to lead in this effort in coordination with CARE Uganda, the International Center for Research on Women (ICRW), the International HIV/AIDS Alliance, and the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP). Tom comes to us from Pathfinder International, where he most recently served as Country Representative in Uganda. Prior positions with Pathfinder include positions at their headquarters as the Technical Associate for institutional capacity building, in senior management, and long term field assignments in Swaziland as chief of party on a USAID cooperative agreement, and in Kenya as their deputy for the Africa region.

Meetings with USAID, MGLSD, and CORE Initiative partners to launch this collaboration took place in Kampala in early February, and since then a joint



*CORE Initiative team meets in Kampala in February 2005 for Associate Award kick-off*

work plan for the first year of operations has been developed. Over the course of the next year specific support is being provided to strengthen the capacity of the MGLSD to provide strategic direction, coordination, and monitoring of the overall multi-sectoral and rights-based responses to orphans and vulnerable children (OVC). This includes strengthening links to district and civil society responses, establishing granting mechanisms to civil society organizations to improve coordination and extend services to OVC and youth prevention services, and providing capacity building and technical support to CBO/FBO/NGOs for improving program quality and scaling-up youth prevention and care and support activities for orphans and vulnerable children.

OVC interventions are being supported through the MGLSD and through an MGLSD-led grants program for civil society organizations. Activities are coordinated through the OVC Secretariat in the Department of Youth and Children Affairs. HIV prevention efforts focus on

supporting abstinence and behavior change interventions will be implemented through faith-based and other civil society organizations partnering with MGLSD through a grants program. AB/Y activities are to be coordinated under the office of the Assistant Commissioner of Youth and Children Affairs.

**"We have had over the past year a very constructive partnership with the CORE Initiative. First with the in-country assessment, then the preplanning process conducted with local government officials and then throughout the award process. We found the staff to be both professional and responsive, and we appreciated their flexibility and ability to work in a highly charged environment."**

- USAID Uganda



## Building Capacity in Uganda and Rwanda by Asking the Right Questions

As part of the CORE Initiative Small Grants Program, local community and faith-based organizations are provided with capacity building support, including organizational development, technical inputs for improving program quality, and other needs such as developing advocacy and communication skills within the organization.

Capacity building is coordinated in each country by the organization responsible for managing the small grants program and some lessons learned have been documented. The focus of the small grants program is to maximize the level of resources available to grassroots grantees for implementing activities, which leaves little time and money for training or capacity strengthening workshops. Many of the small grantee organizations are largely run by volunteers that have a limit to how much organizational change they can absorb and how many new ways of working can be adopted. The challenge for those managing the programs at the national level is to provide just enough of the right kind of capacity building, with only a small amount of time and resources.

To meet this challenge, some intermediary organizations, such as CARE Uganda and CARE Rwanda, are adopting a new approach to capacity building. This approach is based on facilitating critical reflection for motivating learner-driven change. This is already showing remarkable results in these small grant programs. The methodology uses a simple discussion-based tool that was developed by the International HIV/AIDS Alliance in collaboration with other CORE Initiative partners and was field-tested in several countries. The Community Organization Capacity Analysis tool provides a method for grant managers and technical support officers to sit with members of a grantee organization to discuss strengths and weaknesses across a range of types of capacity and identify priorities for capacity

building.

The methodology relies on several features, which are not always found in existing organizational capacity assessment tools. The tool examines seven types of capacity which further explore issues such as technical capacities for gender analysis, rights-based action and mainstreaming of HIV; accountability issues such as the participation of people living with and affected by HIV/AIDS; and organizational capacities such as delegation of work, leadership selection and conflict resolution.

Another important feature is that the tool functions as capacity building through its use of good practice indicators. Each indicator is presented as a continuum of different levels of capacity, which enables organizations to see where they are on a continuum and how they could develop to do things differently. Staff and managers are able to make instant rapid changes to the organization's programs, its ways of working, or its systems and structures.

For example, a discussion topic in the tool looks at what understanding the organization has of human rights issues. A basic level of capacity would be suggested if staff at least appreciate how people living with HIV/AIDS are often discriminated against and have rights that should be protected. Another level of capacity would be indicated if staff at the organization understand more generally how people are made vulnerable to discrimination and put at risk of infection when their rights are violated. An even greater level of capacity would be indicated if the organization was capable of using legal or human rights as a basis for informing, defending or protecting people vulnerable to the effects of HIV, or for advocating to others for change.

In this way, facilitators have the tools at hand to give illustrations of some quite difficult concepts. They also help to distinguish between knowing something, understanding it and actually putting it into practice, which is altogether a different level of capacity. The illustrations also provide inspiration to organizations

for ways that their work could be improved. Even if a low level of capacity is indicated for them, participants often examine the higher levels of capacity described in the tool and consider whether these are relevant for their organization and if so, how such capacity could be built.

An important point is that one of the main outcomes of the process is not only the assessment results, which provide a quantitative baseline for following and measuring change, but the involvement and discussion that occurs between all the members of an organization. Other methods are suggested for triangulating the data found. In the discussion, the way the organization actually works in practice is reviewed and revised for everyone, and a consensus is established for change.

In Uganda and Rwanda, CARE staff managing the small grants program visited 32 individual grantee organizations. Each individual meeting, which takes 4 to 6 hours, brought together all members within an organization. Participants reported that they benefited from the sharing of information on leadership and management issues and so developed a better, more collective sense of accountability.

In Kabale, Uganda, a meeting of key people from all grantee organizations was organized to share results and discuss findings after the capacity analysis visits. Organizations themselves began identifying where they could learn from their peers, and on their own initiative participants began organizing exchange visits with each other to leverage from others' strengths and help each other with weaknesses. This has also helped strengthen the community's ability to integrate service delivery and referral mechanisms. The methodology has been so successful, that CARE Uganda plans to use this approach with grantees from other programs in other sectors as well.

*The Community Organization Capacity Analysis tool for HIV/AIDS will be finalized and published in English, Portuguese, and French later this year.*



## **Integration of HIV/AIDS and TB control at the Community Level: Mozambique**

Worldwide, 34.3 million people are living with HIV: 71% of these people live in sub-Saharan Africa<sup>1</sup>. Alongside this pandemic of HIV/AIDS is running an epidemic of tuberculosis (TB). According to a recent analysis<sup>2</sup>, a full third of all of those living with HIV are co-infected with tuberculosis; in some countries up to 70% of all TB patients are HIV-positive<sup>3,4</sup>. This translates into nearly 10 million people living with both HIV and TB infections globally, more than two thirds of whom live in Africa<sup>5</sup>. Tuberculosis is the most common cause of morbidity and the most common cause of death in people living with HIV in low-income countries. This remains the case even though TB is both preventable and curable.

### **TB TREATMENT PROGRAMS**

Despite these important correlations, TB and HIV programs in many countries have tended to work in isolation from one another. WHO's DOTS (Directly Observed Therapy Short course) strategy for TB control focuses on the identification and treatment of active TB cases, and requires the creation of a strong central unit for overseeing TB control activities. Because of this, DOTS has been largely health facility-based and transferred for implementation almost exclusively to National TB Programs without the creation of linkages to HIV/AIDS Programs. In recent years some TB programs have begun to experiment with devolving case finding and treatment support to communities, an approach now known as Community-Based DOTS (CB-TB or CB-DOTS). However, the tendency has been to create parallel, dedicated structures for these activities rather than to partner with community and faith-based organizations (C/FBOs) already working on the ground, including C/FBOs providing HIV/AIDS counseling and testing and/or community home-based care and support.

Considering the important inter-relations between the two diseases, this lack of linkage with C/FBOs has been a key missed opportunity to strengthen the activities and impact of both TB and HIV control, prevention and care efforts, and to develop a truly comprehensive system of care for people living with HIV/AIDS and their families.

### **LINKING COMMUNITY-LEVEL TB AND HIV/AIDS PROGRAMS**

Since 2001, WHO and other international agencies have been seeking to improve the linkages between TB and HIV policy and programming. In their analysis of interactions between TB and HIV/AIDS programs in sub-Saharan Africa, the WHO identified a number of key barriers to HIV and TB program collaboration, including stigmatizing attitudes of health providers, lack of health staff awareness about the interactions between TB and HIV, and a lack of resources, organizational capacity, and communication within and between programs. A range of mechanisms for overcoming these barriers were identified, and the study concludes that TB and HIV/AIDS Programs will need to collaborate to deliver a more effective response to the TB/HIV co-epidemic.

### **CORE INITIATIVE INTEGRATED TB AND HIV PROGRAM AT THE COMMUNITY LEVEL IN MOZAMBIQUE**

The CORE Initiative, with CARE Mozambique and the International Center for Research on Women (ICRW), is responding to this need by seeking to reduce the burden of tuberculosis and provide an expanded system of care in the community for people living with HIV and AIDS in Nampula Province, Mozambique. This project, supported by the USAID Regional Economic Development Services Office for East and Southern Africa (REDSO) Health and Infectious Disease resources, will be part of a new initiative being undertaken by

Mozambique's Ministry of Health to integrate TB and HIV diagnosis, treatment and care.

Specifically the project will pilot the Ministry of Health's integrated program in Nampula province and will add a further program element, extending the reach of the integrated activities to the community level. The intervention will link existing health care services at the facility level with existing community-based care options, including networks of people living with HIV/AIDS, community home-based care services, and family care providers. In addition, the project will work towards creating an enabling environment in communities to stimulate increased TB case finding and increased utilization of services for both TB and HIV/AIDS. Stigma reduction activities will be undertaken at all levels. The project will be implemented initially in one urban and one peri-urban area of Nampula province, eventually expanding to one rural site. The proposed integrated program builds on the Government of Mozambique's commitment to the creation of Integrated Health Networks, and the on going efforts of CARE and their partners to enrich and further expand HIV/AIDS counseling, care and support throughout Nampula Province.

<sup>1</sup> WHO 2001. An Analysis of Interaction Between TB and HIV/AIDS Programs in Sub-Saharan Africa. Stop TB Department, World Health Organization, Geneva. WHO/CDS/TB/2001.294

<sup>2</sup> Corbett E, Watt C, Walker N et al. The growing burden of tuberculosis: global trends and interactions with the HIV epidemic. *Arch Intern Med* 2003; 163: 1009-1020.

<sup>3</sup> Raviglione M, Harries AD, Msiska R, Wilkinson D, Nunn P. Tuberculosis and HIV: current status in Africa. *AIDS* 1997; 11 (suppl B): S115-S123.

<sup>4</sup> Harries AD, Nyangulu DS, Kang'ombe C et al. Treatment outcome of an unselected cohort of tuberculosis patients in relation to human immunodeficiency virus serostatus in Zomba Hospital, Malawi. *Trans R Soc Trop Med Hyg*. 1998; 92:343-47

<sup>5</sup> Dye C, Scheele S, Dolin P, Pathania V, Raviglione MC. 1999. Consensus statement. Global burden of tuberculosis: estimated incidence, prevalence, and mortality by country. WHO Global Surveillance and Monitoring Project. *JAMA*. Aug 18;282(7):677-86.



## Information Access Survey Reveals Digital Divide Between Small and Large Grantees



*Thai National AIDS Foundation staff use a laptop to help manage small grants in Thailand.*

An information access survey sent to CORE Initiative grantees last year has revealed a “digital divide” between its large and small grantees. According to the survey, more than 70 percent of small grantees do not have access to computers.

In contrast, all large grantees reported having access to computers, reliable electricity, and basic equipment such as copiers and printers.

The information technology access questionnaire was designed to help the CORE Initiative Clearinghouse better understand each organization’s information access and distribution capabilities. The goal is to ensure that Clearinghouse services, which include the CORE Initiative Web site, the grantee E-Forum (with nearly 1000 members), and online resources such as selected tools, health communication materials, and organization web links, are user-friendly and accessible to as many grantees as possible.

According to the survey, most small grantees have minimal access to any kind of communication, making it difficult for the CORE Initiative to send them materials via postal mail or Internet.

While more than 90 percent have access to e-mail, this usually requires fees for services or extensive travel to the CARE or Partner Country Office. Small grantees in Rwanda illustrate the limited access many small organizations face. Rwandan grantees travel four hours round trip on a monthly basis to access computers and e-mail service at the CARE Rwanda Gikongoro Province Country Office. Mozambique grantees have slightly more access: five

organizations there reported regular access to computers, two of whom have access to TV/cable lines. As a result of this limited access, interaction between the CORE Initiative and small grantees is limited to occasional access via a larger organization’s Internet access.

Because of this finding, the Clearinghouse recommends that efforts to distribute information to small grantees be coordinated through the office of those managing Small Grants Programs that small grantees can easily access. Preferably these larger organizations will have the capability to download and print PDF documents from the Web, print documents from CD-ROMs and have copy machines to make duplicates. Small grantees are also encouraged to participate in the e-mail discussions via larger organizations.

The survey also confirmed that all large grantees have regular access to various electronic communications including e-mail (with attachments) and the Web. All large grantees have e-mail and Internet

access and are able to check e-mail on a daily (and sometimes hourly) basis. Almost all large grantees that responded to the survey have an organization Web site.

Their access to printers, copy machines, CD-ROMs and DVD players means large grantees may also be able to help distribute information to small grantees and other C/FBOs. The CORE Initiative is currently considering the role large grantees can play in distributing information to smaller organizations. Large grantees expressed that they have benefited from their access to the CORE Initiative Web site, including the selected tools list and links database. The CORE Initiative encourages large grantees to join the E-Forum and help represent the C/FBOs with limited access in their areas.

As a result of the survey, the CORE Initiative Web site and E-Forum will continue to be designed for low-access users. The site has few graphics and no audio or video. The E-Forum is available in digest format for those who do not check their email on a daily basis, and there is a policy against sending attachments through the E-Forum to ensure those with limited access are not excluded from receiving any information.

As we move forward, greater emphasis will be placed on selecting tools that can easily be downloaded and printed.

### E-Forum Quarterly Highlight

An active discussion on condom effectiveness gave members in different countries a chance to share concerns about different approaches to HIV/AIDS prevention. These programs include abstinence, faithfulness, condom use, and experiences with these approaches in Malawi, Nigeria, Uganda, the Middle East and North Africa. A follow-up to this discussion is planned next quarter. An E-Forum member is compiling information, studies and data on the effectiveness of each of these prevention efforts on the community level which she plans to share with the E-Forum.



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## UPCOMING NEWS

**The next quarterly CORE Initiative newsletter (June 2005) will present information on results of the Program/Services Gap Analysis Mapping in the Mekong Delta, experiences and lessons learned from more than a year of small grants program implementation, and the successes and value-added of the CORE Initiative E-Forum.**

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## CORE Initiative Year One Countries



Angola	Kenya	Sierra Leone
Armenia	Laos	South Africa
Myanmar	Lesotho	Thailand
Cambodia	Malawi	Uganda
China	Mozambique	Vietnam
India	Rwanda	

## CORE Initiative Currently-funded Large Grantees

- American Jewish World Service (AJWS)
- Catholic Medical Mission Board (CMMB)
- Christian Council of Asia (CCA)
- Church World Service (CWS)
- International Community of Women Living with HIV/AIDS (ICW)
- Islamic Medical Association of Uganda
- Loma Linda University
- Lutheran World Relief
- Organization of African Instituted Churches (OAIC)
- Ponleur Kumar
- Positive Muslims
- Samaritan's Purse
- World Alliance of YMCAs/World YWCAs