

Cross-border cooperation for HIV/AIDS Prevention and Impact Mitigation in Southern Caucasus and Russian Federation



Event report: Regional Network workshop

Kiev 7 - 8.2 2013

Katerina Zezulkova

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Executive Summary

Regional Network¹ (RN) workshop was organized in Kiev, Ukraine in February 2013 and followed the Core Group² "Face to face meeting"³ that was conducted just beforehand and aimed to discuss ten - months achievements, challenges and to plan the activities for the upcoming project duration. The major outcomes from the meeting were presented to the RN members at the beginning of the workshop.

Regional Network workshop aimed to strengthen the RN union which was formed during previous projects implemented in South Caucasus region. The idea of creation the RN was to get united the stakeholders from the South Caucasus countries and Russian Federation in the field of HIV and Migration who are ready to speak behalf their national context and report back to their In - country stakeholders the findings, best practice, lesson learnt and other agreed regional actions.

Put together the stakeholders from four countries had a main aim to develop jointly one Regional Advocacy Action Plan⁴ that will serve as a tool for the regional advocacy action.

¹ Regional Network is composed from the Core Group members and 2 - 3 representatives from each implementing countries. List of the RN members is in [Annex I](#)

² Core Group is composed from following members: World Vision Germany, World Vision Middle East/Eastern Europe Regional Office (MEER), World Vision staff from Armenia, Azerbaijan, Georgia and Russian Federation and their local partner organizations - Real World Real People (Armenia), Struggle Against AIDS Public Union, Network of PLWHA (Azerbaijan), Real People Real Vision (Georgia), Positive Initiative (Russia) and Eastern Europe and Central Asia Network of PLWH;

³ Event report from the Face to face Core Group meeting available

⁴ Regional Advocacy Action Plan attached as Annex IV.

Session I: Regional Network Presentation

Session was facilitated by the Sub Regional Project Manager, RN members were asked beforehand to prepare short presentation of own organization and the linkage with the project. Short summary from the session is mentioned in the table below.

<p><u>AIDS Centre Armenia, project Associate:</u></p> <ul style="list-style-type: none"> - Russia is the top destination country for majority of Armenian migrants; - Cca 3.500 estimated HIV cases, increasing tendency with the prevalence of the heterosexual way of transmission; - Majority of the new cases are infected abroad; - Impressive video clip about HIV/AIDS Migration developed jointly with UNAIDS and broadcasted at the Yerevan airport was shown; 	<p><u>Ministry of Health of Armenia, Global Fund Project</u></p> <ul style="list-style-type: none"> - Statistic, # of migrants (60.000 - 100.000), issue of illegal migration was highlighted; - Presentation of the implemented project regarding HIV/AIDS; Migration (2012) which aimed to increase level of knowledge about HIV/AIDS among migrants and their family members; 	<p><u>UMCOR, Armenia, project Associate</u></p> <ul style="list-style-type: none"> - Project focusing on prevention, capacity strengthening of PHC staff, health volunteers, migrant workers and their families, pregnant women and the reduction of HIV spread among the population.
<p><u>Targeted Initiative Georgia, EU funded project</u></p> <ul style="list-style-type: none"> - Project focusing on promoting legal migration, preventing illegal migration and assistance with reintegration. Involved countries: Georgia and EU countries; - Establishment of Migration centers in Tbilisi and Kutaisi; providing information to migrants at the airport; - Possible linkages with the project - include HIV agenda into pre - departure briefing for migrants; providing training to the staff working in the Migration centers and sensitize them on the way how to communicate the issue towards 	<p><u>Infectious Diseases, AIDS and Clinical Immunology Research Center, Georgia,</u></p> <ul style="list-style-type: none"> - 3667 HIV registered cases, estimated real number - around 5000; - ARV available from 2004 (as the first country from the former Soviet Union); 	<p><u>AIDS Foundation Batumi, Georgia, project Associate</u></p> <ul style="list-style-type: none"> - NGO is focusing on Prevention, psycho - social support to PLWHA and their family members, providing also palliative care;

the target group;		
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UNAIDS Azerbaijan, project Associate

- Focus was given on elimination of the travel restriction - these are laws and regulations put in place by State to regulate the entry, stay or residence of people living with HIV;
- UNAIDS counts 44 countries, territories, and areas that continue to impose some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status;
- 5 countries with a complete ban on the entry and stay of PLWH;
- 5 more countries deny visas even for short-term stays;
- 19 countries deport individuals once their HIV-positive status is discovered;
- People seeking for Azerbaijani permanent resident permit as well as those applying to some occupations and functions must undertake an HIV testing (AR HIV LAW 2010); AR Immigration Law 1998, article 7 stated the dangerous disease as a reason for immigrant status rejection;
- No government funds for Harm reduction, absence of full range of HR in the prison

AIDS center Azerbaijan, project Associate

Global Fund Azerbaijan

Russian Narcological League, project Associate

- Prevention ("Hot line", trainings), testing (HIV, hepatitis and other STDs), psychosocial services (including self - supporting groups), based in the premises of Narcological center;
- Main problems & possible solution: limited resources in terms of service providing - > to strengthen the cross-sector cooperation; lack of trust from the population towards the medical services - > to ensure anonymity, provide services free of charge and support the street work methodology.
- Lack of access to the information - > consultation provided at the day centers as well as at the mobile focal points;

Center Plus, Russia,

- Advocacy action, service provision, prevention and psycho - social assistance to the vulnerable groups (including migrants)

Eastern Europe and Central Asia Network of PLWHA (ECUO), Secretariat, Ukraine

- 15 member countries;
- Prior focus is given on advocacy action on access to treatment: EECA, the world's fastest-growing HIV/AIDS epidemic - for less than decade number of PLWH in the region increased by 250% (!);

All - Ukrainian Network of PLWHA, Ukraine

- Best practices of the advocacy action; "Test for the president" that aims to highlight the reluctant attitude from the governance towards the epidemic; "Selling the hospitals - expensive" as a result of the happening the Ministry of Health made the commitment not to close one of the famous hospital before finding free space for

Core Group members prepared an update related to the situation in their countries, this information is attached in bullet points as Annex III.

Session II: Regional Advocacy Action Plan

Session was facilitated by the HIV&AIDS Advisor, MEER. Development of the Regional Advocacy Action Plan is an important output of the project and serves as a tool for the regional action.

Process of development the plan was done jointly, the whole team took into consideration country interests, major issues in regards of HIV/AIDS Migration, but also organization capacity, resources and time limitation. Core Group, together with the HIV&AIDS Advisor pre - selected main areas (domains) for the regional advocacy action beforehand considering the time and priorities for advocacy given in the Country Level Advocacy Action Plans.

Process of development the Regional Advocacy Action Plan

Template of the Regional Advocacy Action plan was prepared by the Core Group and presented with the explanation to the RN members. For each group was selected one or two facilitators/mediators. Participants were divided into the working groups based on their priority regarding the domains. Group work was afterwards presented to other members. Final version behalf the CG was agreed and bilingual version of the plan sent to the RN for their comments. Afterwards, plan is consider as the final one and is attached as Annex IV on a separate sheet.

Main goal of the Regional Advocacy Action Plan:

To strengthen the regional cooperation, communication and partnership among GOs, NSAs and IOs in terms of promote prevention and impact mitigation of HIV among migrants and other vulnerable groups engaged in the migration process.

The main domains selected for the regional advocacy actions were settled as follow:

I) Advocacy for the access to the HIV services for migrants and other risk groups engaged in the migration process

Main objective: To promote establishment and development of cooperation with facilities/organizations providing HIV/AIDS related services in implementing countries.

2) Advocacy for the Positive Prevention (awareness raising/campaigns/media involvement/outreach)

Main objective: Awareness raising for target communities, stakeholders and general public related to HIV and migration services.

3) Referral Mechanism as a Tool for Coordination and Cooperation

Main objective: Ensure cooperation through establishment and effective functioning of Referral system.

RAP as was sent to the RN is attached as annex.

Annex I: List of participants

List of participants

Name	Position/Organization	Country
Mr. Hannes Reuter	Country Programme Coordinator, World Vision	Germany
Mr. Albert Pancic	HIV&AIDS Advisor, World Vision	Middle East/Eastern Europe Regional Office (MEERO)
Mr. George Mataradze	Executive Director of the Secretariat, ECUO	ECUO, Ukraine
Ms. Katerina Zezulkova	Sub Regional Project Manager, World Vision	Georgia
Ms. Anush Sahakyan	Project Coordinator, World Vision	Armenia
Mr. Varazdat Sargsyan	Advocacy expert, World Vision	Armenia
Ms. Nona Sargsyan	Project Coordinator, Real World Real People	Armenia
Ms. Mane Davtyan	Real World Real People	Armenia
Ms. Tatevik Balayan	National Centre of AIDS Prevention	Armenia
Ms. Narine Vardapetyan	HIV/STI/TB project manager, UMCOR	Armenia
Ms. Marina Tiroyan	HIV/AIDS program coordinator of the Ministry of Health Global Fund Project Coordination Team	Armenia
Ms. Gunel Ismayilova	Project Coordinator, World Vision	Azerbaijan
Mr. Rufat Nasibov	Project Coordinator, Struggle Against AIDS Public Union	Azerbaijan
Mr. Nofal Sharifov	Director, Struggle Against AIDS Public Union	Azerbaijan

Ms. Jamila Jarrakhova	UNAIDS	Azerbaijan
Mr. Rashid Vezirov	Global Fund representative	Azerbaijan
Mr. Singatulov Farhad	AIDS Centre	Azerbaijan
Ms. Tako Kheladze	Project Coordinator, World Vision	Georgia
Ms. Nanuka Gamkrelidze	Regional Monitoring & Evaluation Officer, World Vision	Georgia
Ms. Irina Grdzeldze	Grant manager, World Vision	Georgia
Ms. Medea Khmelidze	Project Coordinator, Real People Real Vision	Georgia
Mr. Lasha Tvaliashvili	Director, Real People Real Vision	Georgia
Ms. Ekaterine Natsvlshvili	AIDS Foundation Batumi	Georgia
Mr. George Khechiashvili	AIDS Centre Tbilisi	Georgia
Mr. Lasha Abashidze	Targeted Initiative Georgia	Georgia
Ms. Natalia Cherednichenko	Project Coordinator, World Vision	Russian Federation
Mr. Alexey Burlak	Project Coordinator, Positive Initiative	Russian Federation
Ms. Alina Maksimovskaya	Russian Narcological League	Russian Federation
Mr. Mikhail Bakulin	Center Plus	Russian Federation

Annex II: Agenda

REGIONAL NETWORK WORKSHOP

Duration: 7 - 8/2/2013

Place: KIEV, UKRAINE

"Cross - border cooperation for HIV/AIDS Prevention and Impact Mitigation in the Southern Caucasus and Russian Federation"

Implementation agencies: World Vision International in Armenia, Azerbaijan, Georgia and Russian Federation & local partners organizations

AGENDA

Overall objective of the workshop:

Overall objective is to strengthen regional network and partnership among partners from 4 implementing countries in order to effectively respond to HIV/AIDS among group of migrants and to unite efforts to advocate for better access to HIV related services among this group.

Specific objectives:

- 1) To strengthen partnership/cooperation among different stakeholders from South Caucasus region and Russia; enable them to share experience, best practice and ideas for cooperation;
- 2) To get the overall picture of the situation regarding HIV, AIDS in the lights of migration in Southern Caucasus countries and Russia;
- 3) To develop a regional advocacy action plan;
- 4) To develop a regional communication and implementation charter;

7/2/2013

9 - 9.10 Welcome note; introduction of the agenda of the workshop

9.10 - 10.30 Presentation of the achievements during the 6 months (success and challenges) and presentation of the operational plan for upcoming 6 months. Discussion.

10.30 - 11.00 Coffee break

11.00 - 13.00: Presentation of the participants - linkages with the project

13.00 - 14.00 Lunch

14.00 - 15.30 Presentation of the Regional desk review assessment + presentation of ECUO's advocacy strategy

15.30 - 16.00 Coffee break

16.00 - 17.00 Sharing best practice: All Ukrainian Network

17.00 - 17.15 Sum up of the day

8/2/2013

9 - 9.20 Overview of the first day

9.20 - 13.00 Development of the Regional advocacy action plan (with 30 min for a coffee break)

13.00 - 14.00 Lunch

14 - 16.30 Development of the Regional advocacy action plan - continuing & presentation of the group work

16.30 - 17.00 Coffee break

17.00 - 17.30 Presentation of the Regional network charter & sum - up

17.30 - 17.40 Sum up & Good buy

Annex III: Update of situation per country - in bullet points

Georgia

- “ GF (significant) decrease funding and uncertainty in this regard; no more EC calls (international, maybe local);
- “ approved funds for Geo - for HIV US\$ 81,479,495, for TB US\$ 29,195,118 (In total app 110 millions of USD);
- “ 1200 people on ART (1456 people on ART -38 children – AIDS Center 31 December data 2012);
- “ Governance does not reallocate any funds for ARV or TB treatment as in other neighboring countries;
- “ Uncertainty regarding the MoH as most of the people have been changed after election; new structural changes in Geo do not support the process-
- “ HIV National strategy plan of Georgia will be revised/updated by this year – space for migration & HIV (Desk review assessment);
- “ PTF charter developed - WV + RPRV have their own parts there;
- “ Non – existing law on migration, currently in the draft version

Armenia

- “ National Program on HIV Response for 2013-2016 is developed;
- “ GF significantly decrease funding for Phase 2 Renewals of HIV and HSS grants (≈ 25%)
- “ GF approved funds:
 - . for HIV grant (from Oct 1, 2013 till Sept 30, 2015) 7,930,154 EUR
 - . for TB grant (Jan, 2012 – Dec 2014) 7,911,011 EUR
 - . for HSS grant (Apr, 2012 – March, 2015) 700,173 EUR
- “ Implementation of Migration component was transferred from GOV PR (Ministry of Health of RA) to NGO PR (Mission East Armenia) in Phase 2
- “ Lump sum is secured for migration component; however the detailed breakdown is not allocated yet;
- “ 449 patients on ART (by January 2013) – state contributes by 25%;

- “ The Government of RA allocates funds from state budget on in-patient care of HIV and TB patients and supports facilities which provide out-patient treatment;
- “ All ARV drugs and TB 1st & 2nd line drugs are procured through the GF grants.

Azerbaijan

- “ GFATM Round 9 Phase 1 project has completed in Dec 31 2012 including extension. Total grant amount was 13,726,965. Phase 2 is approved & financing of the project will start from early 2013;
- Open Society Fund: not a sub – recipient for NGOs any more = > NGOs will undertake sub-recipient status since start of Phase 2.
- “ 1253 persons are on ARV treatment as per 1 Dec 2012:
 - low access criteria for ARV treatment;
 - “ ARV treatment started in Azerbaijan in 2006 for 100% GF funds, at the moment – **40%** of ARV treatment expenditures are covered by Government;
- “ Starting from 2012 there was a decentralization of ARV treatment services by creating treatment points in 6 regions of the country;
 - “ New National Law “On fight against diseases caused by HIV” was adopted by Parliament in May 2010 followed by the decree of the Cabinet of Ministries regulating different aspects of providing services to PLWHA and risk groups.
- Law also includes harm reduction programs as well as HIV services in penitentiary sector.
- “ Methadone substitution therapy for IDUs has started in 2004 and up to now fully financed by Azeri Government, but criteria to access MST is high, moreover at the moment there are 180 persons receive MST, and the program does not accept more patients. Real number of IDUs who needs MST much higher;
 - “ HIV National Strategic Plan for 2013-2017 has been developed as a draft. It has been passed to the MoH and the Cabinet for review and approval;
 - “ National Law on Labor migration was adopted in 1999, last addendum was made in 2000;
 - “ One-window principle (for regulation the migration process) started to be implemented by the State Migration Service;

Regional Advocacy Action Plan: Cross - border cooperation for HIV Prevention and Impact Mitigation in Southern Caucasus and Russian Federation

Goal	Objectives	Activities	Success Indicators	Means of Verification	Targets	Time-scale	Allies and Opportunities	Risks and Assumptions	Responsibilities incl. resources
TO STRENGTHEN THE REGIONAL COOPERATION, COMMUNICATION AND PARTNERSHIP AMONG GOs, NSAs, IOs, TO PROMOTE PREVENTION AND IMPACT MITIGATION OF HIV AMONG MIGRANTS AND OTHER RISK GROUPS ENGAGED IN THE MIGRATION PROCESS	Advocacy for the access to the HIV services for migrants and other risk groups engaged in the migration process								
	Promote establishment and development of cooperation with facilities/organizations providing HIV services in 4 countries	Sharing the results of assessment of migrants' needs with RN	Migrant population's needs assessed (using the expertise and communication channels of Local Partners and Associates) and shared on Regional Level	Migrants' Needs Assessment (list of needs) per country and combine in one doc FGD and KII reports; questionnaire Expert reviews, case studies Regional Desk Review Document	Partner organizations; direct beneficiaries	Launch February 2013, Final document by middle May 2013, further ongoing process	Local partners, (GOs and NGOs, IOs)	Limited access to the target group; lack of willingness for sharing (particularly from the direct beneficiaries)	Core Group
		Designing the united (regional) matrix according which the mapping of existing services will be conducted	Existing list of services and service providers available regionally through RN and In - Country mechanism	Existing map of services per each country; combined version as IEC material	Service providers in 4 countries	April 2013	Core Group, RN, Associates, In - country mechanism, service providers	Geographical distances and resources enable to conduct the mapping just partly	Core Group, RN, Associates

		in 4 countries based on migrants' need							
		Sharing the map of existing services available in all 4 countries with the RN	List/map of services identified per country;	Electronic database and # of hard copy (IEC) of service providers and services available in 4 countries. List of available service as an Annex to P&S gap analysis	Service providers - local GOs, IOs, NGOs, migrant population, diasporas, FBOs	April - May 2013	Partner organizations (GOs, NGOs and IOs); In - country & regional network, ECUO, MEER Health learning hub	Creative bureaucracy during the process; Reluctant approach from service providers; Unavailability of data on migration; limited capacities (financial and human resources)	Core Group
		Identifying model for interaction/referral mechanism among service providers in 4 countries.	Model of interaction among service providers is identified/structured based on the mapping results and service providers identified	Charter/diagram of cross - border communication among different service providers	Service providers - local GOs, IOs, NGOs, migrant population, diasporas, FBOs	April - May 2013	Service providers, local partners, Associates and key stakeholders	Lack of identification with the cross - border communication model; language barrier	Core Group and Regional Network

		Regular virtual and face-to-face communication on national and regional levels between LPs, service providers and other stakeholders to share best practices, challenges, case studies etc. in regards to access to services	# of joint virtual meetings, documented best practices, case studies shared through Regional Networking and Communication department	Webex records, Skype call notes with conclusions, Meeting Notes with Conclusions; Documented best practices Case Studies Email communication on document sharing Website	Regional Network of project implementers and partners.	Ongoing during consecutive 12 months	Local partners, (GOs and NGOs, IOs, ECUO)	Good recording and documentation of best practices, cases are needed	Sub-regional project manager, WVNO coordinators
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		Communication with point persons in diaspora, employers and other parties involved in migration process for their involvement in promoting access of migrants to services	# of meetings, workshops or informational sessions conducted with identified parties; # of success stories and lesson learnt capturing the increased interest and involvement of identified parties in promotion of the access to services	Meeting notes Participants' Lists Lists of contact persons Documented best practices; Project Monthly Reports	GO institution responsible for migration, related IOs (e.g. IOM) where applicable; community/Diaspora/faith leaders/peer educators	April-Sep 2013	GOs, IOs (IOM, UNAIDS etc), NSAs.	Low willingness for cooperation from GO/IOs, weak communication channels for regular meeting/cooperation	Sub-regional project manager, WVNO coordinators
Advocacy for the Positive Prevention (awareness raising/campaigns/media involvement/outreach)									
	Awareness raising for target communities, stakeholders and general public related to HIV and migration services	Sharing lessons learned/information, real cases and findings from joint seminars and informational sessions with service providers from NGO and GOs on regional level	# of documented lessons learned shared with service providers and feedback received; # of joint seminars and meetings with NGOs Gos, IOs Selected GO and NGO representatives report on necessity and benefits of document sharing	Lessons Learned documents Meeting notes with conclusions Lists of Participants Photos Email communication on document sharing KII (as a part of quarterly	GOs, NGOs, Regional Network	Quarterly (till the end of project)	GO institution responsible for migration, related IOS (IOM) where applicable	Lack of motivation for cooperation from the side of GOs	Project Coordinators, M&E officer

				monitoring) reports with GO and NGO representatives Evaluation Report					
	Joint development of IEC materials about existing services for distributing by national coordinators, LPs, outreach channels and regionally (where applicable)	# of sets of jointly developed and distributed IEC materials among target groups and general public	Meeting notes with conclusions (virtual); Samples of IEC materials; Distribution list of the IEC materials; Regional database of the distribution places	NGOs/GOs/NSAs/FBOs/migrants/MARP's and general public	By the end of September'2013; distribution is ongoing	CBOs, GOs, LNGOs, NGOs in host countries, peer educators, AIDS centers	Lack of partner NGOs working in target areas; IEC not acceptable/ used	Project Coordinators, LPs, Associates	
	Using the regional platform of ECUO to promote communication between 4 country project implementers to update database of service providers and list of services	Information about available services in all countries (electronic database); contacts (incl. soft IEC Materials) published on ECUO website and shared among RN and other stakeholders in countries	Links to the ECUO website updates	GOs, NGOs, Regional Network	By the end of September'2013	ECUO, RN, In-country network	n/a	ECUO and Project M&E Officer	

	Organizing and implementation of awareness raising campaigns and other public events Sharing the applicable methods /tools between countries	# of media campaigns/round tables/theater performances/press conferences/open letters/ etc. Methodologies and best practices shared and replicated through regional networking	Attendance sheets/Publications/project reports/photos , agenda Regional Core Group Email Communication on sharing the methodologies and best practices	NGO's/GO's/NSA's/FBO's/migrants/MARP's and general public	Till the end of the project	Associates, LPs, AIDS Center, Peers	Low participation and interest of the target groups	Core Group
	Trainings, workshops for stakeholders (NGOs, Gos, IOs, FBOs, CBOs, Media, Community leaders). Building cooperation between stakeholders	# of stakeholder representatives trained on positive prevention Stakeholders report on intensified regional communication and cooperation	Attendance sheets, reports, training agendas, photo etc. KII (as a part of quarterly monitoring) reports with GO and NGO representatives Evaluation Report	Representatives of Employment agencies, PHC, social workers, , media staff, teachers (?)	ongoing	Associates, LPs, AIDS Center, (International) experts etc.	Low interest, attendance, engagement ,	Core Group + Associates

	Conduct Training/outreach sessions for the migrants, migrant families and MARPs Sharing training tools/best practices among countries	# of migrants, migrant family members and MARPs reached through awareness raising trainings, outreach sessions; Training modules and best practices shared and replicated among Regional Core Group	Participants' Lists, Beneficiary/Outreach Reports, photos, agendas Email communication on RCG sharing	Mobile population, MARPs	ongoing	Associates, LPs, AIDS Center, Peers	Lack of interest from the target groups, local authorities, community leaders etc.	Core Group + Associates
Referral Mechanism as a Tool for Coordination and Cooperation								
Ensure cooperation through establishment and effective functioning of Referral system	Establishment of Google group for regional networking	Functional regional Google group At least 1 GO, 1 IO, 2 NGO are members involved in group per country	List of partners in google group Group discussion records	delegation Local GOs, IOs, NGOs, EU country delegation	Google group created before 1st of March 2013 By the end of March 2013	Country /regional partners	Lack of supportive relationship from GOs and NSA proactively involved in working with mobile population	Group creation by Medea Each country project coordinators ensure involvement of local stakeholders into the group
	Collection & sharing information on country level initiatives and priorities (strategies,	# of documents on country level initiatives and priorities collected and shared through regional network	Soft copies of shared in-country documents Emails on document sharing	Local GOs, IOs, NGOs	On-going collection and sharing starting from 15 of March, 2013	In-country & Regional network / ECUO / MEER learning hubs	Creative bureaucracy during process GOs / NSAs are not supportive	LPs and WV PCs

		position papers, researches, assessment etc.)						to share information	
		Develop and share with WV Senior Management, project stakeholders, associates, EC, ECUO quarterly newsletter	Quarterly Newsletter designed, printed and shared (in hard and soft copies) with the WV Senior Management, stakeholders and associates by the end of each quarter	Copies of quarterly newsletter; Emails and website links on newsletter sharing	Local GOs, IOs, NGOs Regional network members /ECUO WV NOs, MEER learning hubs, EU country delegation	Quarterly bases starting from 15 of June, 2013	In-country & Regional network / ECUO / MEER learning hubs/ WV communication officer	n/a	PM, WV PCs Communications point persons