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AIDSTAR-ONE SEMI-ANNUAL REPORT

OCTOBER 2011–MARCH 2012

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

APRIL 2012

This publication was produced by the AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector 1, Task Order 1, USAID Contract # GHH-I-00-07-00059-00, funded January 31, 2008.

AIDS Support and Technical Assistance Resources Project

AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One) is funded by the U.S. Agency for International Development under contract no. GHH-I-00-07-00059-00, funded January 31, 2008. AIDSTAR-One is implemented by John Snow, Inc., in collaboration with Broad Reach Healthcare, Encompass, LLC, International Center for Research on Women, MAP International, Mothers 2 Mothers, Social and Scientific Systems, Inc., University of Alabama at Birmingham, the White Ribbon Alliance for Safe Motherhood, and World Education. The project provides technical assistance services to the Office of HIV/AIDS and USG country teams in knowledge management, technical leadership, program sustainability, strategic planning, and program implementation support.

Recommended Citation

AIDSTAR-One. 2012. *AIDSTAR-One Semi-Annual Report. October 2011 – March 2012*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

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ACRONYMS

APCA	African Palliative Care Association
APR	annual performance reporting
ART	antiretroviral therapy
CST	care, support, and treatment
CHF	Cooperative Housing Fund (Honduras)
CCM	Country Coordinating Mechanism (Global Fund)
CDC	U.S. Centers for Disease Control and Prevention
DOTS	directly observed treatment short-course
DRC	Democratic Republic of the Congo
ECD	early childhood development
FCT	Federal Capital Territory (Nigeria)
FMHACA	Food Medicine and Health Care Administration and Control Agency
FMOH	Federal Ministry of Health
FNS	food and nutrition security
FY	fiscal year
GBV	gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLSL	Green Label Services Limited
GP&Y	general population & youth
HCWM	health care waste management
HBHTC	home-based HIV testing and counseling
HTC	HIV testing and counseling
ICT	integrated counseling and testing
IAS	International AIDS Society
ICASA	International Conference on AIDS & STIs in Africa
IPC	infection prevention and control
IRB	institutional review board
IS	injection safety
JSI	John Snow, Inc.
KM	knowledge management
KABP	knowledge, attitude, behavior, and practice
LAC	Latin America and Caribbean
MARP	most-at-risk population
MNCH	maternal, newborn, and child health
MOHSW	Ministry of Health and Social Welfare
MSM	men who have sex with men
NACO	National AIDS Control Organization (India)
NACP-4	National AIDS Control Programme Phase 4 (India)
ASONAPVSI DAH	National Association of People Living with HIV/AIDS (Honduras)
NIPRD	National Institute for Pharmaceutical Research and Development
NPHCDA	National Primary Health Care Development Agency (Nigeria)
NPTWG	National Prevention Technical Working Group (Nigeria)
NRM/EG	natural resource management and economic growth

NACS	nutrition assessment, counseling, and support
OVC	orphans and vulnerable children
OVP	other vulnerable populations
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	provider-initiated testing and counseling
PLoS	Public Library of Science
PMTCT	prevention of mother-to-child transmission
PNLS	National AIDS Program (Democratic Republic of the Congo)
SACS	State AIDS Control Society (India)
S2STA	south-to-south technical assistance
SDA	small doable action
SSS	Social & Scientific Systems
STAR	Strengthening TB and HIV/AIDS District Response
TSU	technical support units (India)
STI	sexually transmitted infection
TWG	Technical Working Group
TOT	training of trainers
UHMG	Uganda Health Marketing Group
UP	Uttar Pradesh
UNAIDS	Joint UN Programme on HIV/AIDS
USAID	U.S. Agency for International Development
USG	U.S. Government
VCT	voluntary counseling and testing
VMMC	voluntary medical male circumcision
WASH	water, sanitation, and hygiene
WHO	World Health Organization
ZPRS	Zambia Partner Reporting System

1.0 INTRODUCTION

This semi-annual report for AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One) summarizes the progress and major accomplishments achieved from October 1, 2011, through March 31, 2012. It presents the project's centrally-funded and field support-funded activities, as well as the project's knowledge management activities and results.

The AIDSTAR-One project is in its fifth and final year of implementation, and scheduled to end in January 2013. This semi-annual report covers the first half of the FY 2012 workplan for centrally-funded activities, as well as field support-funded activities begun or continued in FY 2012. One new field support activity began during this report period in Brazil, which is described in section 5.8.

Over the past six months, AIDSTAR-One has had many accomplishments which are described in this report. A few of the highlights include:

- AIDSTAR-One produced 69 technical resources (e.g., case studies, technical briefs, assessments, and reports) that were submitted for approval to the U.S. Agency for International Development (USAID); across the life of the project a total of 232 resources and products have been approved by the various PEPFAR Technical Work Groups (TWGs).
- The AIDSTAR-One website received a total of 63,211 unique visits during this six month reporting period, compared to 73,189 visits total in all of FY 2011.
- Ninety-six (96) percent of survey respondents rated the usefulness of the information on the AIDSTAR-One website as "excellent" or "good", and an equal percentage reported having used at least one AIDSTAR-One product in 2012.
- As part of the USAID-World Bank Emerging Issues in Today's HIV Response debate series, AIDSTAR-One provided logistical support for a debate on the topic of treatment as prevention. The debate was viewed by over 800 people, either in person at the World Bank, or through live video conferencing at sites across Africa, Europe, and Latin America.
- The Prevention Team provided technical and logistical support to a meeting in Johannesburg, South Africa, to support PEPFAR's dissemination of *Guidelines on Comprehensive HIV Prevention for Men Who Have Sex with Men*. The meeting was attended by 150 participants from 22 countries.
- A technical brief, *World Health Organization's 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned*, was completed and posted to the AIDSTAR-One website to serve as a point of reference for policymakers and program managers trying to adapt and implement revised national HIV treatment guidelines.

- A compendium of resources entitled, *Health Information Technology for Continuous Quality Improvement of HIV Treatment Programs*, was approved in FY 2011. The interactive version of this compendium was completed during the first half of FY 2012 and is currently available on the AIDSTAR-One website.
- The HIV Testing and Counseling Team completed and disseminated three case studies focusing on home-based testing and counseling in Kenya and HIV testing and counseling among transgender populations and MSM in Thailand.
- The Care and Support Team presented findings from the Uganda nutrition assessment, Kenya food-by-prescription assessment, and mental health case studies from Vietnam and Uganda at the International Conference on AIDS and STIs in Africa.
- An impact assessment was conducted among the Kenyan clinics and staff who were previously trained using the Water, Sanitation, and Hygiene (WASH) curriculum.
- The OVC and Care and Support Teams supported a meeting for USG staff and partners in Ethiopia entitled “Meeting the HIV; Maternal, Newborn, and Child Health; and Social Support Needs of Mothers and Their Young Children”. The regional consultation was attended by 108 delegates.
- The OVC Team completed three documents, including case studies on early childhood development, a technical brief on permaculture for OVC programmers, and a literature review on program strategies and models of continuity of HIV/MNCH Care for HIV-positive mothers and their HIV-positive/exposed children.
- The Gender Team completed and posted nine new case studies and a findings report on the AIDSTAR-One website as well as an interactive online program guide to integration of gender-based violence programming into HIV prevention, treatment and care and support programs.
- In Nigeria, 4,477 medical personnel were trained in injection safety and health care waste management. In addition, the final report of the baseline health facility assessment conducted at project inception was completed during the first half of FY 2012 and posted to the AIDSTAR-One website. Three success stories on AIDSTAR-One/Nigeria activities were also posted to the website on the following topics: 1) disposal of expired antiretrovirals and test kits in Nigeria, 2) strategy development for improving safe phlebotomy in Nigeria, and 3) ensuring the availability of safe injection commodities in Nigeria.
- In Ethiopia, 1,873 health workers and waste handlers were trained in infection prevention control and more than 11,500 copies of behavior change communication materials were distributed to health facilities.
- In Brazil, training and intervention strategy development began with key stakeholders in the National Tuberculosis Control Program, Secretary of Health TB programs in Sao Paulo and Rio de Janeiro, State Penitentiary Systems, civil society leaders and other local partners working in TB control and TB/HIV co-infection prevention.

- AIDSTAR-One/Honduras provided technical assistance to support the roll out of the National Strategy for Integrated Care for STI/HIV/AIDS. In addition, a training-of-trainers workshop on HIV-related quality improvement in health facilities was conducted for Health Secretariat trainers.
- AIDSTAR-One/Dominican Republic issued 12 grants to local NGOs to provide HIV prevention, treatment, care and support services in close coordination with the Ministry of Health. Services provided by the NGOs are taking place in 13 provinces throughout the country.
- In India, AIDSTAR-One completed and disseminated a case study on mobile clinics for reaching hard-to-reach populations in Maharashtra. In addition, technical assistance and support was provided to the core strategy development team in preparation of the National AIDS Control Programme document, and technical assistance was provided to the State AIDS Control Societies of Uttar Pradesh and Uttarkhand.

This report is divided into four main sections: 1) project management and finance, 2) knowledge management, 3) major accomplishments in the centrally-funded technical areas, and 4) major accomplishments from field support-funded activities. Annex 1 provides performance monitoring data in accordance with the project's approved Monitoring and Evaluation Plan. Annex 2 includes a list of publications that are completed and publications under development. Annex 3 includes a table showing the location of AIDSTAR-One's work worldwide, and Annex 4 provides a financial/level of effort status report as of March 31, 2012.

2.0 PROJECT MANAGEMENT AND FINANCE

2.1 Project Management and Staffing

The AIDSTAR-One project is implemented by John Snow, Inc. (JSI), in collaboration with its partners. Current partners that assisted in implementing the activities described in this report include BroadReach Healthcare, Encompass, the International Center for Research on Women, and Social & Scientific Systems, Inc. Project management is overseen by the project director, in collaboration with a project management team.

AIDSTAR-One project headquarters is in Arlington, Virginia, with other project staff located at the JSI Boston and Denver offices, other partner offices, and in various field offices. Currently, AIDSTAR-One has field offices in Brazil, the Dominican Republic, Ethiopia, Honduras, India, Nigeria, and Uganda.

AIDSTAR-One continued to implement its centrally-funded activities through the work of seven technical teams (Knowledge Management, Prevention, Care and Support, Treatment/Prevention of Mother-to-Child Transmission, Testing and Counseling, Orphans and Vulnerable Children, and Gender), working closely with corresponding PEPFAR Technical Working Groups.

2.2 Financial Status and LOE

A summary of the financial status and level of effort expended as of March 31, 2012, is provided in Annex 4. A total of \$7.4 million was expended during the first six months of FY 2012, with cumulative expenditures since the beginning of the project totaling just over \$41 million. Unspent obligations as of March 31, 2012 (i.e., pipeline) total \$15.2 million.

As AIDSTAR-One is a level-of-effort contract, work days ordered and actual work days provided are also shown in Annex 4. A total of 72,054 workdays have been provided since the beginning of the project.

AIDSTAR-One field support-funded activities continued to grow during FY 2012. Field support was received from USAID Missions in Brazil, Honduras, the Dominican Republic, Ethiopia, Nigeria, Uganda, and Zambia, as well as from the Africa and Latin America and Caribbean Bureaus to initiate or continue activities in those countries/regions.

3.0 KNOWLEDGE MANAGEMENT

Summary and Major Accomplishments

The Knowledge Management (KM) Team provided the project with an array of information that has been used both to raise awareness about AIDSTAR-One materials and activities and to support the technical teams with information and evidence to improve program implementation. The team tracked and measured project effectiveness in reaching its intended audience with useful and relevant information in accordance with the project's Monitoring and Evaluation Plan. Traffic to the website was monitored using Google Analytics and continued to reflect both a steady stream of new visitors and a growing number of repeat users. These metrics were supported by the qualitative and quantitative information gathered in a second survey of registered web users and conference attendees, conducted in February 2012, which provided both qualitative and quantitative information on the relevance and use of materials on the website.

The KM Team has also assisted all technical areas by providing support in the following areas: writing, editing, formatting, layout, graphic design, branding compliance, publication printing, website content development, knowledge management, product development, dissemination and outreach, strategic communications, and event planning and logistics. For example, the KM Team has helped with reviewing or developing concept notes, developing monitoring plans and assessments, designing brochures and other project collateral, and providing evaluation support to all of the technical teams.

Dissemination efforts have kept pace with the project's ever-increasing library of technical resources. Building on existing channels, in FY 2012 the KM Team prioritized social media and increased its presence on Facebook, Twitter, and LinkedIn discussion groups. As a result, social media and external listservs accounted for over 8,500 visits to the AIDSTAR-One website (nearly 14 percent of all traffic). The website expanded as well, growing in both capacity and functionality and allowing for better showcasing of publications both from AIDSTAR-One and from other USAID and PEPFAR partners (e.g., C-Change, Knowledge for Health, OVCSupport.net, and the Health Care Improvement Project). Finally, AIDSTAR-One continued to work with the above mentioned partners together with the Office of HIV/AIDS, the PEPFAR Technical Working Groups (TWGs), the Bureau for Global Health, the Centers for Disease Control and Prevention, and the U.S. Government (USG) to share information, results, and lessons learned.

During the first half of FY 2012, the KM Team accomplished the following:

- AIDSTAR-One submitted 69 technical resources (e.g., case studies, technical briefs, assessments, and reports) for USAID approval; across the life of the project, a total of 232 resources and products have been approved by the TWGs
- The website received a total of 63,211 visits during this six month reporting period, compared to 73,189 visits total in FY 2011, and the number of visits in March 2011 (12,234) increased 21 percent compared to September 2011 (10,093 visits)

- Prevention Update subscribers increased by 9 percent for a total of 3,748 subscribers
- Of the user survey respondents who used the AIDSTAR-One website, 96 percent rated the usefulness of the information on the site as “excellent” or “good.”

Status of Workplan Activities

1. Measuring Overall Project Performance

Table 1 shows the progress made cumulatively on one of the key project indicators—the number of AIDSTAR-One resources produced and available for dissemination. During this reporting period, AIDSTAR-One staff submitted 69 technical resources (i.e., case studies, technical briefs, assessments, and reports) to USAID for approval. Of these, 54 were approved. Over the life of the project, USAID has approved a total of 232 resources and products to date (March 31, 2012). All approved products are available on the AIDSTAR-One project website and/or in another format (see Annex 2 for a list of completed AIDSTAR-One publications). Table 1 also shows the total number of resources available by technical area and includes approved promising practices, a focal activity during the first three years of the project.

Table 1. Number of AIDSTAR-One resources submitted and approved, FY 2012 Q1-Q2 and cumulative

	FY 2012 Q1-Q2		Cumulative Available***		
	Submitted * FY 2012 Q1-Q2	Approved* * FY 2012 Q1-Q2	AIDSTAR- One Products	Promising Practices	Total
Prevention	18	16	99	23	122
Treatment	5	4	18	2	20
Care and Support	2	2	20	13	33
Testing and Counseling	7	7	23	9	32
PMTCT	–	–	3	7	10
OVC	4	3	9	6	15
Gender	15	13	31	15	46
Private Sector	–	–	2	2	4
Field Support/Other	18	9	27	1	28
Totals	69	54	232	78	310

***Submitted:** completed products that were submitted to USAID/TWGs for approval/review in FY 2012 Q1-Q2.

****Approved:** products submitted and approved by USAID/TWGs for publication/dissemination in FY 2012 Q1-Q2.

*****Cumulative Available:** total products available for dissemination since the beginning of the project. Products include resources such as: case studies (47), technical briefs (18), Prevention Knowledge Base entries (29), and HIV Prevention Updates (29), technical reports and tools (62).

Note: the majority of technical products take more than 12 months to produce on average. An additional 47 products are currently pending USAID approval (15) or are in development (32).

Collecting, Analyzing, and Disseminating Web Traffic Data

AIDSTAR-One monitors, summarizes, and reports online traffic to the AIDSTAR-One website using Google Analytics metrics such as unique pageviews (a key project indicator), absolute unique visitors, top content rankings, and visitors' geographic location, among other metrics. This information is important because it provides the best available data on who is visiting the website (i.e., new and return visitors, geographic location, etc.), how often they use the website, how long they interact with AIDSTAR-One content, and what they view and download.

The total number of visits to the website during this reporting period (October 1, 2011, to March 31, 2012) was 63,211, compared to 73,189 visits total in FY 2011. The number of visits in March 2011 (12,234) increased 21 percent compared to September 2011 (10,093 visits). Over 42,000 unique visitors (counts each visitor only once in the selected date range) visited the AIDSTAR-One website during this reporting period. The HIV Prevention Knowledge Base generates the most web traffic (15 percent of all unique pageviews) followed by the Promising Practices Database (approximately 6 percent of all unique pageviews) and the HIV Prevention Update (4 percent of all unique pageviews).

The triangulation of data from multiple sources (web analytics, surveys, and email marketing) provides AIDSTAR-One's KM and technical teams with real time information to better provide current, useful information to help improve the reach and usefulness of AIDSTAR-One resources to its audience.

Link tagging has allowed AIDSTAR-One to target dissemination and track listserv and social media impact. The KM Team adds tags to links to AIDSTAR-One webpages, then posts these links on social media networks and over 50 global health-related listservs. Between October 1, 2011, and March 31, 2012, 7,803 visits (12.3 percent of all visits) to the AIDSTAR-One website were tracked using tagged links. An additional 1,225 visits to the AIDSTAR-One website (1.9 percent of all visits) were generated by Facebook, LinkedIn, and Twitter by users clicking on a link to the AIDSTAR-One homepage (not a tagged link). See Table 2 for the top ten listservs/platforms by number of visits.

Table 2. Top 10 Listservs/Platforms, by Number of Visits—Tagged Link Campaigns (October 1, 2011 to March 31, 2012)

Listsrv/Platform	Number of Visits
1. Afronet	723
2. Twitter	708
3. Global Health Delivery Health Information and Publications Network	638
4. (HIPNet)	390
5. Facebook	318
6. GH360	312
7. GHC Digest	304
8. CORE Group HIV/AIDS Working Group	267
9. International AIDS Society LinkedIn Group	180
10. AIDS Portal	161

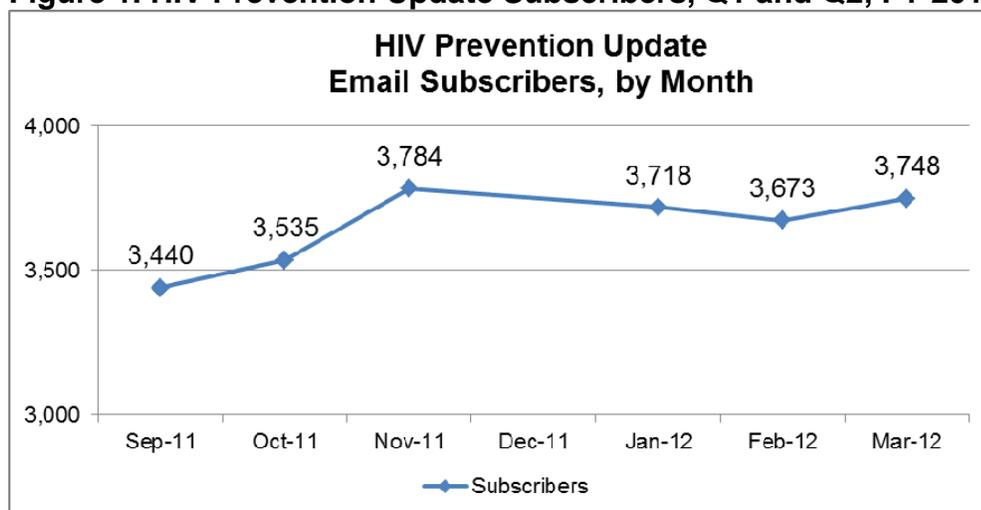
The KM Team has been able to obtain detailed information on the uptake of information sent to AIDSTAR-One email subscribers in the HIV Prevention Update e-newsletters and other email outreach initiatives using an email marketing software program. The program tracks the number of emails opened and forwarded as well as the number of pages on the website that users visit from email communication.

HIV Prevention Update

The industry standard for email marketing by nonprofit organizations is an average “open rate” of 20 percent. The monthly AIDSTAR-One HIV Prevention Update consistently meets or exceeds this average, ranging from 23.0 to 25.3 percent during this reporting period. The average “click rate” of nonprofit emails is estimated at 12 percent. AIDSTAR-One’s click rate (percentage of subscribers who open the email and then click on a link that redirects them to the AIDSTAR-One website) ranged from 44.4 to 48.3 percent during this reporting period.

These trends illustrate that the content in the HIV Prevention Update appeals to subscribers, with some users clicking on more than one link per edition. The subscriber list has also increased 9 percent during this reporting period for a total of 3,748 subscribers as of March 31, 2012 (see Figure 2). AIDSTAR-One receives approximately 100 organic signups monthly requesting e-newsletter subscription; however, periodically the project cleans the list which results in the appearance of a drop in subscribers. This drop is due to job/email changes that create email bounces when an account is no longer active.

Figure 1. HIV Prevention Update Subscribers, Q1 and Q2, FY 2012



AIDSTAR-One Annual Survey

The project conducted an annual survey in February 2012 using an online survey instrument and direct appeal by email. The data collected was compared to 2011 results as well as the baseline results collected in January 2010. The survey solicited information from website users, recipients of technical assistance, and AIDSTAR-One supported conference attendees. The response rate was twelve percent (N=491). Results of the survey reinforce that AIDSTAR-One has attracted a dedicated user base.

Responses from nearly 500 AIDSTAR-One users were analyzed, providing rich feedback on how AIDSTAR-One resources are being used. Web analytics provide the project with information on what online resources are being accessed and from where, while these survey results demonstrated that the AIDSTAR-One resources accessed are shaping program design and implementation, informing policy and guidelines development, guiding research, and helping to create and improve training and curricula to strengthen the global response to HIV around the world. Respondents were primarily program managers and technical advisors who work in a developing country (57 percent from Africa), suggesting that the project is reaching its intended target audience.

Almost all respondents (96 percent) who used the AIDSTAR-One website rated the usefulness of the information on the site as “excellent” or “good.” Resources were commonly used in designing programs, writing reports, proposals, and articles, and developing or improving training; resources most used or adapted for use were the HIV Prevention Update (84 percent) and the HIV Prevention Knowledge Base (59 percent).

The Promising Practices Database is no longer updated by AIDSTAR-One, but is maintained on the website. Twenty-one percent of web users surveyed in 2012 reported using or adapting a promising practice found on the AIDSTAR-One website to strengthen their own programs. The Promising Practices Database also continues to generate web traffic and was one of the most visited resources on the AIDSTAR-One website during this reporting period (6 percent of all unique pageviews).

Virtually all survey respondents were very satisfied with AIDSTAR-One's products and events: 95 percent reported that they would be likely/highly likely to recommend the website to a colleague. High to very high usefulness satisfaction rates have increased significantly (74 percent increase) over baseline. Over 70 percent of web users, over 80 percent of conference attendees, and 80 percent of technical assistance recipients reported high to very high usefulness satisfaction.

Review of Proposed Assessments, Final Reports, and Development of Monitoring and Evaluation Frameworks and Assessment Instruments

The Monitoring and Evaluation Officer supported activities managed by various AIDSTAR-One technical teams during this reporting period, including providing technical input, reviewing surveys and meeting evaluations, and entering data, as well as reviewing quarterly and annual reports for the AIDSTAR-One Injection Safety project. The Monitoring and Evaluation Officer has also taken the lead in the development of an impact assessment of the pilot WASH curriculum trainings in Ethiopia and Kenya as well as an assessment of the introduction and integration of co-trimoxazole provider job aids and client education materials in northern Uganda. Both care and support assessments are underway; the Monitoring and Evaluation Officer is leading both data collection and data analysis/reporting.

2. AIDSTAR-One.com

The AIDSTAR-One website continues to serve as the project's primary knowledge management platform to share HIV-related promising practices and technical resources. In conjunction with the activities conducted by the AIDSTAR-One technical teams, the KM Team has added to and enhanced each of the seven focus areas on the AIDSTAR-One website.

During this reporting period, the KM Team has also further developed a number of strategic improvements to the site architecture and navigation to capitalize on the depth of content on the AIDSTAR-One website. For example, the KM Team has leveraged the capacity of the open-source content management system to dynamically present related content through a keyword tagging system that allows related AIDSTAR-One technical resources from various focus areas and other USAID projects to be presented on a single page. Technical resources are connected by related keywords and contextualized using visual sign posts (i.e., icons and short descriptive text), allowing users to quickly scan a wide range of resources related to a variety of technical topics. The keyword system also enhances the site's search functionality, allowing users to find content from multiple entry points across the site.

Because content on the AIDSTAR-One website has steadily grown over the life of the project, the KM Team has implemented additional interactive landing pages, allowing users to filter products based on their focus area of interest, providing users with a snapshot of relevant resources from across the continuum of HIV prevention, treatment, care, and support.

In addition to previous activities that broadened AIDSTAR-One dissemination and increased access to technical resources on the AIDSTAR-One website—such as the real simple syndicate (RSS) feed on the AIDSTAR-One homepage—the KM Team implemented a social sharing service that allows users to share any page on AIDSTAR-One across hundreds of social media sites with just two quick clicks of their mouse. These shares are tracked and the KM Team is able to see what shares led to clicks by other users, and from which countries these shares or clicks originated. In addition to making the act of sharing our resources more simple, this functionality provides data to inform strategic dissemination decisions.

Other site-wide improvements completed during this period include the addition of new AIDSTAR-One field office pages and the addition of success stories, which highlight AIDSTAR-One achievements in the field.

Highlights for each focus area are listed below. Refer to the technical area section in this report for additional information.

- *Prevention*: With the publication of several new and updated HIV Prevention Knowledge Base (PKB) topics and publication of a spotlight and technical brief, the Prevention section of the site continues to serve users seeking programmatically-relevant information about salient topics in HIV prevention. A number of events taking place either just before or during the reporting period also led to the KM Team posting numerous event-related resources to the Prevention section, including important information and videos from ICASA and meeting and debate reports.

The HIV Prevention Update continues to be one of AIDSTAR-One's most popular resources. To broaden dissemination and better-integrate with social media, the KM Team added updated social sharing buttons to each individual article in the Update, as well as to the Update as a whole. Keyword tags were also added within each article, allowing users to more easily access related content across focus areas.

- *Treatment and Prevention of Mother-to-Child Transmission (PMTCT)*: During the reporting period, one of the major additions to the AIDSTAR-One site—and to the Treatment section specifically—was the addition of a compendium of health information technology for continuous quality improvement of HIV treatment, which the KM Team developed in close collaboration with the AIDSTAR-One Treatment Team. This richly informative resource includes two interactive matrices: one featuring research and the second featuring tools.

Two case studies and a capacity assessment tool, as well as over 30 new or updated HIV Treatment Guidelines (including PMTCT guidelines) were also added to the Treatment section of the site during this reporting period.

- *HIV Testing and Counseling (HTC)*: The HTC section has five pages that bring together resources on provider-initiated testing and counseling, home-based testing and counseling, most-at-risk populations, south-to-south technical assistance (S2S TA), and HIV rapid testing. These expanded sections are referred to as Special Topics in HTC and capitalize on the existing functionality found in the HIV Prevention Knowledge Base. Resources on these enhanced pages include literature reviews, as

well as case studies and other tools to facilitate evidence-based program implementation. The HTC focus area continues to publish a periodic HTC Update, similar in format to the HIV Prevention Update, which provides summaries of literature and tools related to HTC to AIDSTAR-One subscribers who have identified HTC as an interest area.

- *Care and Support*: The draft training curriculum on water, sanitation, and hygiene (WASH) in health facilities was finalized and updated on the AIDSTAR-One site during this reporting period. As with the draft tool, the KM Team optimized the curriculum for low-bandwidth settings to allow users to more easily find and adapt particular WASH-related activities in which they are interested. The KM Team also added two new tools and curricula pages. The first features low-literacy provider and client informational tools designed to increase appropriate prescription and use of the drug co-trimoxazole. The second page features palliative care resources that the Care and Support team developed in collaboration with the African Palliative Care Association—work undertaken at the direction of the Africa Bureau.
- *Gender and HIV*: The Gender section expanded rapidly during this reporting period. Over the six-month reporting period, 15 new case studies were added to the Gender Focus Area. Five of these case studies expanded on programs included in the 2009 AIDSTAR-One publication: *A Compendium of Gender Programs in Africa*. Nine others were part of a series related to gender strategies in concentrated epidemics. The KM Team brought together the nine case studies and an accompanying report on a dedicated landing page that allows users to quickly identify relevant programs that integrate gender strategies into programming for most-at-risk populations. The series also prominently features on the AIDSTAR-One homepage, and was developed into a Facebook app that became AIDSTAR-One's Facebook landing page during a period of heavy promotion.

Another important resource added to the Gender section is the *Program Guide for Integrating GBV Prevention and Response in PEPFAR Programs*. The KM and Gender Teams worked closely to determine a format for this information that was both easy-to-use and that harmonized with the focus area structure of AIDSTAR-One.com.

Additionally, the KM and Gender Teams have continued collaborating to ensure that the AIDSTAR-One site serves as a primary dissemination hub for the Gender TWG. This includes integrating materials from other PEPFAR partners, such as the Interagency Gender Working Group Gender and Health Toolkit and publications from *GoGirls!* and other PEPFAR special initiatives focused on gender.

- *Orphans and Other Vulnerable Children (OVC)*: During this reporting period, the KM Team posted the *Permaculture Design for Orphans and Vulnerable Children Programming* technical brief, which has received heavy traffic by a wide variety of users. While OVC resources are posted on the AIDSTAR-One website, the OVC and KM Teams collaborate with AIDSTAR-Two to ensure that *OVCsupport.net* continues to be viewed as the primary clearinghouse for OVC resources.

3. Project Products and Dissemination

During the first half of FY 2012, AIDSTAR-One published and shared over sixty products through its expansive dissemination process. As AIDSTAR-One's collection of technical resources continues to grow, so does traffic to the website.

The KM Team manages processes to ensure that both online and print materials are of the highest quality, and continues to work with AIDSTAR-One technical teams to develop products that best meet the needs of HIV program planners and implementers. The KM Team works closely with activity managers to enhance usefulness of online versions of technical products (see AIDSTAR-One section above or the technical area section in this report for additional information).

The project continued to leverage social media and participation in online discussion boards and listservs in the global health community to increasingly reach HIV implementers in various regions of the world with AIDSTAR-One technical resources. Using data collected over previous reporting periods, the KM Team prioritized social media dissemination through the AIDSTAR-One Twitter account and Facebook pages. AIDSTAR-One took advantage of the new Facebook timeline structure, released in March 2012, to highlight several important PEPFAR HIV milestones in addition to AIDSTAR-One products and relevant HIV news. AIDSTAR-One also launched its presence on Google+, an emerging social network that is driving improved search engine optimization of many of AIDSTAR-One's products.

In the first quarter, AIDSTAR-One pushed many of the new gender products through social media, blogs, e-mail news blasts, e-forums, and listservs. In the second quarter, AIDSTAR-One supported USAID and PEPFAR to promote the scale-up of VMMC at the ICASA Conference in Ethiopia and with USAID's first Ask-the-Expert Tweetup with Emmanuel Njeuhmeli in December 2011. Additionally, AIDSTAR-One provided Twitter training at the technical consultation, *Transitioning Care, Support and Treatment Resources for Adolescents Living with HIV*, and supported participants in sharing lessons learned and recommendations for improved transition services through AIDSTAR-One's Twitter and Facebook accounts.

AIDSTAR-One continues to reach out via the social media channels of USG partners, U.S. Missions, and other global health organizations with targeted posts to share new and relevant products. Finally, the KM Team increased its participation in HIV and other global health LinkedIn discussion groups to more effectively gauge and participate in current conversations around the global response to HIV. As a result of these efforts, over 3,600 visits to the AIDSTAR-One website (nearly 6 percent of all traffic to the website) resulted from social media dissemination (see Table 3).

Table 3. Number of AIDSTAR-One social media visits by quarter

Quarter	Twitter	Facebook	LinkedIn	Total	% of Total Visits
Q1	432	842	451	1,725	5.7%
Q2	430	647	884	1,961	5.9%
October 1, 2011 – March 31, 2012	862	1,489	1,335	3,686	5.8%

The KM Team has further developed its multimedia capabilities during this reporting period through the Emerging Issues in HIV Debate Series and the ICASA Conference. In November, AIDSTAR-One provided support to the World Bank to include participants from over ten African countries in a debate on HIV Treatment as Prevention, the most well-attended in the series to date. AIDSTAR-One also covered the proceedings of the debate on Twitter.

In December 2011, AIDSTAR-One supported PEPFAR and USAID to provide video coverage of VMMC events at the ICASA Conference in Ethiopia. AIDSTAR-One now features videos from the ICASA Press Conference to launch the Five-Year Action Framework for Accelerated Access to VMMC and a PEPFAR/UNAIDS Satellite Session on the Cost, Impact and Challenges of Accelerated Scale-Up in Eastern and Southern Africa.

During the first half of FY 2012, AIDSTAR-One actively sought opportunities to contribute to HIV and global development blogs, including USAID's IMPACTblog, the Global Health Council's blog, JSI's The Pump, and others. The KM Team worked with the technical teams to write and publish several blogs on topics including transition of HIV care for adolescents and young adults, TB-HIV integration in Brazil, and gender-based violence.

As mentioned earlier, the KM Team scaled up its participation in discussion boards and listservs related to HIV and global health. The project continues to contribute regularly to Afronets, the Global Health Delivery Forum, the Communications Initiative, HIPNet, the Interagency Gender and Youth Working Groups, HIV Atlas, and other prominent information sharing platforms. The project also works to cross-promote with other USAID and PEPFAR partners, such as Knowledge for Health, the Health Care Improvement Project, and OVCSupport.net among others. As a result of these partnerships and dedicated dissemination activities, traffic to the website increased steadily over the reporting period, resulting in over 8,500 visits (over 13% of all web traffic; see Figure 2 and Table 4).

Figure 2. Number of visits referred to AIDSTAR-One from Dec. 2010 to Mar. 2012

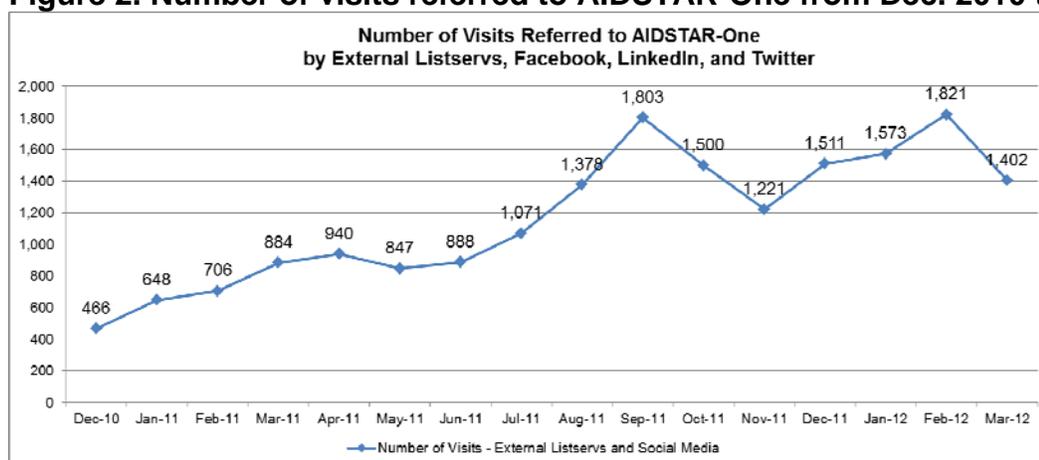


Table 4. Social media and external listservs, percent of all visits to AIDSTAR-One

FY 2012	Number of Visits	% of All Visits
Q1	4,232	14.1%
Q2	4,280	12.9%
October 1, 2011 – March 31, 2012	8,512	13.5%

As part of AIDSTAR-One’s knowledge management strategy, the project produces periodic, topical e-newsletters designed to further PEPFAR’s goals and priorities. The monthly HIV Prevention Update continues to serve as the most popular e-newsletter for users. As new content is posted to each focus area of the AIDSTAR-One website, the KM team produces “What’s New” e-newsletters to alert subscribers of new resources as they become available. During the first half of FY 2012, the project disseminated “What’s New” e-newsletters for gender, HIV testing and counseling, prevention, and care and support. As meeting reports and resources from technical consultations are added to the website, AIDSTAR-One also notifies attendees via electronic communication. In addition to focus area-specific information, AIDSTAR-One also disseminates its products and tools through its quarterly project newsletter, *The Link*. This e-newsletter serves as a major distribution vehicle for AIDSTAR-One and allows the project to position its work in the context of broader PEPFAR priorities. During the first half of FY 2012, AIDSTAR-One sent out two issues of *The Link*, one covering combination HIV prevention and MSM issues in the first quarter, and one covering the connection between Gender and HIV in the second quarter.

The KM Team also supports AIDSTAR-One’s participation at appropriate conferences and events. In the first half of FY 2012, AIDSTAR-One coordinated a press conference, a pre-conference meeting, and a satellite session at the ICASA Conference in Ethiopia; a health care waste management conference in the United States; and a care & support event in Ottawa. Additionally, AIDSTAR-One is an active participant at several interagency events and working group meetings, such as the Social Media M&E Taskforce, HIPNET, CORE Group, the knowledge management working group, Harvard Center for AIDS Research, and others. At each of these events, AIDSTAR-One circulated copies of its materials, including

case studies, technical briefs, brochures, and other relevant materials as appropriate. The project distributed copies of its materials at relevant technical meetings and shared materials with Missions and in-country partners. In the first half of FY 2012, AIDSTAR-One has disseminated over 10,000 hard copies of materials and 250 copies of the “In It to Save Lives” male circumcision DVDs.

USAID Outreach and Dissemination

Throughout the fiscal year, AIDSTAR-One regularly coordinated with USAID’s Office of HIV/AIDS Communications Team to maximize the reach of the project’s resources both within USAID as well as to other cooperating agencies. AIDSTAR-One materials appeared in the Global Health 360, the IMPACTblog, the Global Health Blog, the Bureau for Global Health internal and external websites, and other USAID and USG platforms. These efforts contributed to the dramatic increase in traffic to the AIDSTAR-One website and boosted the number of requests to receive AIDSTAR-One updates.

4. Agency Requirements—Branding, Section 508 Compliance, and DEC Submissions

AIDSTAR-One continued to produce the materials, templates, and guidance in compliance with USAID branding requirements and Section 508. The project also submitted its materials to USAID’s Development Experience Clearinghouse DEC (www.usaid.dec.org).

To meet USAID’s requirements the project continued to do the following:

- Implement the revised Branding and Marking Plan
- Develop and modify branded templates to support the needs of the project
- Ensure Section 508 compliance of publications, presentations, and other technical resources produced and posted to the website
- Submit appropriate materials to the DEC.

During this reporting period, the following AIDSTAR-One publications have been submitted to the DEC.

Case Studies:

Risky Business Made Safer: HIV Prevention in Zambia's Border Towns

Allowing Men to Care: Fatherhood Project in South Africa

Rebuilding Hope: Polyclinic of Hope Care and Treatment Project, Rwanda

Earning Their Way to Healthier Lives: Women First in Mozambique

Addressing HIV and Gender from the Ground Up in Kenya

“Follow the Voice of Life”: HIV Prevention and Empowerment of MSM in Orenburg, Russia

Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador

Emergency Planning for HIV Treatment Access in Conflict and Post-Conflict Settings: The Case of Northern Uganda

Breaking New Ground: Integrating Gender into CARE's STEP Program in Vietnam

Emergency Planning for ART Access in Conflict and Post-Conflict Settings: Post-election Violence in Kenya

Getting in the Door: Home-Based HIV Testing and Counseling in Kenya

"It Makes Me Want to Come Back Here": Silom Community Clinic's Approach to HTC among MSM in Thailand

Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand

Reports:

Co-trimoxazole Management and Availability

Draft Capacity Assessment Tool: Transitioning Management and Leadership of PEPFAR HIV Care and Treatment Programs to Local Partners Introduction

Draft Capacity Assessment Tool: Transitioning Management and Leadership of PEPFAR HIV Care and Treatment Programs to Local Partners

Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa

Program Guide for Integrating GBV Prevention and Response in PEPFAR Programs

AIDSTAR-One Annual Survey 2011

AIDSTAR-One Annual Report 2011

AIDSTAR-One Semi-Annual Report 2010-2011

Prevention Programming for Most-at-Risk Populations Event Report

Scaling Up the Response to Gender-based Violence in PEPFAR Event Report

Literature Review on Program Strategies and Models of Continuity of HIV/MNCH Care

Reducing Alcohol-related HIV Risk in Katutura, Namibia: A Multi-level Intervention

Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV

AIDSTAR-One Semi-Annual Report
October 2011 – March 2012

Alcohol and Risky Sex: Breaking the Link

Disposal of Expired ARVs and Test Kits in Nigeria: How Scrubbing and Quenching Became an Important Part of the Health Care Waste Management Process

Strategy Development for Improving Safe Phlebotomy Practices in Nigeria

Ensuring the Availability of Safe Injection Commodities in Nigeria

Technical Briefs:

Human Rights Considerations in Addressing HIV among Men who Have Sex with Men

Permaculture Design for Orphans and Vulnerable Children Programming

WHO's 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned

4.0 MAJOR ACCOMPLISHMENTS—CENTRALLY FUNDED

4.1 Introduction

Central funds for AIDSTAR-One now represent 51 percent of all funding obligated to AIDSTAR-One to date, and are allocated across various technical program areas. These areas correlate to PEPFAR TWGs that coordinate U.S. Government efforts in each of these technical program areas. AIDSTAR-One staff work closely with each PEPFAR TWG to develop AIDSTAR-One's workplans and routinely communicate and meet with TWGs to discuss project implementation and progress.

This section presents major accomplishments during the first six months of FY 2012 for six technical areas:

- Prevention: General, Most-at-Risk Populations and Voluntary Medical Male Circumcision
- Adult/Pediatric Treatment and Prevention of Mother-to-Child Transmission
- HIV Testing and Counseling
- Orphans and Vulnerable Children
- Care and Support
- Gender

4.2 Prevention: General Population and Youth, Most-at-Risk Populations, and Voluntary Medical Male Circumcision

Summary and Major Accomplishments

With continued support from the General Population & Youth (GP&Y), Most-at-Risk Populations (MARPs), and Male Circumcision PEPFAR Technical Working Groups (TWGs), the Prevention Team completed a full slate of technical assignments with several major accomplishments, as described in the following text.

Status of Workplan Activities

1. Prevention on the AIDSTAR-One Website

During the first half of FY 2012, 17,942 unique visitors from 183 countries visited the prevention section of the website. Twenty-nine percent of these visitors were from Africa. The HIV Prevention Knowledge Base remains the most accessed resource on the AIDSTAR-One

website. Overall, 15% (22,188) of all AIDSTAR-One unique pageviews were to the Prevention Knowledge Base, and four of the top 10 webpages during this reporting period were Prevention Knowledge Base topic pages. The Prevention Knowledge Base was accessed by 9,783 unique visitors from 159 countries during this reporting period, and 32% of visitors were from Africa. As of March 2012, the HIV Prevention Knowledge Base included 29 topics. The most accessed topics included Multiple and Concurrent Partnerships, Mass Media and HIV Prevention, and Structural Approaches to HIV Prevention. Two new entries were posted during the reporting period: 1) Diagnosis and Treatment of Sexually Transmitted Infections, and 2) HIV Testing and Counseling as Prevention.

In accordance with the FY 2012 Workplan, several Prevention Knowledge Base entries have undergone major or minor revisions and updated the following sections online during the reporting period:

- Antiretroviral Therapy as an HIV Prevention Strategy
- Comprehensive Condom Use Programs
- Comprehensive Sexuality Education
- Microbicides
- Voluntary Male Medical Circumcision (VMMC).

The Prevention Team coordinated the publication of the revised VMMC section with the release of the December 2011 issue of *Public Library of Science (PLoS)*, which focused on VMMC.

Revisions to an additional five sections are underway as of March 31, 2012, with one other planned to begin shortly thereafter. Minor revisions will be made to the Prevention Knowledge Base entries as appropriate new information emerges around the 2012 International AIDS Society (IAS) conference to be held in July in Washington, DC. Through the continuous revision process and coordination with the release of seminal information on HIV prevention, the Prevention Knowledge Base remains a current, rich resource for programmers and policymakers.

2. e-Periodicals and New Media

HIV Prevention Update

Since October 2011, with support from USAID, the Prevention Team published five monthly issues of the HIV Prevention Update. As in previous years, a single issue covering December 2011 and January 2012 was published. Since this time last year, subscribers to the Prevention Update have increased 33% from 2,822 to 3,748.

The HIV Prevention Update continues to drive traffic to the website. The HIV Prevention Update is the third most accessed resource on the AIDSTAR-One website for the period October 2011-March 2012, drawing over 6,300 unique pageviews (4.3% of the site's total unique pageviews). On the day the March 2012 issue was disseminated, there was a 74% increase in both visits and absolute unique visitors compared to the same day the previous week.

Over one-third (36%) of all visits to the HIV Prevention Update webpage are generated by users coming in from Africa—an increase from 29% in FY 2011. Since October 2011, users from 118 countries have accessed the HIV Prevention Update on the AIDSTAR-One website.

The AIDSTAR-One 2012 Annual Survey demonstrated that AIDSTAR-One web users consider the HIV Prevention Update a useful publication. Of the 334 web users who responded, 84% indicated that they have used the HIV Prevention Update in their work (compared to 49% in 2011). Feedback included:

- “I’ve shared prevention updates with implementing partners to help them improve a USAID-funded HIV prevention project, as part of a project course-correction.”
- “I have used prevention updates to keep abreast in the field.”
- “The newsletter points us to relevant research, new evidence, best practices and lessons learned.”

The HIV Prevention Update is also disseminated to global health and HIV-focused listservs and through AIDSTAR-One’s social media channels. Publication of the Prevention Update on LinkedIn group pages (such as the International AIDS Society, Global Health Council, the American Public Health Association, The Global Fund to Fight AIDS, Tuberculosis and Malaria), and other public health forums has led to positive feedback, such as:

- “This is great!” (Nigeria)
- “Thanks for info, helps a lot!” (Tanzania)
- “This looks very comprehensive! Excellent work!” (Canada)
- “This is something very wonderful.” (Malawi)
- “Fantastic resource.” (USA)
- “Thanks for the great resource.” (USA)

Spotlight on Prevention

The Spotlight on Prevention is an editorial authored by a leader in the field of HIV prevention. In FY 2012, the Prevention Team will produce three Spotlights on Prevention. The first, *Eliminating Pediatric AIDS: What It Will Take and What It Will Bring* by R. J. Simonds and Laura Guay, is undergoing final review and is expected to be posted on the website in April 2012. The second Spotlight will be written by Jim Pickett of AIDS Foundation of Chicago and will cover recent developments in the rectal microbicide research. This Spotlight is expected to be posted in July 2012. The third Spotlight will cover reinvigorating condoms as an HIV prevention tool and will be posted on the AIDSTAR-One website in September 2012.

Podcasts: “Using New Media Tools to Reach Out to Hidden Men Who Have Sex with Men” AIDSTAR-One continues to identify and share innovative practices to reach communities hardest hit by the HIV epidemic. This activity will highlight programs that have reached men who have sex with men (MSM) through social media communication channels. The Prevention Team held conference calls with the members of the MSM Policy Working Group, the American Foundation for AIDS Research, and the Global Forum on MSM & HIV to share ideas on the best audiences, content, and approaches for this product. A concept note was

approved by the MARPs TWG in August 2011. The Prevention Team and the MARPs TWG identified two programs to be featured in the podcasts. The Prevention Team is currently in communication with both programs, has developed a standard interview guide, and will complete program interviews by mid-May. Information collected during these preliminary interviews will be used to select the content for inclusion in the each of the two three-minute podcasts—one on each of the two programs.

3. Debate Series on Emerging Issues in Today's HIV Response

AIDSTAR-One continues to provide logistical support to the co-sponsored USAID-World Bank debate series, Emerging Issues in Today's HIV Response. Meeting reports drafted by AIDSTAR-One remain a popular download from the AIDSTAR-One website. During this reporting period, the reports from this series were downloaded approximately 300 times, and 36% of these downloads were from visitors accessing the website from Africa.

In the first debate of this fiscal year, held in October 2012, experts discussed the topic of treatment as prevention, reflecting critical questions that came out of observational studies and a recent prospective clinical trial demonstrating the effectiveness of ART for HIV prevention. The World Bank's live video conferencing and webcasting capacity was leveraged so that over 800 people registered to participate either in person at the World Bank or from remote locations across Africa, Europe, and Latin America.

4. Mixed Epidemics in West Africa

As part of USAID's Regional Health Office Bureau's efforts to further the implementation of an HIV strategy for the West Africa region, AIDSTAR-One traveled to Burkina Faso and Togo to conduct program reviews. The study team completed interviews with 54 organizations and conducted focus group sessions with providers and clients. The data is in the process of being analyzed for inclusion in a report for the West Africa Regional Health Office. The review identified key barriers limiting access to prevention interventions as well as opportunities to scale up effective, replicable interventions. As a follow up to this activity, the Prevention Team is developing a local program planning workshop for approximately 25 key implementing partners in Burkina Faso and Togo, to be held in Ghana in early May. This workshop will be facilitated by AIDSTAR-One staff from JSI and World Education.

5. Reducing Alcohol-related HIV Risk

Through the AIDSTAR-One demonstration project, the Prevention Team continues to support PEPFAR's expanding portfolio to address alcohol-related HIV risk. In FY 2011, the Prevention Team initiated the implementation of the demonstration project Reducing Alcohol-related HIV Risk in Kabila, a small community on the outskirts of Katutura, Namibia. The project is assessing the feasibility and preliminary program outcomes of a multi-level intervention designed to reduce the prevalence of heavy drinking and alcohol-related sexual risk behavior among bar patrons. All project activities are conducted in collaboration with the Society for Family Health, a local Namibian nongovernmental organization and PEPFAR implementing partner.

Implementation of Phase 2 of the demonstration project began in late FY 2011. In the first half of FY 2012, the Prevention Team has conducted the following activities:

- Completed training for community mobilization volunteers recruited in late FY 2011
- Held a Community Action Forum and follow up meetings introducing the project and inviting input from the community to inform activities and identify areas of needed support
- Developed the *Alcohol Traders' Program Manual*, which outlines the training and ongoing mentorship and monitoring for participating bar owners and staff
- Initiated implementation of the Alcohol Traders' Program activities
- Began monitoring of Alcohol Traders' Program
- Led study tour to exchange information between the Society for Family Health and Soul City, who is also developing a similar training and mentoring project for alcohol traders in South Africa.

Over the next six months, the Prevention Team will prepare for the endline survey. Data collection for the endline survey will take place at the end of FY 2012; a final project report will be completed and an article for potential submission to a peer-reviewed journal will be drafted in October/November 2012.

6. Structural Interventions

The Prevention Team advanced efforts to operationalize structural programming at the country level through three broad activities in the structural portfolio.

Position Papers

First, the team identified six authors to develop a set of position papers addressing key issues relevant to the advancement of structural prevention programming. The first four papers listed below have been drafted, and the last two are currently in development:

- Concepts and definitions relevant to the design and prioritization of structural programming in country
- Integrating structural programming into non-structural programming as we scale up what we know in other areas
- Key research gaps for structural interventions
- How to improve structural programming in the field
- Evaluating structural interventions
- USG field paper: concept notes and outlines for the USG field paper have been developed. Three USG field mission staff have responded. Leads and final selection will be confirmed in collaboration with USAID.

Structural Programming Resource Tool

Second, a resource tool for structural programming in the field is currently in development. Three countries—Mozambique, Zambia, and Namibia—have expressed interest in

participating in the development process for the tool. Once the research and desk review has been completed for the tool, AIDSTAR-One will seek virtual input from the three countries and will complete in-country field testing in Zambia.

Structural Prevention Satellite for the 2012 IAS Conference

Third, the team submitted a proposal for a satellite session to be held at the 2012 IAS conference in Washington, DC in July. This event has been approved, and the Prevention Team has initiated the selection of panelists and the coordination of event logistics.

7. 2012 IAS Conference Satellite Session on Youth

The Prevention Team is collaborating with the Africa Bureau and the HIV Testing and Counseling Teams to coordinate a satellite session to take place at the 2012 IAS conference in July. The session will focus on HIV-positive youth and their transition from adolescence to adulthood. The objective of the satellite is to broaden awareness of and discuss issues associated with an aging pediatric population; to introduce several new tools and documents that deal with key issues for children living with HIV and their continuum of care; and to provide an open forum for discussion that includes HIV-positive youth speakers. The satellite meeting will build on the February 2012 Transition to Care Meeting in Botswana, that addressed the need for improved care, treatment, and prevention services for HIV positive children as they transition from adolescence into adulthood. The Prevention Team is providing technical and operational input for the satellite session.

8. Prevention for Men Who Have Sex with Men

MSM Guidelines Dissemination Meetings (3 meetings)

The MARPs TWG asked AIDSTAR-One to support PEPFAR's dissemination of *Guidelines on Comprehensive HIV Prevention for Men Who Have Sex with Men*. The Prevention Team provided technical and logistical support to the first meeting in Johannesburg, South Africa from February 14-16, 2012. The meeting was attended by 150 participants from 22 countries. Following the meeting, the Prevention Team developed and posted a webpage featuring all meeting presentations and related documents. The meeting report is in development.

The Prevention Team continues to work closely with the PEPFAR planning committee to coordinate the second regional meeting for the Asia region to be held in June 2012. The meeting will take place in Bangkok, Thailand and will bring together representatives from approximately 24 countries. The third meeting is tentatively scheduled for October 2012 in Latin America or the Caribbean.

9. Comprehensive Approaches for People Who Inject Drugs

Case Studies on Programs for People who Inject Drugs

A case study on the Georgian Harm Reduction Network is in technical review by the Prevention Team and is expected to be completed in May/June 2012.

CDC Toolkit for HIV Prevention for People Who Inject Drugs

In January 2011, the MARPs TWG requested that AIDSTAR-One provide assistance in finalizing the CDC-developed *Toolkit for People Who Inject Drugs*. AIDSTAR-One provided graphic design support and produced 200 CD-ROMs containing the toolkit. The Prevention Team was asked to post the toolkit on the website; however, in consultation with USAID, this element of the activity was cancelled in December 2011.

10. Prevention Interventions for Sex Workers

In the FY 2012 workplan, AIDSTAR-One proposed a case study on comprehensive prevention programs that appropriately target the needs, preferences, and communication channels of sex workers. The proposed case study will examine the Targeted Outreach Project in Myanmar, which is implemented by PSI. This program was selected from a matrix developed in conjunction with the Spotlight on Prevention, *A Holistic Approach to HIV Prevention Programming for Female Sex Workers*, published in August 2011. A full concept note was developed and approved and field work is scheduled to begin in May 2012.

11. Voluntary Medical Male Circumcision

In June of FY 2011, AIDSTAR-One launched the voluntary medical male circumcision (VMMC) advocacy video, "In It to Save Lives: Scaling Up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Public Health Impact." The video targets national leaders and decision makers in the 14 priority countries in Southern and Eastern Africa where there is high HIV prevalence and low male circumcision coverage.

AIDSTAR-One continues to support broad dissemination of the VMMC advocacy video. Since October 2011, the video has been viewed online 1,463 times (3,695 times since launch in June 2011) with views from over 84 countries, including 14 in Africa (108 countries since launch, including 21 in Africa). The video has been downloaded 68 times during this reporting period (210 total downloads since launch); approximately half of these downloads were from visitors accessing the website from Africa.

The film was also embedded on the AIDSTAR-One website and Richard Branson's blog on Virgin.com. Since October 2011, 564 visitors have watched the film on filmmaker Lisa Russell's blog (806 visitors since launch). The Gates Foundation also highlighted the film, which has been played 42 times on their website since launch. Visitors to the Male Circumcision Clearinghouse have viewed the video 399 times during this reporting period (484 times since launch). AIDSTAR-One has also disseminated over 760 hard copies of the DVD since October 2011 (5,144 hard copies since launch).

Additionally, AIDSTAR-One provided the following technical and logistical support for VMMC at the International Conference on AIDS and STIs (ICASA) which took place in Ethiopia the first week of December 2011.

- Revised and expanded AIDSTAR-One's PKB entry on VMMC (see the "Prevention on the AIDSTAR-One Website" section)

- Developed, printed and disseminated bookmarks that included a hyperlink to the VMMC PKB and other critical VMMC resources
- Provided logistical support for 35 participants to attend a pre-ICASA consultation meeting to review the WHO and UNAIDS Strategy for Accelerated Scale-Up of VMMC in Eastern and Southern Africa
- Provided logistical support for a high-level press conference with Ambassador Goosby, former Botswana President Mogae, and UNAIDS Executive Director Mr. Michel Sidibé; this press conference highlighted the launch of the WHO and UNAIDS strategy
- Video recorded the USG-supported VMMC satellite session, during which a supplement of the *PLoS* online journal focused on implementing VMMC was launched
- Developed a webpage on the AIDSTAR-One website for posting key VMMC materials from ICASA including video footage and photos from the press conference and satellite session, presentation slides, and the technical consultation meeting report

4.3 Adult and Pediatric Treatment, and Prevention of Mother-to-Child Transmission (PMTCT)

Summary and Major Accomplishments

During the first half of FY 2012, the Treatment/PMTCT Team worked closely with the PEPFAR Technical Working Group (TWG) and AIDSTAR-One partner organizations to complete carryover activities from the previous workplan and implement new adult, pediatric, and PMTCT initiatives. The treatment focus area on the AIDSTAR-One website had 4,104 unique visits from 127 countries, and the PMTCT focus area had 4,496 visits from 118 countries. Approximately 33 percent of treatment visitors and over 45 percent of PMTCT visitors accessed the website from Africa. Key treatment and PMTCT accomplishments include:

- A technical brief, *World Health Organization's 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned*, was completed and posted to the AIDSTAR-One website to serve as a point of reference for policymakers and program managers trying to adapt and implement revised national HIV treatment guidelines.
- Data collection for a rapid assessment of pediatric HIV treatment scale-up in Nigeria was completed. Over 1,500 pediatric and adolescent charts were reviewed and data on treatment outcomes, morbidity, and mortality were collected. Data analysis for the Nigeria assessment, as well as a Zambia assessment, is underway.
- A compendium of resources entitled, *Health Information Technology for Continuous Quality Improvement of HIV Treatment Programs*, was approved in FY 2011. The interactive version of this compendium was completed during the first half of FY 2012 and is available on the AIDSTAR-One website.

- Data collection for a comprehensive PMTCT assessment in Tanzania was completed. A detailed presentation was made to the U.S. Government team in Tanzania. An abstract entitled, *The Impact of PMTCT and MNCH Integration on Access to PMTCT Services for HIV-positive Women in Tanzania*, was accepted for presentation at the 2012 International AIDS Society conference.
- A technical brief, *HIV Treatment in Complex Emergencies, A Compendium*, which outlines best practices for maintaining access to antiretroviral therapy (ART) in emergency settings and details the experiences of six countries, was approved by the TWG.

Status of Adult and Pediatric Treatment Workplan Activities

1. Helping PEPFAR Countries Build Contingency Plans for ART in the Event of Complex Emergencies

The AIDSTAR-One Treatment Team completed and posted to the AIDSTAR-One website two case studies highlighting best practices for providing and sustaining adult and pediatric ART in emergency settings in Kenya and Uganda in FY 2011. The Treatment Team is now completing the final case study in Cote d'Ivoire. For this case study, the Treatment Team will complete a field assessment conducting interviews with local and national government representatives, nongovernmental organizations operating in the impacted areas, and health care workers affected by violence and political conflict. This case study will be conducted in April 2012.

In addition to these case studies, a compendium of best practices in contingency planning for provision of ART in complex emergencies was approved by the TWG in March, and is currently being finalized for USAID management approval.

2. Rapid Assessment of Pediatric Care and Treatment Scale-up in Nigeria and Zambia

Though efforts to increase the number of children who have access to ART in low and middle income countries have intensified, children remain underrepresented among those accessing treatment. In the first half of FY 2012, the Treatment Team continued work on the rapid assessments of pediatric treatment scale-up in Nigeria and Zambia, for which a concept note was submitted and approved in FY 2010. The goals of these assessments are to: 1) identify barriers and facilitators in the delivery of high quality pediatric and adolescent HIV care and treatment services, 2) correlate these barriers and/or facilitators to pediatric and adolescent outcomes, including follow-up immunologic data, and 3) develop action-oriented technical assistance plans for care and treatment sites based on the findings. The results of these assessments will support and enhance knowledge of effective scale-up strategies, which is critical given the limited number of children who currently have access to care.

In the first quarter of FY 2012 data cleaning and quantitative and qualitative data analysis commenced following fieldwork conducted for the Zambia assessment in the previous

quarter. The Treatment Team is currently writing a detailed report of the findings which will be submitted to the Ministry of Health and used to inform technical assistance plans in Zambia.

In Nigeria, the AIDSTAR-One Treatment Team worked closely with the Treatment TWG, USAID Nigeria Mission, and Federal Ministry of Health to plan and implement the Nigerian assessment, which covered 23 sites in 10 states. Local data collectors were trained and tools were piloted at three pediatric treatment facilities in Abuja. Analysis of the Nigeria assessment data began in the second quarter of FY 2012 and report writing will follow in the third quarter. Once complete, the report—including action-oriented recommendations—will be submitted to the Federal Ministry of Health and to the TWG for approval. A paper detailing assessment outcomes will be prepared for submission to a peer reviewed journal.

3. Adoption and Implementation of the World Health Organization's (WHO's) 2010 Recommendations for HIV Treatment in Adults and Adolescents—Successful Strategies, Challenges, and Lessons Learned

The Treatment Team developed a technical brief to provide policymakers and program managers with a point of reference as they adapt and implement revised national HIV treatment guidelines. Approaches that worked well, challenges, and lessons learned from three regions of the world—sub-Saharan Africa (Zambia, Zimbabwe, Tanzania, and South Africa); Latin America (Guyana, Honduras, and Nicaragua); and Southeast Asia (Cambodia)—are highlighted. Links to key resources for countries revising guidelines and implementing revisions are also provided. The technical brief has been finalized and posted on the AIDSTAR-One website, and is being disseminated to U.S. Government country teams and partner organizations in the field.

4. Identifying Best Practices for Integration of HIV Care and Treatment into the General Health Care System

In countries with high HIV prevalence, HIV treatment requires a tremendous investment of different types of resources. Typically, these countries are also those with the most limited access to those resources. Country health systems not oriented to HIV services are frequently overtaxed, and the demands of adding HIV treatment services may impair capacity to provide health care. In a concept note that was approved in FY 2011, the Treatment Team proposed an assessment of one country that has begun the integration process to identify best practices and lessons learned. Mozambique has been selected by the Treatment TWG; the Treatment Team has begun discussions with the USAID/Mozambique Mission in regards to this activity. A consultant who is familiar with Mozambique has been identified and the original concept note and methodology for the case study have been revised. The Treatment Team is currently awaiting approval for travel from the USAID/Mozambique Mission.

5. Compendium of Health Information Technology for Continuous Quality Improvement of ART Related Outcomes in Low and Middle Income Countries

As HIV treatment is scaled up, monitoring and evaluating patients' quality of care and clinical outcomes is of growing importance. The Treatment Team has compiled a compendium of

monitoring and evaluation approaches currently in use in the public and private sectors, as well as research on novel health information technology and continuous quality improvement strategies. This compendium was approved by the TWG in FY 2011, and has been adapted for use as an interactive online tool and posted to the AIDSTAR-One website.

6. Pilot Capacity Assessment Tool for Use in Transitioning Management and Leadership of HIV Care and Treatment Programs to Local Partners

Increased focus on national and local ownership of HIV programs, including HIV treatment, is a critical component of the second phase of PEPFAR. These efforts include increased attention to transition of program management to country health systems and creation of a safety net to address potential challenges that may occur during the transition period. The partnership frameworks between the U.S. Government and host country partners will be critical roadmaps for addressing this expectation. A technical brief, *Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners*, was approved and posted to the AIDSTAR-One website. The Treatment Team has also developed a *Capacity Assessment Tool for Use in Transitioning Management and Leadership of HIV Care and Treatment Programs to Local Partners*. This programmatic assessment tool can be used to assess health systems' and programs' readiness for shifting greater responsibility for HIV treatment to national and district programs and will be piloted in FY 2012. The Treatment Team is currently awaiting country selection by the TWG.

7. Mental Health Pilot Project

Please refer to the Care and Support section of this report for information on this activity.

8. Toolkit for Implementation of WHO's 2009 Pediatric Treatment Guidelines

The Treatment Team completed development of the *Toolkit for Implementation of the World Health Organization's Pediatric Treatment Guidelines*. The toolkit is designed to assist program planners, country-level policymakers, and program staff working to incorporate WHO's recommendations into their local efforts. In FY 2010 and 2011, the Treatment Team began working with EnCompass and AIDSTAR-One's Knowledge Management Team to develop an interactive version of the toolkit that could be downloaded from the website and distributed via CD-ROM or flash drive. The first interactive module, based on section 2.2 of the toolkit, "Administering a Rapid Assessment of Current Site Resources," was developed and piloted at the International AIDS Conference in July 2010. An abstract describing the toolkit was accepted and presented at the International Conference on AIDS and STIs in Ethiopia in December 2011. Three additional modules on costing, supply chain management for pharmacy, and integration of services are being designed and developed. Once the three modules are completed, the toolkit will be disseminated via the AIDSTAR-One website and on CD-ROM to local partners.

9. National HIV Treatment Guidelines Database Update

Adult, adolescent, and/or pediatric national treatment guidelines for 50 countries have been summarized and posted on the AIDSTAR-One website. The national treatment guidelines database received over 1,800 unique page views in the first half of FY 2012. The summary table of HIV treatment regimens was downloaded 85 times from 17 countries during this period; up from 51 downloads in FY 2011. During the first half of FY 2012, 20 additional country guidelines have been collected and summarized. They are currently under review and will be posted to the interactive summary table on the AIDSTAR-One website in the next quarter. The Treatment Team plans to update the database again in the fourth quarter of FY 2012.

10. Retention to Care and Loss to Follow-up of Pediatric Patients

Loss to follow-up and poor retention in care have become significant challenges in the HIV-infected and -exposed pediatric cohorts. Recent studies suggest that upwards of 40% of infants and children not on ART are lost to follow-up, and 10-14% of those on ART are not retained in care. In addition, many infants who are exposed to HIV and are found to be HIV-infected are not retained in care through PMTCT and may face delays in ART initiation or be lost to follow-up entirely. Risk factors for sub-optimal retention and loss to follow-up include poor caregiver or parental involvement, lack of disclosure to the child living with HIV, advanced disease, malnutrition, lack of transportation, and stigma. Programs have also noted that a primary reason for loss to follow-up is early mortality on ART. U.S. Government leadership in Kenya has requested assistance in addressing challenges in pediatric retention, developing mechanisms to improve retention, and identifying systems to conduct defaulter tracing. AIDSTAR-One will conduct an evaluation of the Kenyan treatment program to document retention challenges as well as strategies currently in place (linkages with PMTCT, linkages with community-based organizations, defaulter tracing systems, and home-based care) to decrease loss to follow-up. Detailed recommendations and strategies to strengthen current programming such as those proposed by the Expanded Inter-Agency Task Team on the Prevention of HIV Infection in Pregnant Women, Mothers and their Children will be developed and presented to the U.S. Government team and Ministry of Health.

The concept note for a case study on strategies for reducing loss to follow-up and maximizing retention of pediatric patients in HIV treatment programs was submitted and approved by the TWG. A consultant has been identified and a field assessment is planned for May 2012.

11. Pediatric Disclosure Materials

One of the most significant challenges that health care providers, parents, and caregivers of perinatally infected children face is disclosure of HIV infection to infected children. Disclosing HIV status may cause feelings of fear and distress in children as they learn that they have a lifelong, transmissible disease. Therefore, disclosure of perinatal HIV infection is often delayed until a child is an adolescent. However, studies have shown that early disclosure leads to improved adherence to both care and treatment and promotes better long term health and clinical outcomes. At the same, support for adolescents living with HIV—whether

perinatally infected or otherwise—is an important and historically overlooked component of HIV treatment.

In September 2011 WHO published guidelines on HIV disclosure counseling for children up to 12 years of age. These guidelines provide guidance to health care workers to support caregivers with the disclosure of HIV status. The organizations South to South and Francois Xavier Bagnoud used this and other guidance to inform a set of three booklets on step-by-step disclosure for use with HIV-positive children by providers and caregivers of children living with HIV. In addition, Teen Club Botswana, operated by the Baylor International Pediatric AIDS Initiative, produced a comprehensive question and answer guide for adolescents living with HIV in Botswana. The AIDSTAR-One Treatment Team has been working with these organizations in the first half of FY 2012 in order to adapt and translate these materials for dissemination in countries with high HIV prevalence throughout the region.

12. Treatment Failure in Children and Adolescents

As access to ART for pediatric and adolescent patients is scaled-up and patients are on treatment for longer periods of time, treatment failure and the development of resistance have become increasing concerns. Treatment failure in resource-limited settings is usually determined clinically and/or immunologically given the limited availability of viral load monitoring. WHO advocates for immunologic assessment by CD4 count at a minimum of six months after the initiation of ART and every six months thereafter. However, due to access issues (e.g., transportation, lack of a caregiver, etc.) or infrastructural barriers (e.g., laboratory limitations, human resource deficits, etc.), CD4 counts are not always obtained or are delayed. Therefore, incidents of treatment failure may be missed and may be more common than has been previously noted. Few studies published in the medical literature have addressed the issue of missed failure and provided guidance to countries on how to manage this critical problem.

AIDSTAR-One has launched a study to determine the prevalence of missed HIV treatment failure, as measured by clinical, immunologic, and virologic outcomes in a clinical pediatric and adolescent cohort in Zimbabwe. The study is being completed at the University of Zimbabwe College of Health Sciences, Parirenyatwa Hospital Family Care Centre. The study components include a retrospective chart review of all children and adolescents enrolled in HIV care from January 2005 to December 2011 with an assessment of the retention rate and factors affecting attrition from care, and a cross-sectional evaluation of clinical and laboratory parameters with assessments of adherence among children and adolescents currently retained in care. The study protocol has been reviewed and approved by the Joint Research Ethics Committee at the University. The in-country research team—including the principal investigator, three data entry clerks, and three study nurses—has been recruited and contracted. The research team is preparing to initiate the retrospective chart review and enroll patients into the cross-sectional component of the study in early April. The study database is under development as well.

Status of PMTCT Workplan Activities

1. Assessment of PMTCT and Maternal, Newborn, and Child Health (MNCH) Integration

The Tanzania assessment of PMTCT/MNCH integration in U.S. Government-supported PMTCT facilities is complete, and the final report was submitted to USAID/Tanzania and the TWG for review and approval. The primary goal of the assessment is to describe and measure the level of integration of PMTCT within MNCH services in the U.S. Government-supported PMTCT program in Tanzania. The PMTCT Team, in collaboration with a Tanzanian consultant organization, collected site level data using an AIDSTAR-One developed tool at 70 facilities in 14 regions of Tanzania. Data collection was completed in November 2011. Data was analyzed and the senior technical advisor overseeing treatment and PMTCT activities travelled to Tanzania to deliver findings to the Ministry of Health, U.S. Government partners, and implementing partners in PMTCT in February 2012.

A final report has been drafted, incorporating feedback received during the presentation of findings, and is awaiting approval from the TWG and USAID/Tanzania. Once the report is approved it will be posted on the AIDSTAR-One website and disseminated. If requested, the report will inform technical assistance in Tanzania in 2012. An abstract detailing the results of this assessment was accepted for presentation at the 2012 International AIDS Society conference.

2. PMTCT Scale-up in Nigeria

The PMTCT Team began working on a comprehensive PMTCT assessment in Nigeria during FY 2012. The assessment has two goals: 1) an assessment of the U.S. Government-supported PMTCT program in Nigeria, and 2) an assessment of the impact of PMTCT and MNCH on overall program quality. Tools previously used in the aforementioned assessment in Tanzania were adapted in consultation with USAID/Nigeria. After approval by the Nigerian Ministry of Health, the protocol, tools, and other necessary items were submitted to the Institutional Review Board in early April, and are pending approval.

The PMTCT Team has begun discussions with a data management consultancy company in Nigeria used previously for the pediatric assessment, Indepth Precision. The data collection is scheduled to take place in June 2012. PMTCT Team members will conduct a training of the site assessment tools, pilot the tools with the data collection teams, and commence data collection. Following data collection, the PMTCT Team will draft a report with preliminary findings and debrief the Mission and other HIV donor organizations prior to departing Nigeria. In July, the data will be entered into an electronic database, cleaned, analyzed, and a detailed report of the findings will be developed and disseminated to stakeholders.

3. Demonstration Project Using Community Health Workers to Promote Access, Uptake, and Retention in PMTCT Services for Remote Communities

Globally, HIV is the leading cause of death for women of reproductive age and a major contributor to infant mortality. Access, uptake, and retention of HIV-positive pregnant women and their infants from pregnancy through labor, delivery, and beyond (e.g., PMTCT Continuum of Care) remain major challenges. In Tanzania specifically, vertical HIV infections from mothers to newborns account for 18% of new infections, and rates of retention in PMTCT programs are estimated to be below 50%.

The Jane Goodall Institute is one of the five key Natural Resource Management and Economic Growth partners receiving technical assistance from the AIDSTAR-One project in Tanzania on mainstreaming of HIV activities into their programming. In collaboration with the Jane Goodall Institute, and cost-shared with Tanzania field support, AIDSTAR-one has launched a demonstration project using a capacity-building strategy for community health workers in a remote district of Western Tanzania. The objective of the demonstration project is to strengthen the linkages between health facilities and communities, and promote access and uptake of PMTCT services. The capacity-building strategy includes training, supportive supervision, and the provision of basic supplies for community health workers and their facility-based supervisors. The concept note for this demonstration project was developed and approved, and in-country meetings and field visits to inform the final design of the demonstration project were completed. Baseline data was collected from a sample of 14 villages, and 10 villages were selected for inclusion in the study (7 intervention and 3 control villages). Ministry of Health and Social Welfare (MOHSW) trainers and members of the district health management team were sensitized to the demonstration project and trained on PMTCT. Using a trainer of trainers methodology, MOHSW trainers conducted a two-day PMTCT training of 35 community health workers from the seven intervention villages. Basic supplies, including bicycles, bags, umbrellas, flashlights, gum boots, solar phones, clipboards, folders, pens, and pencils, were procured and distributed to the 35 community health workers. Data collection for the first month and the first supportive supervision visits have been scheduled for early May.

4. Case Studies on Integration and Meeting the Social Support Needs of Young Children and Their Mothers

On November 8-10, 2011, AIDSTAR-One led a regional consultation entitled Meeting the HIV, MNCH Health and Social Support Needs of Mothers and Their Young Children. The consultation brought together 10 countries to share promising practices and approaches to integrating HIV, MNCH, and social support to benefit pregnant women, infants and pre-school aged children, and mothers. As a follow-on activity to this meeting and to further strengthen the continuum of health and social service needs of clients, the AIDSTAR-One PMTCT Team, with guidance from the PMTCT TWG, has selected three high-quality country abstracts from those presented and is moving forward with case studies on these programs.

The first case study will focus on a program that implemented community mother-baby pair follow-up registers to reduce attrition along the PMTCT cascade in Zambia. The second case

study will showcase a champion communities model that improved early infant diagnosis outcomes in the Democratic Republic of the Congo. The third will most likely highlight a program in Namibia which implemented a facility-based child monitoring and referral tool, equipped clinics with mobile phones for patient follow-up and appointment reminders, revised the Child Health Passport, and created a follow-up tracking system. These case studies will outline exemplary integration practices and will help to create a common understanding of the service needs for the continuum of PMTCT care and allow for the sharing of leading examples of how integration strategies are working on the ground. Once completed, these case studies will be posted on the AIDSTAR-One website.

4.4 HIV Testing and Counseling

Summary and Major Accomplishments

In the first half of FY 2012, the HIV Testing and Counseling (HTC) Team, in collaboration with the HTC Technical Working Group (TWG), has accomplished various activities aimed at providing HIV researchers, policymakers, planners, and implementers with valuable HTC resources, including completing eight deliverables. AIDSTAR-One's HTC Team has increased its online presence and exposure through product dissemination. As "Treatment 2.0" and "Treatment as Prevention" gain momentum, HTC remains the critical gateway to increasing HIV diagnosis and linkage to treatment. While global access to HTC services has improved, many people still do not know their HIV status or have access to HTC, particularly hard-to-reach or most-at-risk populations. Also, as advancements in HTC models such as provider-initiated testing and counseling (PITC) and home-based HIV testing and counseling (HBHTC) are further being implemented, AIDSTAR-One has been a key mechanism to highlighting these various HTC approaches, best practices, and programs.

Highlights of accomplishments of the first half of FY 2012 include:

- Completed and disseminated an HBHTC case study, *Getting in the Door: Home-based HIV Testing and Counseling in Kenya*. In this case study various programs' achievements provide HBHTC guidance. As a result, the case study has generated interest from several countries seeking to implement HBHTC. With the addition of this case study to the website, AIDSTAR-One offers a valuable package of HBHTC resources and tools.
- Completed and disseminated two case studies that illustrate innovative approaches to increasing HTC uptake among transgender populations and men who have sex with men (MSM) in Thailand. These case studies were also posted on the Communication Initiative Network's website and the case study, *"I'm Proud of My Courage to Test": Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand,* was translated into Spanish to provide a concrete example of effective approaches in reaching transgender populations to a wider audience.
- Finalized HBHTC and PITC resources, which are hosted on AIDSTAR-One's website.
- In April, disseminated the HTC Update highlighting the two Thailand case studies and the meeting report on rapid testing in the Asia-Pacific region to 1,965 AIDSTAR-One

subscribers. One subscriber further disseminated the Update to the IBP HIV/AIDS Monitoring and Evaluation Network (AIMEnet) listserv, in which it was sent to an additional 1,911 people from 113 countries, demonstrating the interest and value of such products.

- During this reporting period, the HTC section of the AIDSTAR-One website had 2,143 unique visitors 115 countries, 32 percent of which were from Africa.

Status of Workplan Activities

1. Provider-Initiated Testing and Counseling

The PITC literature selection was updated from 2009 to reflect the abundance of literature published since the World Health Organization PITC guidelines were released in 2007. This provides implementers, national policymakers, and program planners an evidence-base regarding the acceptability and feasibility of PITC, program design, training needs, and policy issues. The literature selection allows AIDSTAR-One website users to learn about global PITC application and integration into other clinical areas, e.g., tuberculosis screening. The literature selection was disseminated via the HTC Update distribution, which included more than 1,800 HTC Update subscribers, and via social media dissemination (including more than 50 listservs, Facebook, LinkedIn, etc.).

2. Home-based HIV Testing and Counseling

The HTC Team completed a package of HBHTC resources by finalizing and disseminating the HBHTC literature selection and *Getting in the Door: Home-based HIV Testing and Counseling in Kenya* case study, which complement existing HBHTC resources on the website. The HBHTC literature selection provides an evidence-base for program planning and implementation, and was updated to include recent research, practical experiences, and relevant abstracts from the 2011 International AIDS Society (IAS) Conference and Conference on Retroviruses and Opportunistic Infections. The HBHTC case study focuses on successes, lessons learned, and elements to ensure quality from seven of Kenya's pioneering HBHTC programs. Implementers are eager to utilize the HBHTC model, as it may reach more first time testers compared to facility-based models and remove associated barriers. However, HBHTC is not appropriate across all settings and epidemics, and various considerations must be determined prior to implementing this model. The case study also complements the recent HBHTC implementation guidance, *Planning, Implementing, and Monitoring Home-based HIV Testing and Counselling: A Practical Handbook*, by the U.S. Centers for Disease Control and Prevention (CDC), in collaboration with AIDSTAR-One. Completed and disseminated in the first half of FY 2012, the HBHTC literature selection and the case study inform and guide program planners and implementers on putting HBHTC into practice and ensuring quality.

3. HIV Rapid Testing

The HTC Team authored and disseminated the *Rapid Testing-Rapid Results: Increasing Access to HIV Testing, Results, and Services in Asia and the Pacific* technical consultation

report, which provides experiences and recommendations from key HIV rapid testing stakeholders and implementers. The technical consultation was held in Thailand in April 2011 to address HIV rapid testing implementation barriers in Asia and to provide compelling evidence on the effectiveness and efficacy of HIV rapid testing for providing HTC at point-of-care with quality, same-day results. Final review by USAID and the USAID/Regional Development Mission for Asia delayed approval and dissemination of the report. The technical consultation report was disseminated in the first half of FY 2012 across a variety of outlets to include a wider Asian audience (including AIDS-Asia, AIDS-India, SEA-AIDS, and Stigma Action Network listservs). As a result of this successful consultation, the Pan-American Health Organization requested AIDSTAR-One's involvement and participation in a South American regional HTC technical consultation in Bogotá, Colombia, April 9-12, 2012.

4. HIV Testing and Counseling for Most At-Risk Populations

The HTC team completed and disseminated two case studies capturing innovative and effective program approaches to increasing HTC uptake among MSM and transgender populations in Thailand. The first case study, *"It Makes Me Want to Come Back Here": Silom Community Clinic's Approach to HIV Testing and Counseling Among Men Who Have Sex with Men in Bangkok, Thailand*, presents how Silom Clinic provides supportive, confidential, non-judgmental, and client-centered HTC for MSM. The second case study, *"I'm Proud of My Courage to Test": Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand*, highlights the Sisters program – organized by transgender people for transgender people – which has contributed to increased HTC uptake among the transgender community. The case studies were disseminated in the first half of FY 2012 to various outlets, including targeted Asian outlets. Also, with an increased focus on transgender populations in Latin America, the Sisters case study was translated into Spanish for inclusion in the regional South American HTC meeting to be held in Colombia in April 2012. It will also be disseminated to targeted Latin American outlets and organizations. Additionally, the Sisters case study is currently being translated into Thai, at the request and expense of the Sisters program, for greater exposure to transgender populations, program planners and policy makers in Thailand.

5. Technical Assistance to the Democratic Republic of the Congo

At the start of FY 2012, the PITC technical assistance for the Democratic Republic of the Congo (DRC) was reinvigorated with the goal of completing activities by the second quarter. The following activities remain outstanding: 1) a stakeholder meeting to validate PITC training materials; 2) PITC pilot training; and 3) revision and final production of the PITC pocket guide. The HTC Team, along with USAID's HTC technical advisor, have made repeated efforts to engage USAID/DRC and the National AIDS Program (PNLS) to complete these outstanding activities. The following actions were taken: a budget for the remaining activities was agreed upon; after an exhaustive search, a regional consultant with extensive PITC experience was identified to assist with the training; and a local consultant was engaged to handle the fiscal administration for these activities.

To move forward, AIDSTAR-One is waiting for both USAID/DRC and PNLs to provide approval of the consultant, dates for activities to occur, and necessary details regarding the organization and management of the meeting and training activities. AIDSTAR-One has advised USAID/DRC and PNLs that the activities need to be completed in the next few months due to project closeout; however, no response to date has been given. AIDSTAR-One is working with the USAID HTC technical advisor to determine the best course of action to complete these activities.

6. International AIDS Society 2012 Conference Participation

AIDSTAR-One's HTC Team submitted two abstracts and one workshop to the upcoming 2012 IAS Conference in Washington, DC. In addition, AIDSTAR-One was a co-author on an abstract submitted by CDC. The HTC Team's abstracts focused on the participatory process used to write the case study on transgender populations and approach to improve HTC uptake, and the south-to-south HBHTC technical assistance to Swaziland. The workshop, submitted with CDC, centered on providing guidance and best practices in HBHTC based on the collaborative work together in this area over several years. Unfortunately, the abstracts and the workshop were not accepted. However, the CDC's abstract was accepted for poster presentation, which highlights the HBHTC implementation guidance handbook.

The HTC TWG and CDC are considering hosting an off-site event during IAS 2012 that would provide implementers and program planners an opportunity to review the HBHTC implementation guidance and learn about best practices in quality assurance and program design for this emerging HTC model.

7. African Regional Technical Consultation: HIV Testing and Counseling Update

In collaboration with the PEPFAR HTC TWG, AIDSTAR-One has submitted a concept note for approval by the Office of the Global AIDS Coordinator for the second International HIV Testing and Counseling Workshop, scheduled for September 2012 in Johannesburg, South Africa. This meeting, originally regional in scope, has evolved into a global meeting for 150 participants to move forward HTC best practices and new innovations in support of U.S. Government efforts to promote an "AIDS-free generation." The meeting is a sequel to the first PEPFAR International HTC Workshop, held in Lusaka, Zambia in 2008 which focused on HTC scale-up and universal access. Following the PEPFAR II strategic directions, this proposed global meeting aims to address issues relevant to sustainable, country-owned responses, as well as reflect implications of HTC within PEPFAR prevention guidance. The proposed workshop will provide the tools to enable countries to explore new HTC approaches, strengthen PITC, and fortify linkages to support scale-up of voluntary medical male circumcision, prevention of mother-to-child transmission, and treatment.

8. Online HIV Testing and Counseling Forum

This activity has been cancelled. Funds from this activity thus far have been designated for the participation of AIDSTAR-One's HTC technical advisor and a civil society representative with experience in prison work to attend the Pan-American Health Organization South

American regional HTC meeting to be held in Colombia in April 2102. AIDSTAR-One is working with USAID's HTC TWG to reprogram the remaining funds.

9. Linkages from HIV Testing and Counseling

This activity has been cancelled to provide the additional funds needed to conduct the global HTC technical consultation to be held in South Africa in September 2012.

4.5 Orphans and Vulnerable Children

Summary and Major Accomplishments

During the first half of FY 2012, the AIDSTAR-One Orphans and Vulnerable Children (OVC) Team focused on a number of key thematic areas: early childhood development (ECD), food and nutrition security (FNS), child safeguarding, psychosocial support, and the integration of maternal, newborn, and children health (MNCH) services with HIV. The OVC Team completed and received approval for three documents:

- *Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children: Considerations and Challenges*, which includes brief case studies from a number of promising programs
- A technical brief, *Permaculture for OVC Programmers in an HIV Context*, which overviews how permaculture can help guide communities toward permanent solutions for FNS while ensuring that these options exist harmoniously within their environment
- *A Literature Review on Program Strategies and Models of Continuity of HIV/MNCH Care for HIV-Positive Mothers and Their HIV-Positive/Exposed Children*, which assesses the existing evidence base on integrated models for HIV-positive women and their HIV-positive or -exposed infants, and focuses on health and social services necessary to provide comprehensive care.

The OVC Team also continued its work to support Keeping Children Safe to provide training for PEPFAR partners in up to six countries on developing organizational child safeguarding policies; began the process of identifying programs that focus on ECD, young OVC, and disability; began the revision process on *A Guide to Food and Nutrition Security Programming for Orphans and Vulnerable Children in an HIV Context* which addresses FNS-related impacts on vulnerable children and the families that care for them; engaged a consultant to undertake a literature review on supporting and strengthening the child/caregiver relationship, to summarize the empirically-based recommendations for supporting and strengthening positive child-caregiver relationships in the context of HIV; and began preparations for two activities that aim to improve clinical post-rape care services for children (in collaboration with the Gender Team).

Also in the first half of FY 2012, the OVC Team and Care and Support Team supported a field-driven learning meeting for U.S. Government staff and partners in Addis Ababa, Ethiopia, the PEPFAR Regional Consultation: Meeting the HIV; Maternal, Newborn, and

Child Health; and Social Support Needs of Mothers and Their Young Children. The meeting brought together leaders, including U.S. Government field and headquarters staff, representatives of national ministries of health and social service agencies, staff from multilateral and local nongovernmental organizations, people living with HIV, and various U.S. Government implementing partners.¹ Attending the meeting were 108 delegates, including over 80 participants from Cameroon, the Democratic Republic of the Congo, Ethiopia, Lesotho, Malawi, Namibia, Nigeria, South Africa, Swaziland, Uganda, and Zambia.

During this reporting period, the OVC section of the AIDSTAR-One website had 2,117 unique visitors from 116 countries (31% of visitors were from Africa).

Status of Workplan Activities

1. Early Childhood Development

Considerations and Challenges Issue Paper

During the first half of FY 2012, *Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children: Considerations and Challenges* was approved by USAID and distributed. This document provides OVC program managers with an overview of best practices in community-based ECD center programming. Community-based ECD centers can be an important focal point for delivering comprehensive services to young children while enhancing the capacity of caregivers, families, and communities to support the healthy development of young children. Within the document, four case studies are provided as examples of how OVC programs have integrated aspects of community-based ECD.

ECD Case Study on OVC and Disability

During the second quarter of FY 2012, the OVC Team began the process of identifying programs that focus on young OVC and disability. This activity replaced a previously planned ECD case study in the workplan on Hand to Hearts International. The OVC Team will submit a list of organizations and people contacted, and make recommendations on how to proceed with this case study in the third quarter of FY 2012.

2. Food and Nutrition Security

Guide to Food and Nutrition Security Programming

In FY 2011, the OVC Team developed *A Guide to Food and Nutrition Security Programming for Orphans and Vulnerable Children in an HIV Context*. This guide addresses FNS-related impacts on vulnerable children and the families that care for them. In particular, the guide describes the bi-directional relationship between HIV and FNS, and serves as a hands-on tool for programmers who have had previous experience with OVC programming in an HIV context but do not necessarily have experience programming FNS interventions. This document has been reviewed by the OVC TWG and comments have been received.

¹ Participants representing U.S. Government agencies included USAID (32 percent), the U.S. Centers for Disease Control and Prevention (19 percent), and the Office of the U.S. Global AIDS Coordinator (2 percent). Other participants included ministries of health (13 percent), implementing partners (23 percent), and multilateral and local organizations. Most participants listed their job position as technical advisor (52 percent) or program manager/implementer (28 percent).

AIDSTAR-One is currently completing the final draft for approval and anticipates submitting the final draft of this assessment to USAID in the third quarter of FY 2012.

Permaculture for OVC Programmers

During the first half of FY 2011, the document *Permaculture for OVC Programmers in an HIV Context* was approved by USAID and distributed. The technical brief was developed from an AIDSTAR-One review of promising practices in FNS programming for OVC, which revealed very few models of sustainable programming that directly impact long-term FNS for OVC and the families who care for them. One promising approach is permaculture, which is a framework that works toward sustainability of human habitats. It maximizes the use of local resources, applying ecological principles to meet human needs for food, shelter, energy, and a sense of community. In the context of OVC programming, permaculture can help guide communities toward permanent solutions for FNS while ensuring that these options exist harmoniously within their environment. However, bringing a reliable source of food and nutrition to OVC through households, schools, and other community institutions is only one aspect of what permaculture offers to OVC programming. It also teaches children about their relationship to the environment and how to meet their needs in a responsible, eco-friendly manner.

3. Child Protection

Child Safeguarding Organizational Policy Training

Throughout FY 2011 and the first half of FY 2012, the OVC Team has been working with Keeping Children Safe, an international member organization working to ensure that children are protected, on a series of child safeguarding trainings for PEPFAR partners. Following up on FY 2011 training in Ethiopia, Lesotho, Nigeria, South Africa, and Swaziland, in FY 2012 the team has planned for additional training in the Democratic Republic of the Congo, Mozambique, Haiti, and Tanzania (and possibly Uganda).

The overall aim of the training is to increase understanding of the problem of child abuse and enable participants to strengthen, develop, and implement safeguarding measures within their organizations to keep children safe. All of the sessions are delivered according to a master training plan and include a series of exercises adapted to suit the particular group of participants based on pre-training discussions with the country offices and pre-training applications and questionnaires received.

Additionally, the OVC Team submitted an abstract for a workshop at the International AIDS Society 2012 meeting, which was accepted. The workshop, *Child Safeguarding and HIV: Strengthening, Developing and Implementing Organizational Child Safeguarding Policies and Procedures*, will build the skills of leaders within the HIV field to strengthen, develop, and implement effective child safeguarding policies within HIV programs, particularly those programs targeting OVC. By the end of the workshop, participants will understand the rationale for safeguarding children; analyze their organizations' existing safeguarding measures; and outline preliminary action plans for strengthening measures.

Technical Meeting and Field Activity on Clinical Post-Rape Care for Children
Please refer to the Gender section of this report for information on this activity.

4. Psychosocial Support

Evidence and Recommendations Review

During FY 2012, the OVC Team engaged the Health Science Research Council to undertake a literature review on supporting and strengthening the child/caregiver relationship. This review will summarize the empirically based recommendations for supporting and strengthening positive child-caregiver relationships in the context of HIV. The review will seek to address critical questions: What do we know about building positive relationships between caregiver and child, and what are the key, evidence-based recommendations? The review will take a life-span approach, looking at the child's needs throughout different ages and developmental stages. It will also take a strength-based approach, identifying recommendations that emphasize and build upon the positive resources and abilities the caregiver and child possess. The first draft of the review will be submitted to AIDSTAR-One in July 2012.

5. Integration of HIV, MNCH, and Social Services

PEPFAR Regional Consultation

Please refer to the Care and Support section of this report for information on this activity.

Integration Technical Brief and Case Study

In FY2012, AIDSTAR-One has been working on a number of follow-up activities to the November meeting in Ethiopia. The OVC Team has also been working with the TWG to identify a promising practice to highlight in an integration case study, and to develop a concept note for a technical brief on integrated MNCH/HIV practices. Additionally, the workplan called for the OVC Team to provide short term technical assistance to countries attending the meeting. However, initial emails sent to country teams inquiring if there was a need for such assistance yielded no responses. The OVC Team is currently in discussion with the TWG about how to reprogram this activity and funding.

6. Granting and Reporting Assessment

Donor Level Proposal and Reporting Requirements Assessment

During FY 2011, the OVC Team developed a donor level proposal and reporting requirements assessment, which focuses on describing OVC-oriented donor proposal and reporting requirements. The assessment presents these requirements so that they can be compared to help readers identify complementary opportunities across financial and reporting systems, as well as areas for which coordination may be particularly challenging. The process has involved a systematic, in-depth review of the differences and similarities among granting and reporting requirements for five large OVC donors. The final deliverable is a matrix comparing and contrasting these differences and similarities, as well as a discussion paper highlighting key findings.

The OVC Team completed an in-depth literature review and key informant interviews, collected various related resources, and drafted a report narrative and a matrix comparing accompanying requirements. Initially this assessment included intermediary organizations, with the assumption that it is important to understand how funds flow from the donor to the intermediary groups. However, after beginning the assignment, AIDSTAR-One found it impossible to get granting and reporting forms/guidelines from the intermediary groups, despite efforts from both AIDSTAR-One and USAID requesting access to these documents. Similarly, AIDSTAR-One found that certain donor agencies did not have clear guidelines articulating their process. Another challenge was that the key informant interviews provided subjective rather than objective information, much of which was not appropriate for inclusion in the document. As a result of these challenges, the assessment was delayed. AIDSTAR-One requested a change in the scope of work to include only donor agencies in the assessment and to limit the amount of information provided by key informants, as well as to include a heavy emphasis on the literature review in order to inform readers about previous scholarship in this area.

AIDSTAR-One has submitted a final draft to USAID in November 2011 and is waiting for feedback from the TWG on how to proceed.

4.6 Care and Support

Summary and Major Accomplishments

During this work period, the AIDSTAR-One Care and Support Team continued to focus its efforts in the following strategic areas: nutrition assessment, counseling, and support (NACS); cotrimoxazole use to reduce opportunistic infections; facility-based water safety and hygiene; mental health; retention and linkages to services; integration; and palliative care. During this reporting period, the care and support section on the AIDSTAR-One website had 1,905 unique visitors from 106 countries (with 26 percent of visitors from Africa). Major accomplishments in each of these areas during the first half of FY 2012 include:

- Presenting findings from the Uganda NACS assessment and a previously completed Kenya Food-by-Prescription assessment at the 2011 International Conference on AIDS and STIs in Africa (ICASA)
- Convening a key stakeholder meeting in northern Uganda to further plan and coordinate the pilot assessment using the cotrimoxazole low-literacy educational tools for providers, community health workers, and clients (adults, children, and infants)
- Assessing the impact of the water, sanitation, and hygiene (WASH) training in Kenya, in collaboration with the relevant ministries
- Finalizing the draft WASH training manual and participant guide and posting them on the AIDSTAR-One website
- Presenting findings from the Vietnam and Uganda mental health case studies at the 2011 ICASA meeting

- Presenting findings on key mental health issues related to adolescents living with HIV at and international policy dialogue on HIV and mental health in Ottawa, Canada
- Convening a meeting of key stakeholders in Zimbabwe to further plan and coordinate the mental health and HIV integration pilot assessment at HIV treatment and care sites
- Completing a draft situational analysis that outlines the status of mental health and HIV integration in Zimbabwe
- Preparing a concept note to replicate the November 2010 retention and loss-to-follow-up consultation in Mozambique (planned to be held in East Africa)
- Convening a meeting in Ethiopia about integration entitled Meeting the HIV, MNCH, and Social Support Needs of Mothers and Their Young Children
- Preparing a palliative care link to the website of the African Palliative Care Association (APCA) from AIDSTAR-One, and posting the APCA resources, *Beating Pain: A Pocket Guide for Pain Management in Africa* (available in Portuguese and English) and *Palliative Care: A Handbook for Palliative Care* (available in French and English)
- Providing technical assistance to APCA to support its organizational development and understanding of rules and regulations associated with receiving USAID funds.

Status of Workplan Activities

1. Nutrition Assessment, Counseling, and Support

During FY 2012, AIDSTAR-One presented the combined nutrition results from the Uganda NACS assessment and the Kenya assessment at ICASA in December 2011. Both country assessments are available, providing two examples of how to improve nutritional services for people living with HIV by implementing a high-quality improvement approach. There are no anticipated future activities.

2. Cotrimoxazole and Other Palliative Drugs Supply Chain Assessment

Building on the 2011 desk review of cotrimoxazole procurement experiences in 15 countries, AIDSTAR-One developed adaptable, low-literacy, user-friendly tools for providers, community health workers, and clients to increase the use of cotrimoxazole among people living with HIV. AIDSTAR-One is currently piloting the tools (posted on the AIDSTAR-One website) in northern Uganda. The tools were well received by the Ministry of Health, the USAID Mission, and other key stakeholders during AIDSTAR-One's recent visit to Uganda. This travel allowed AIDSTAR-One to visit some of the clinics providing HIV clinical care and to hold a series of key stakeholder meetings in Gulu and Kampala. The pilot impact assessment will begin in May 2012, when the tools will be introduced to 10 clinics. Using a case-control methodology, the AIDSTAR-One team identified 10 additional control clinics so impact can be evaluated at the three-month follow-up tentatively scheduled for September 2012.

3. Facility-based Water, Sanitation, and Hygiene

AIDSTAR-One completed the revision of both the WASH training curriculum and participant resource guide, *Improving the Lives of People Living with HIV through WASH: Water,*

Sanitation, and Hygiene. Final versions of both tools are posted on AIDSTAR-One's website and are available for download.

In February 2012, AIDSTAR-One conducted an impact assessment among the seven Kenyan clinics and the staff who were trained in the February 2011 pilot of the materials. Liaising closely with the Kenya Ministry of Sanitation and Public Health, AIDSTAR-One conducted field research over a 14-day period. Initial findings show the curriculum to be relevant, adaptable, and useful for improving WASH services at the facility level in Kenya. Particular progress was shown in the implementation of small doable actions (SDAs) identified at the February 2011 training. The seven health facilities chose a total of 25 SDAs to implement. The assessment observed 17 SDAs fully implemented, 5 partially implemented, and 3 not implemented. All seven facilities reported that they strongly agreed that implementation of the SDAs helped improve WASH standards at their facilities. All trainees surveyed reported they strongly agreed that attending the AIDSTAR-One WASH curriculum training improved their WASH knowledge and also contributed to changes in their individual behavior. These initial findings will be fully analyzed and disseminated in a Kenya-specific report. The findings will also be combined into a joint report after the impact assessment is conducted in Ethiopia, the second pilot country. The Ethiopia assessment is planned for June 2012.

Throughout this process, AIDSTAR-One coordinated with and complemented the centrally funded USAID WASH-Plus efforts that are managed by FHI 360.

4. Mental Health and HIV Care and Support

During the reporting period, the Care and Support and the Treatment technical working groups collaborated on a concept note to pilot an approach to integrate mental health services into care and treatment programs in Zimbabwe. AIDSTAR-One conducted key informational interviews with seven mental health and HIV specialists with knowledge of both types of services in Zimbabwe. The results from these interviews were combined with a systematic review of the literature to prepare a draft situational analysis. This document examines the status of mental health care in Zimbabwe—identifying systems, services, and validated mental health tools that exist in the country—to determine appropriate points of integration. In the coming months, AIDSTAR-One will travel to Zimbabwe to conduct key stakeholder meetings and to identify the clinics that will take part in the pilot. The pilot is planned for June 2012; three months post-pilot training, AIDSTAR-One will conduct a rapid assessment to measure levels of integration of the tools into existing core services. To document the process and ensure global relevance, AIDSTAR-One will produce a standard operating procedure document to guide the integration process that can be adapted by other countries.

Also during this reporting period, AIDSTAR-One was invited to present at an international policy dialogue on HIV and mental health held in Canada in January. AIDSTAR-One made a presentation about the mental health issues related to adolescents living with HIV in sub-Saharan Africa. This policy dialogue will lead into a satellite session at the upcoming

International AIDS Conference in Washington in July 2012. The satellite will be funded by the Canadian Government.

5. Financial and Technical Support to the African Palliative Care Association

During the reporting period, AIDSTAR-One responded to the needs of APCA by providing technical assistance and support to strengthen staff knowledge of USAID's financial rules and regulations. This assistance provided an opportunity to strengthen APCA's financial functioning and its knowledge of and compliance with USAID financial requirements. AIDSTAR-One used an evidence-based approach that has been successful for organizations similar to APCA and is linked to the new partners in the USAID-funded Nu-PITA Project run by JSI. Specifically AIDSTAR-One conducted an organizational capacity assessment, which is an organization-wide, facilitated capacity self-assessment tool that includes items beyond finance and administration that are strongly linked to more efficient work and outputs. The final product from the assessment is an action plan for strengthening APCA's financial systems. AIDSTAR-One also conducted an in-depth financial assessment/review that included a review of the financial policies and procedures, systems, and past transactions to provide recommendations for the future. Five APCA staff also attended a USAID Rules and Regulations course. The report and action plan resulting from this work are currently being finalized and will be available at APCA's grant end of April 13, 2012. AIDSTAR-One continues to work with APCA to ensure that the final reporting process, both technical and financial, is smooth and meets required deadlines. AIDSTAR-One continues to develop a comprehensive dissemination and marketing plan for tools and materials developed under this grant, using AIDSTAR-One knowledge management functions.

6. Regional Workshops

Retention and Linkages

During FY 2012, AIDSTAR-One shifted from planning for follow-on technical assistance for key countries based on the November 2010 action planning at the linkages and retention consultation in Maputo, Mozambique. Instead, it will replicate the meeting in a new geographical area. AIDSTAR-One redrafted the concept note to hold a similar consultation in Tanzania that will include representatives from Ethiopia, Kenya, Rwanda, Tanzania, and Uganda. The focus will remain on linkages and retention in HIV care and support programs for pre-antiretroviral therapy patients.

Integration

In November 2011, AIDSTAR-One convened a regional consultation entitled Meeting the HIV, MNCH, and Social Support Needs of Mothers and Their Young Children in Ethiopia. This consultation brought together 108 leaders, including U.S. Government field and headquarters staff, representatives of national ministries of health and social service agencies, staff from multilateral and local nongovernmental organizations, people living with HIV, and various U.S. Government implementing partners from Cameroon, the Democratic Republic of the Congo, Ethiopia, Lesotho, Malawi, Namibia, Nigeria, South Africa, Swaziland, Uganda, and Zambia. Twenty-one presentations shared the challenges and successes that led to improved access to and use of comprehensive services for mothers and children;

covered strategies used to introduce, evaluate, scale up, and monitor these efforts; and provided descriptions of interventions and strategies being implemented across the full spectrum of settings: diagnostic, community, antenatal care, immunization, HIV care and support, prevention of mother-to-child transmission, and orphans and vulnerable children. These state-of-the-art presentations and plenary sessions highlighted existing guidelines and evidence to better engage mothers and their children in comprehensive services for HIV, social support, and maternal, newborn, and child health, including facility- and community-based interventions, as well as linkages between the facility and community. Facilitated small-group work sessions took place each day that focused on cross-cutting issues, including human resources for health, monitoring and evaluation, linkages between facilities and community care, policy, and country ownership and sustainability. A brief evaluation showed that most participants felt that the meeting's objectives were met or exceeded. The technical working groups approved the meeting report, which AIDSTAR-One is now finalizing. The meeting presentations have been posted on the AIDSTAR-One website. AIDSTAR-One is also planning a half-day workshop in Washington to share findings with a larger U.S. Government audience; this is tentatively scheduled for May 2, 2012.

4.7 Gender

Summary and Major Accomplishments

The FY 2012 gender workplan focuses on three areas that build on the accomplishments of the previous four years of the project: implementation, integration, and documentation of PEPFAR gender strategies. The Gender Team is implementing PEPFAR gender strategies through its work on the south-to-south technical exchange and on technical considerations for clinical post-rape care of children. The gender portfolio for integrating gender strategies includes:

- Collaboration with the Prevention Team on a Latin America and Caribbean regional men who have sex with men (MSM) meeting
- Completing and disseminating the gender-based violence and HIV program guide
- Partnering with the Prevention Team to integrate a gender perspective into structural intervention work
- Planning for a technical meeting on clinical post-rape care for children
- Supporting a collaborative gender event at the 2012 International AIDS Society (IAS) Conference.

The Gender Team has worked with the Knowledge Management Team to extensively document and disseminate effective gender strategies through its gender-based violence (GBV) case study series, gender strategies in concentrated epidemics case study series, and the implementation of gender strategies in Africa case study series.

In the past six months, the Gender Team worked with other AIDSTAR-One technical teams to integrate a gender perspective across project activities. Examples include: co-authoring an issue paper for the Orphans and Vulnerable Children (OVC) Team, *Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children:*

Considerations and Challenges; reviewing and ranking monthly, technical articles for the *HIV Prevention Update*; and reviewing and providing feedback on strengthening the gender perspective of the *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV* for the Care and Support Team.

All activities in the workplan are either completed or actively moving forward. A workplan and budget modification is currently underway to reflect changes requested by the Gender Technical Working Group (TWG). Several technical resources were finalized and disseminated during this reporting period. Dissemination activities included featuring gender on the AIDSTAR-One home page; targeted e-mail blasts featuring new gender products timed with key awareness days and global health events; and sharing gender resources through AIDSTAR-One's robust dissemination and social media network. Examples of sources that featured AIDSTAR-One gender materials in FY 2012 include: the Global Health Weekly Digest, PEPFAR's Gender Fact Sheet, the Communication Initiative, AF-AIDS listserv, C-Channel, OVCSupport.net, Youth InfoNet, and USAID's Global Health News. During this reporting period, the gender section of the AIDSTAR-One website had 4,045 unique visitors from 147 countries, 22% of which were from Africa. The resources have been very well-received by AIDSTAR-One's audience, as exemplified by the following quotes from the annual survey:

- "AIDSTAR-One resources served as a technical resource for development of a training on HIV, gender and gender-based violence."
- "We developed Gender programme training guidelines and lessons."
- "We used some guidelines for MARPs programming especially gender-based violence in preparing instructional manuals for local NGOs and peer educators."
- "Utilized gender-based violence materials for a program strategic plan."
- "I have translated parts of the GBV guide into Spanish to help personnel of a well-established HIV prevention program understand the link between their work and the prevention of GBV which they will undertake in the upcoming months."

Major accomplishments during this reporting period include:

- Approval, posting, and dissemination of the GBV and HIV program guide
- At the request of the Europe and Eurasia Bureau, translating three technical resources into Russian and posting on the AIDSTAR-One website
- Completing a Spotlight on Gender, *Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV*
- Finalizing and posting nine case studies and a findings report to the AIDSTAR-One website

From the Africa Gender Compendium Case Study Series:

- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa*
- *Risky Business Made Safer—Corridors of Hope: An HIV Prevention Program in Zambian Border and Transit Towns*

- *Allowing Men to Care—Fatherhood and Child Security Project: A Program to Engage Men on HIV, Violence, and Caregiving in South Africa*
 - *Earning Their Way to Healthier Lives—Mulheres Primero (Women First): Health and Legal Training Combined with Income Opportunities Helps Rural Mozambican Women Mitigate HIV Risk*
 - *Rebuilding Hope—Polyclinic of Hope Care and Treatment Project: A Holistic Approach for HIV-Positive Women Survivors of the Rwandan Genocide*
 - *Addressing HIV and Gender from the Ground Up—Maanisha Community Focused Initiative to Control HIV: A Program to Build the Capacity of Civil Society Organizations in Kenya*
- From the Gender Strategies in Concentrated Epidemics Case Study Series
- *Breaking New Ground in Vietnam*
 - *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador*
 - *"Follow the Voice of Life": HIV Prevention and Empowerment of MSM in Orenburg, Russia*
- From the Gender-based Violence Case Study Series
- *Public Sector Response to Gender-Based Violence in Vietnam.*

Status of Workplan Activities

New Activities for FY 2012

1. Latin America and Caribbean Regional Meeting on MSM

To help in-country staff implement the May 2011 technical guidance for MSM, AIDSTAR-One will support a Latin America and Caribbean regional technical meeting. Incorporating technical panels, lectures, and interactive (e.g., practicum, breakout sessions) formats, the meeting will focus on the guidance, emphasizing key issues in the design and implementation of HIV prevention programs for MSM. The outcomes of this meeting will be country-level plans for prioritizing, introducing, and expanding MSM programmatic activities.

This activity, led by the Prevention Team, is scheduled for September 2012, tentatively in the Dominican Republic. The Gender Team will provide funding to incorporate a gender perspective throughout the meeting by supporting the participation of gender experts and adding a day focused on gender considerations for programs with MSM. Relevant case studies from the *Gender Strategies in Concentrated Epidemics* series and the technical brief *Integrating Gender into Programs for Most-at-Risk Populations* will be disseminated at this meeting. (See the Prevention section for more details.)

2. Post-Rape Care for Children

Both PEPFAR and the Global Health Initiative include a focus on monitoring and responding to GBV. The FY 2012 technical considerations provided by the PEPFAR TWGs for the FY 2012 Country Operational Plans state the importance of strengthening rape-care services,

including the provision of HIV post-exposure prophylaxis, screening and counseling for GBV, and strengthening linkages among health, legal, law enforcement, and judicial services and programs to mitigate GBV. To support PEPFAR programs to better address this critical issue, AIDSTAR-One is supporting two activities that aim to improve clinical post-rape care services for children.

Technical Meeting on Clinical Post-Rape Care for Children

This meeting, coordinated by the Office of the Global AIDS Coordinator in collaboration with the Gender, OVC, and Pediatric Treatment TWGs, will be held in Washington, DC on April 26th. AIDSTAR-One identified the venue and is leading meeting planning and logistics.

Twenty-two (22) experienced providers (clinicians and social workers), five experts from Africa (South Africa, Zimbabwe, Zambia, Kenya, and the Democratic Republic of the Congo) supported by AIDSTAR-One, and relevant professionals from PEPFAR and AIDSTAR-One will attend the meeting. Participants will review and finalize technical considerations for the delivery of clinical post-rape care for children (persons under the age of 18) in primary health care to inform the work of PEPFAR as well as partners and implementers. The resulting technical considerations will be used in the application activity described below.

AIDSTAR-One's role has been modified to include drafting the technical considerations that will be discussed during the one-day meeting and incorporating the changes agreed upon during the meeting. AIDSTAR-One will also write a brief summary report of the meeting that will be posted on the website.

Applying the Post-Rape Care for Children Technical Considerations

Using the draft technical considerations from the technical meeting described above, the Gender and OVC Teams will jointly fund and implement a learning application activity, modified from the originally proposed implementation science activity, to provide evidence for PEPFAR program managers on critical elements for effective application of clinical post-rape care services for children.

Two countries, Mozambique and Lesotho, have been identified by the Gender and OVC TWGs (increased by one from the original workplan). The field work is expected to take place from May to July 2012. In Mozambique, AIDSTAR-One will provide funding for a local consultant or team of consultants. In Lesotho, AIDSTAR-One in collaboration with the USAID Mission, will utilize a quality improvement approach to engage clinicians and providers of other services to develop and test operational strategies for full implementation of the technical considerations. This process will also gather information on the feasibility, relevance, and results of the technical considerations.

The AIDSTAR-One team is drafting a concept note, which will be submitted for approval in April. Immediately following the technical meeting, the AIDSTAR-One Team, OVC and Gender TWGs and gender focal points from Mozambique and Lesotho will meet to discuss the details and timeline for this activity in both countries, so AIDSTAR-One can move forward as soon as possible.

3. South-to-South Exchange and Assessment

South-to-south technical assistance (S2STA) is an important component of the PEPFAR strategy; S2STA aims to “foster stronger regional collaboration and south-to-south technical assistance” and “incorporate mentoring and increased technical assistance into its programming.” S2STA can be an exchange of information and skills for mutual benefit between two or more south-based organizations, or capacity building by one more expert organization to another.

Using the AIDSTAR-One *South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit* as a guide, AIDSTAR-One will facilitate S2STA for the Botswana Mission to strengthen the capacity of a local PEPFAR implementing partner to better operationalize one or more of the PEPFAR gender strategies. The implementing partner and focus of the technical exchange are being determined jointly by the Mission and the Gender TWG, which is anticipated to be finalized in April. In the meantime, AIDSTAR-One is drafting the concept note to be submitted for review in April, with work anticipated to begin in May. In consultation with the Gender TWG, it was agreed that, to ensure quality, this activity would be conducted with one country, not two, as originally planned.

4. Structural Interventions

After discussions between the Gender and Prevention TWGs, the structural intervention activity was modified to include a technical brief on the role of gender norms and gender inequalities (including gender-based violence) in structural interventions, considering the critical role and impact of gender and the gaps in evidence needed to inform development and scale-up of structural interventions. This technical brief will complement the package of resources on structural interventions being developed by the Prevention Team and will be posted to the website and distributed as part of that package. As the Prevention Team moves forward with their resources, a member of the Gender Team will participate in internal discussions on this work to provide input from a gender perspective. (See the Prevention section for more details).

AIDSTAR-One is in the process of writing a concept note for this technical brief, which will be submitted for approval in April, with the writing anticipated to begin in May. The AIDSTAR-One Gender and Prevention Teams are in communication to ensure that the technical brief aligns and complements the other papers.

5. 2012 IAS Conference

The 2012 IAS Conference will be held in Washington, DC July 22-27, 2012. The conference is the premier gathering for those working in the field of HIV, policymakers, people living with HIV, and others committed to ending the epidemic. To take advantage of this tremendous opportunity, the Gender TWG is exploring hosting a joint session with WHO on the links between gender and HIV. AIDSTAR-One’s role in this event will be determined as the details are finalized between the co-hosts. It is anticipated that AIDSTAR-One materials will be disseminated electronically and in hard copy at the conference.

6. Spotlight on Gender

This year's Spotlight on Gender was approved at the end of March and will be posted on the AIDSTAR-One website in early April. The commentary, *Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV* was written by Judith Bruce, Miriam Temin, and Kelly Hallman of the Population Council. The authors bring to light that recommended HIV prevention measures are highly impractical for the vast majority of sexually active adolescent girls in the developing world; thus, the ratio of female-to-male HIV infections among young people is persistently high. The authors suggest that programs should prioritize defining, increasing, and measuring the skills, safety strategies, and assets needed to prevent and mitigate girls' risk of HIV acquisition.

7. Maintain, Update, and Disseminate Gender-related Resources

Program managers and implementers seek information on the "how to" of gender integration, and AIDSTAR-One will continue to provide access to information through the AIDSTAR-One website and on the gender landing page. It is anticipated that in the next six months documents from other projects may be posted on the gender page of the AIDSTAR-One website, and that the project will print and disseminate gender technical resources in preparation for upcoming AIDSTAR-One-sponsored technical meetings and the 2012 IAS Conference.

Carryover Activities from FY 2010 and 2011

8. Updated GBV and HIV Program Guide

Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs was approved and posted on the AIDSTAR-One website in November 2011. The guide serves as a planning tool for program managers to use during project design, budgeting, and evaluation. It is divided into three sections—Guiding Principles, Guidelines for GBV Programming, and Addressing GBV within PEPFAR technical areas—which summarize specific action steps for integrating a GBV response into HIV programs and cite recommended resources and practical tools.

An interactive version of the guide was completed in December 2011. The Gender Team worked with the Knowledge Management Team to extensively disseminate the guide during the 16 Days of Activism against GBV. Dissemination activities for the guide included:

- Sending an email blast to subscribers of AIDSTAR-One gender emails, as well as those who asked to be notified when the interactive version was posted
- A blog was written by an AIDSTAR-One program officer on his experiences with GBV that was posted on the Global Health Council blog and The Pump
- Featuring in The Link, AIDSTAR-One's quarterly newsletter, which was sent to over 4,000 subscribers
- Being highlighted on the PEPFAR Gender Fact Sheet

- Posting on a range of websites including: Southern Africa HIV/AIDS Regional Exchange, USAID's HIV/AIDS page, Interagency Youth Working Group
- Sharing with over 50 listservs including the Interagency Gender Working Group and USAID's Global Health News
- Being referenced in a post on DIPNote, the U.S. Department of State Official blog, titled, *Gender-Based Violence and Most-At-Risk Populations for HIV: A Critical Link*, by Gender TWG members Daniela Ligiero, Sasha Mital and Diana Prieto.

In the first quarter of FY 2012 this guide was the fourth most accessed webpage on the AIDSTAR-One website and second most downloaded resource. Given that this guide has been so popular, the Gender TWG requested that AIDSTAR-One translate it into French, Portuguese and Spanish; this update will be reflected in the workplan modification. If new, relevant resources are identified by the Gender TWG during the remaining six months of the AIDSTAR-One project, they will be added to the guide, so that program managers have access to the most recent knowledge base and learning on the topic so they can strengthen their programs' response to GBV.

9. GBV Case Studies

Reducing GBV is a core principle of the PEPFAR strategy to support long-term sustainability of HIV-related prevention, treatment, care, and support programs and to scale up promising and innovative programs and practices. Given the increasing focus on GBV and the interest of program implementers in developing effective GBV programs, the Gender Team conducted three in-depth case studies to assess the sustainability of innovative GBV programs (funded by U.S. Government or other donors) in three regions. The case studies document the extent to which these programs have been sustained, expanded, or replicated; how programs are addressing challenges to implementation and securing continued funding; how programs are creating local stakeholder support; and how and if the policy environment supports service delivery. During this period, two case studies were approved: 1) *Public Sector Response to Gender-Based Violence in Vietnam*, and 2) *Civil Society and Government Unite to Respond to Gender-Based Violence in Ecuador*.

AIDSTAR-One is incorporating USAID's comments into the third case study, *Swaziland Action Group Against Abuse: Addressing Gender-based Violence within the Context of HIV* and expects to re-submit for approval in April. The summary report *Analysis of Services to Address Gender-based Violence in Three Countries* was submitted to USAID for approval in March.

10. Two Series of Gender and HIV Case Studies

The case study series, *Integrating Multiple Gender Strategies to Improve HIV Interventions: Case Studies of Programs in Africa*, aims to expand the knowledge base about how to design and implement HIV programs that seek to reduce gender-based vulnerability to HIV. These five case studies plus an accompanying findings report expand on programs included in *A Compendium of Multiple Gender Strategies in HIV and AIDS Programming: A Selection of*

Practices from Africa, completed in FY 2009. This series was approved and posted on the AIDSTAR-One website in December 2011, and includes the following:

- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa*
- *Risky Business Made Safer—Corridors of Hope: An HIV Prevention Program in Zambian Border and Transit Towns*
- *Allowing Men to Care—Fatherhood and Child Security Project: A Program to Engage Men on HIV, Violence, and Caregiving in South Africa*
- *Earning Their Way to Healthier Lives—Mulheres Primero (Women First): Health and Legal Training Combined with Income Opportunities Helps Rural Mozambican Women Mitigate HIV Risk*
- *Rebuilding Hope—Polyclinic of Hope Care and Treatment Project: A Holistic Approach for HIV-Positive Women Survivors of the Rwandan Genocide*
- *Addressing HIV and Gender from the Ground Up—Maanisha Community Focused Initiative to Control HIV: A Program to Build the Capacity of Civil Society Organizations in Kenya*

The second series, *Integrating Gender Strategies into HIV Programs for Most-at-risk Populations* (MARPs), includes a findings and recommendations report and nine case studies of programs in Cambodia, Colombia, El Salvador, India, Indonesia, Lebanon, Peru, Russia, and Vietnam. The case studies provide an in-depth look at HIV programs working in concentrated epidemics that address one or more of the five PEPFAR gender strategies as they intersect with HIV prevention, care, and treatment programs for MARPs. Six case studies and the report were approved in FY 2011. The following remaining case studies were approved and posted on the AIDSTAR-One website in November 2011, completing the series:

- *Breaking New Ground in Vietnam*
- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador*
- *"Follow the Voice of Life": HIV Prevention and Empowerment of MSM in Orenburg, Russia Case Study*

The Findings and Recommendations report, *Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations*, was the most downloaded resource in the first quarter of FY 2012.

5.0 MAJOR ACCOMPLISHMENTS—FIELD SUPPORT FUNDED

5.1 Introduction

Field support funds, from both USAID Missions and Bureaus, account for 49 percent of all funding obligated to AIDSTAR-One to date. AIDSTAR-One has received field support from 17 different field support funding units to date. Field support-funded work that either continued, or began, during the first six months of FY 2012 was conducted on behalf of the following USAID Missions/bureaus:

USAID Regional Bureaus

- Africa Bureau
- Europe and Eurasia Bureau
- Latin America and Caribbean Bureau

USAID Missions

- Central Asia Regional Mission (for work in Kyrgyzstan)
- Honduras
- Dominican Republic
- Brazil
- India
- Tanzania
- Nigeria
- Ethiopia
- Uganda
- Zambia

This section of the annual report summarizes the major accomplishments for field support activities during the first six months of FY 2012.

5.2 Africa Bureau

Summary and Major Accomplishments

During this work period, AIDSTAR-One received final approval of the second workplan from the Africa Bureau. The proposed work complements the existing Africa Bureau workplan, with a direct focus on increasing access to care, support, and treatment services among adolescents living with HIV. The outcomes from both workplans focus on providing appropriate technical guidance to improve the quality and scope of programs for adolescents living with HIV to transition toward self-care. Major accomplishments in each of these areas during the first half of FY 2012 include:

- Preparing, submitting, and finalizing the second workplan with the Africa Bureau in November 2011 to focus on creating, piloting, and assessing the *Transition Toolkit* in three countries
- Finalizing the draft of the technical brief, *Transition of Care and Other Support Services for Adolescents Living with HIV*
- Finalizing the draft of *Transition Toolkit for Care and Other Support Services for Adolescents Living with HIV*
- Supporting planning and implementation for the *Transition of Care and Other Support Services for Adolescents Living with HIV* regional consultation in Botswana
- Presenting the technical brief and the toolkit at the regional consultation in Botswana, and revising accordingly
- Identifying three countries to implement the toolkit pilot.

Status of Workplan Activities

1. Technical Brief to Guide Policy

During this reporting period, AIDSTAR-One finalized the technical brief, *Transition of Care and Support Services for Adolescents Living with HIV*, to guide policymakers and programmers working with adolescents in sub-Saharan Africa. The document provides guidance and recommendations on the process of transition for both behaviorally and vertically infected adolescents living with HIV. The draft technical brief was presented at the recent Botswana workshop. Final reviews were conducted with changes that broaden the focus to include guidance for those both behaviorally and perinatally infected. The current draft is in the final stages of review.

2. Regional Consultation to Share Knowledge in Africa

During this period, AIDSTAR-One convened a regional consultation in Botswana, from February 6 to 10, 2012. The workshop had high levels of youth participation, shared country examples of adolescents' experiences with transition, and provided a review of two deliverables: (1) the final draft technical brief, which was reviewed with consensus reached on recommendations, and (2) the *Transition Toolkit*, which was reviewed by 25 specialists after the workshop ended. Additionally key countries were selected to pilot the toolkit (Kenya, Mozambique, and Zambia). Botswana, Kenya, Mozambique, Namibia, South Africa, Uganda, Zambia, and Zimbabwe sent delegations. The report is now being finalized, and final presentations are posted on the AIDSTAR-One website.

3. Transition Toolkit to Guide Services and Programs

AIDSTAR-One finalized a draft of *Transition Toolkit for Care and Other Support Services for Adolescents Living with HIV*. This toolkit complements the technical brief and builds on current efforts within the Africa Bureau to improve the transition to self-care. The toolkit is designed to be used in a modular manner, with the goal of improving transitional services for adolescents living with HIV. The *Transition Toolkit* targets providers (community care and

clinical health care), caregivers/family, and adolescents living with HIV to strengthen the process of transition into adult care, support, and treatment services. This draft toolkit was presented at the Botswana consultation, and AIDSTAR-One facilitated a toolkit validation workshop to collect feedback for further revisions. The feedback was incorporated, and the final draft is now being reviewed by the Africa Bureau.

4. Toolkit Pilot to Strengthen Services, Programs, and Technical Skills

The toolkit will be piloted in up to three countries, along with short-term technical assistance to organize training, to provide supportive supervision, as well as to give technical guidance to implement the toolkit and assess the progress of integration into routine services. Initial inquiries to participate in the pilot were sent to Kenya, Mozambique, and Zambia. AIDSTAR-One continues to liaise and coordinate with training efforts by the United Nations Children's Fund to examine different venues to implement the toolkit training to a larger audience.

5. Program Evaluation to Determine Changes and Share Results

Three to six months after the pilot, a program evaluation will determine the impact of the training, and the integration of the toolkit into existing services. This evaluation will provide guidance leading to the finalization of the toolkit and formulate recommendations for wider use throughout Africa.

6. Continued Technical Assistance and Support

AIDSTAR-One has drafted a concept note to leverage the existing relationship with the United Nations Children's Fund to coordinate closely with its upcoming regional and in-country meetings scheduled for 2012. The concept will allow for substantive, nationally led stakeholder workshops that bring together PEPFAR, United Nations organizations, relevant ministries, and other key nongovernmental organizations to discuss the program needs of adolescents living with HIV. These jointly held meetings will present available national data and lessons from practice in the region, with the goal of catalyzing action leading to greater access to treatment, care, and support for more adolescents living with HIV. This concept note—which is currently under consideration at the Africa Bureau—responds to direction from the Bureau to hold some funds back to provide follow-on support as other needs emerge from the work outlined above.

5.3 Europe and Eurasia (E&E) Bureau

Summary and Major Accomplishments

The E&E Bureau provided funding to AIDSTAR-One to translate key documents into Russian and to disseminate those materials to USAID Missions and other stakeholders in the region. Most information and materials developed by USAID pertaining to HIV are in English (or other languages) and, therefore, information on best practices, case studies, and

advancements in prevention are not reaching the E&E region which has the fastest growing HIV epidemic.

Status of Workplan Activities

During the reporting period, three publications were selected by the Bureau and translated into Russian, including:

- Technical Guidance: Prevention for People who Inject Drugs
- Technical Brief: Integrating Gender into Programs for Most-at-Risk Populations
- Framework and Toolkit: South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies.

A final document, Policy Analysis and Advocacy Decision Model for Services for People Who Inject Drugs, is currently being translated.

A webpage on the AIDSTAR-One website is dedicated to Russian language materials, with a total of 12 documents posted. In the first half of FY 2012, there have been 168 unique pageviews of the Russian materials webpage from 17 countries including Azerbaijan, Belarus, Croatia, Kazakhstan, Kyrgyzstan, Russia, and Ukraine. The translated publications have been downloaded 62 times.

5.4 Latin America and Caribbean (LAC) Bureau

Summary and Major Accomplishments

With support provided by the Latin America and Caribbean (LAC) Bureau since FY 2008, AIDSTAR-One has been implementing a series of activities aimed at increasing understanding of most-at-risk-populations in the LAC region and issues related to programming. AIDSTAR-One has developed a technical brief and a case study on hard-to-reach men who have sex with men (MSM) in the region. AIDSTAR-One also supported the planning and implementation of a regional technical consultation held in Guatemala in December 2009 for Latin America, and another similar meeting in the Bahamas in March 2011 for the Anglophone Caribbean. The consultations provided state-of-the-art information on the HIV epidemic in the region, and showcased program strategies and models from the region aimed at preventing transmission of HIV among MARPs.

The priorities and recommendations that emerged from the technical consultations revealed areas of potential technical assistance that AIDSTAR-One can support through its technical expertise and knowledge of the LAC region. Some of the key priorities identified through the consultations included the need to invest in a minimum package of prevention services for MSM, to implement actions that create a supportive and safe environment for MARPs to access prevention services, and to increase the participation of MARPs, especially transgender populations who tend to be more marginalized, in the development of programs and policies.

Major accomplishments include:

- Prepared and submitted the FY 2012 workplan.
- Continued implementation of assessments with transgender populations and health providers in El Salvador, Guatemala, and Panama
 - Validated assessment protocol and instruments with stakeholders in Guatemala and Panama; submitted documents for review and obtained approval from the national institutional review boards (IRBs) in each country
 - Continued data collection in El Salvador
 - Initiated data collection in Guatemala
 - At the request of USAID/Nicaragua, included Nicaragua as the fourth site for the assessment.
- Continued planning of a regional technical consultation on substance use/abuse among MSM, sex workers, and people living with HIV, and the implications for HIV prevention, care, and support.
- Continued development of a technical brief on substance use among MSM, sex workers, and people living with HIV, and the implications for HIV prevention, care, and support.
- At the request of USAID/Barbados and the LAC Bureau, updated the technical brief on MSM in the Caribbean to include additional programmatic information provided by the USAID Missions in Barbados and Jamaica.
- Began collaboration with the Pan American Health Organization (PAHO) to support development of a regional strategy for comprehensive services and human rights for transgender persons in the LAC region.

Status of Workplan Activities

1. Assessment of Transgender Populations and Health Providers in El Salvador, Guatemala, and Panama

One of the identified needs from the technical consultation held in Guatemala in 2009 was the need for more research regarding access to health services by populations of MSM and transgender individuals. Transgender people, who have a high burden of HIV infection and are one of the groups at most risk for HIV in the LAC region, are often considered a sub-category of MSM. AIDSTAR-One is conducting an assessment to explore the factors that increase the vulnerability of local transgender communities, their health needs, the prevention, care, and support services available to them, and barriers to access. Health providers are included in the assessment to examine their perceptions regarding transgender people and capacity to offer quality services to various sexually diverse communities. The findings and recommendations from the assessment will be primarily used to develop a strategy to improve provider capacity to offer quality services to populations of sexual diversity. The results will also serve as a resource to develop educational materials for transgender populations. Given that the mandate of the new prevention project of USAID's Regional HIV/AIDS Program includes work with private sector providers, the information and next steps that result from the assessment will contribute to these activities.

In 2011, AIDSTAR-One began planning a needs assessment in Guatemala, El Salvador, and Panama to explore the health needs of local transgender and MSM communities, available prevention, care, and support services, and barriers to access. A desk review was conducted initially to document what is known about behaviors and other factors that put transgender and MSM individuals at risk for HIV. A mixed methodology was proposed for the assessment. Semi-structured interviews and focus groups are being used to obtain information from health providers, clients, and non-clients, enabling AIDSTAR-One to have a more comprehensive view of existing services, how they are utilized, as well as identify the barriers to accessing these services. The protocol and data collection instruments developed by AIDSTAR-One were validated in each country by the Ministry of Health, local transgender organizations, and local International Planned Parenthood Federation affiliates. The validated documents were submitted to local IRBs for approval.

IRB approval was obtained in El Salvador in September 2011 and data collection is well underway. In Guatemala, IRB approval was received in December 2011 and data collection began in February. IRB approval was recently obtained in Panama (March 2012) and data collection is anticipated to begin in May. In March, USAID/Nicaragua expressed interest in conducting a similar assessment. AIDSTAR-One agreed to include Nicaragua as the fourth site and cover costs associated with planning and implementation. USAID/Nicaragua will contribute funds (specific mechanisms to be determined by USAID/Nicaragua at a later stage) towards the follow up of assessment findings, including strategic planning with local transgender organizations, and prevention, care, and support activities targeting these communities.

Data collection teams include AIDSTAR-One staff, local consultants, and representatives from the transgender communities. Assessment findings and recommendations will be disseminated at the service delivery and policy levels, and will also guide the development of capacity building strategies for health providers and prevention, care, and support services for transgender communities.

2. Technical Consultation on HIV and Substance Use

In May 2011, AIDSTAR-One began supporting the planning of a technical consultation on substance use and HIV prevention, care, and support in Latin America. The planning committee includes the Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse, USAID (LAC Bureau and Regional Program for Central America), the Joint UN Programme on HIV/AIDS (UNAIDS), and the United Nations Office for Drugs and Crime. The three-day technical exchange will focus on substance use among MARPs and other vulnerable populations (OVPs) and its implications on HIV prevention, care, and support in Latin America. Taking into consideration the many partners in the region, such as United Nations agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the long-term follow-up activities based on the meeting outcomes and the available funding sources for such activities, the technical consultation is intended to be an interagency collaboration. As such, co-sponsorship will be sought from partners in the region.

Workshop objectives:

- Identify issues and gaps/needs related to research, advocacy, policies, and programs on substance use and HIV prevention
- Facilitate the exchange of resources and information between HIV and substance use programs
- Support ministries of health and national drug prevention programs, civil society, and other key stakeholders to design a framework for integrating substance use and HIV programming for MARPs and OVPs; participants will have a framework for action as a take-away from the technical consultation
- Identify best practices and lessons learned in substance use and HIV programs for MARPs and OVPs
- Facilitate linkages and partnerships between stakeholders, including between implementers and other donor agencies (e.g., UNAIDS, GFATM) given the limited U.S. Government funding in the region for HIV and substance use programming.

Workshop activities:

- Facilitate plenary and panel discussions with presentations of epidemiological, behavioral surveillance survey, and other data, research findings, and current programs
- Workgroup discussions and breakout sessions.

Workshop outcomes:

- Identification of best practices and lessons learned in substance use and HIV programs in Latin America and globally and how to apply them effectively to programming in Latin America and the Caribbean
- Country frameworks to address HIV and substance use programming
- U.S. Government planning for improved substance use and HIV programs with MARPs and OVPs in Latin America.

The meeting was planned for December 6-8, 2011, in Colombia, however, the planning committee decided to postpone the event until September 2012 to allow sufficient time for planning and to ensure high level participation. The venue was also changed to Guatemala because it offers an optimal geographic location for a regional meeting between Central and South America, at reasonable cost.

3. Technical Brief on Substance Use and HIV

AIDSTAR-One continued development of a technical brief focused on alcohol and other substance use and implications for HIV services in Latin America, including prevention, care, and support. A draft has been reviewed by USAID and other stakeholders and provides an overview of existing knowledge, programs, and policies, together with an identification of current gaps and recommendations for future efforts. The technical brief will be completed early in the next reporting period and initially distributed electronically. The technical brief will also form a basis for a related regional technical consultation, proposed for late in the next reporting period.

4. Support Prevention, Care, and Support Activities for Transgender Communities

Based on priorities identified through the strategic planning meetings organized in Guatemala, El Salvador, and Panama, AIDSTAR-One will support the development of prevention, care, and support activities for transgender communities. AIDSTAR-One will work closely with regional partners to identify existing opportunities where AIDSTAR-One can provide support; for example, PAHO's current efforts to develop a regional strategy to provide integrated services and protect the rights of transgender communities in the LAC region. PAHO is also planning a sub-regional consultation in Central America in June 2012 to continue building the strategy and develop a plan for implementation. Representatives from government, civil society, academia, and donor agencies from seven countries will be invited to participate in the consultation. Co-sponsors include AIDSTAR-One, USAID, REDLACTRANS, United Nations Development Programme, AIDS Healthcare Foundation, and the Inter-American Commission on Human Rights. Because participation in this consultation could potentially contribute to strategic planning efforts in the assessment countries, AIDSTAR-One will support participants from El Salvador, Guatemala, Panama, and Nicaragua.

5.5 Central Asia Regional Mission (Kyrgyzstan)

No activities have been undertaken during this reporting period. AIDSTAR-One staff is in discussion with the Mission regarding additional activities to be completed.

5.6 Honduras

Summary and Major Accomplishments

At the request of USAID/Honduras, AIDSTAR-One has provided technical assistance (TA) to the Health Secretariat as well as to the National Association of People Living with HIV/AIDS (ASONAPVSI DAH) through its field office in Honduras since FY 2009. As defined in AIDSTAR-One's FY2012 Workplan, the primary focus of the TA to the Health Secretariat is to support preparation for the implementation of the National Strategy for Integrated Care for HIV/AIDS Services, aimed at improving national capacity to provide high quality HIV/AIDS services. AIDSTAR-One/Honduras also supports the Health Secretariat in its role of President of the Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In addition, AIDSTAR-One has provided TA to strengthen the organizational and technical capacity of (ASONAPVSI DAH) through an organizational assessment as well as the development of training curricula and manuals to support self-support groups and home visits.

Major accomplishments during this reporting period include:

- Supporting the development and validation process of a facilitator's guide to guide uptake of the National Strategy for Integrated Care for HIV/AIDS Services, including a training-of-trainers (TOT) workshop.

- Facilitating training and technical assistance to support the Health Secretariat's staff in five priority regions, including budget planning to ensure that USAID-funded activities align with the current preparation phase for the National Strategy for Integrated Care for HIV/AIDS Services.
- Providing technical assistance to develop and operationalize STI and HIV service delivery assessments in the prioritized regions.
- Conducting a strategic planning workshop focused on a logical framework approach to strengthen capacity within the five prioritized regions.
- Strengthening the Health Secretariat staff's quality improvement skills to develop specific plans to implement HIV-related quality improvement activities at integrative care treatment centers.
- Providing technical assistance to prepare TOT workshops on HIV rapid testing for microbiologists and lab technicians.
- Carrying out ASONAPVSI DAH's organizational assessment through an adapted NuPITA methodology.

Status of Work plan Activities

1. Complete the preparation phase for implementation of the National Strategy for Integrated Care for HIV/AIDS Services

The following activities detail how AIDSTAR-One/Honduras is supporting the Health Secretariat with technical assistance in the preparation phase for the implementation of the National Strategy for Integrated Care for HIV/AIDS Services.

Assessment of the five prioritized geographic regions

AIDSTAR-One/Honduras provided technical assistance to the Ministry of Health's technical team to prepare, organize, and facilitate a workshop to elaborate the scope of an assessment of STI and HIV service delivery in five priority geographic regions. The workshop was carried out November 23-24, 2011, and included directors and staff from the five regions where the National Strategy will be implemented.

Recommendations from the workshop were incorporated into planning, including a toolkit to guide five institutional capacity assessments. The assessment toolkit examines the following areas: human resources, supervision, financing, planning, monitoring and evaluation, coordination, services packages, supply chain management, referral systems, regulation and licensing, quality assurance, information systems and leadership.

Developing terms for a basic package of services

AIDSTAR-One/Honduras is providing technical assistance to develop terms for a basic package of HIV-related services. During this reporting period AIDSTAR-One/Honduras held several meetings with the Health Secretariat's National AIDS Program to further develop guidance. A basic package has been elaborated for the following technical areas: health promotion, prevention, care and support across the life cycle (from children through adolescents, adults, and the elderly).

Supporting the roll out of the National Strategy for Integrated Care for STI/HIV/AIDS
AIDSTAR-One/Honduras provided technical assistance to support the roll out of the National Strategy. This activity included development of a facilitator's guide and a TOT workshop for 45 local Health Secretariat staff members and 6 national-level staff members in March 2012. The workshop objectives included: gathering feedback from participants to finalize the contents and methodology proposed within the facilitator's guide, developing an activity timeline, and identifying potential members of a national facilitator's team.

Coordination and capacity building activities with regional staff

AIDSTAR-One/Honduras has facilitated three strategic planning workshops to strengthen capacity within the five prioritized regions. Workshop locations and dates include: Bay Island Health Region December 19-20, 2011, Atlántida Health Region January 24-26, 2012, and Tegucigalpa Metropolitan Health Region February 13-15, 2012. A total of 72 of the Health Secretariat's local staff participated in these workshops.

To improve local capacity to implement HIV-related quality improvement activities in health facilities, AIDSTAR-One/Honduras developed a TOT for 29 Health Secretariat Staff to strengthen CAI staff's ability to implement quality improvement plans. The project conducted training for 21 staff members at CAI Hospital Mario Catarino Rivas and CAI Hospital San Felipe.

Technical assistance to the CCM of GFATM in Honduras

In this reporting period AIDSTAR-One/Honduras participated in the development of recommendations provided to the country coordinating mechanism (CCM) to address the cessation of activities currently supported through GFATM. The AIDSTAR-One/Honduras Country Director was invited to participate in a technical advisory group to define a comprehensive sustainability plan to assist the national authorities in addressing gaps that will result from the end of GFATM in 2014.

From December 2011 to the present, ongoing technical assistance has been provided to the Deputy Health Minister at the request of USAID/Honduras. The AIDSTAR-One/Honduras Country Director served as AIDSTAR-One's technical representative in providing assistance to the Millennium Challenge Corporation (MCC) during two visits by international consultants to finalize the revised bylaws of MCP-H 2012, which incorporate the new GFATM recommendations.

2. Improve the technical capacity of the Health Secretariat and service providers to deliver high-quality HIV services

AIDSTAR-One/Honduras is supporting the Health Secretariat in the development of technical guidelines for pilot implementation in five regions. These guidelines include the following core components:

Health services reorganization

The project's technical team is providing technical assistance to develop a health services reorganization framework. The preparation phase for strategy implementation requires

adaptations to address changes the Health Secretariat is facing as a result of the national reform process. The scope of work for this activity has been revised to increase focus on integrating reorganization framework within the National Strategy for Integrated Care for STI/HIV/AIDS.

Service delivery protocols, norms, and job aids

AIDSTAR-One/Honduras is assisting the Secretariat in revising service delivery protocols, norms, and job aids for Health Secretariat personnel as follows:

Voluntary counseling testing (VCT)

AIDSTAR-One/Honduras is working closely with National AIDS Program, AIDSTAR-Two and the Cooperative Housing Fund (CHF) in revising the RESPECT HIV prevention counseling model identified as a methodology aimed to reduce high-risk sexual behaviors and prevent new sexually transmitted infections among MARPs and the general population. The project has been participating in an ongoing process to revise the national VCT norm since FY2011.

Adult clinical care and treatment and prevention of mother to child transmission

Terms of reference have been developed to identify a qualified consultant to review the national adult clinical care and treatment and prevention of mother to child transmission norms.

Rapid HIV testing training for community health facility staff

AIDSTAR-One/Honduras is providing technical assistance to prepare a training of trainers for microbiologists and lab technicians in laboratory techniques for HIV rapid testing. Two five-day workshops were conducted with microbiologist, lab technicians, health care workers, and HIV counselors who will cascade rapid testing training in their respective regions.

3. Enhance the technical capacity of ASONAPVSI DAH to provide quality prevention, care and support services to PLHIV

During the first half of FY 2012, AIDSTAR-One/Honduras designed and developed an organizational assessment of ASONAPVSI DAH based on the locally adapted NuPITA methodology. This activity is a result of findings identified in a 2010 assessment of self-support groups and home visit services. Key stakeholders included: ASONAPVSI DAH's board of directors, technical and administrative staff, home visitors, self-support group members, OVC program implementers, breastfeeding league staff, and Cooperative Housing Fund technical staff. Based on the assessment findings, AIDSTAR-One/Honduras is providing technical assistance to strengthen organizational capacity to implement high quality home visit and self-support group's services.

AIDSTAR-One/Honduras also drafted documents to strengthen basic HIV knowledge and improve the quality of home visits and self-support groups through training manuals.

4. Improve national capacity to provide high quality HIV/AIDS services through pre-service education

AIDSTAR-One is providing technical assistance to the Health Secretariat's Human Resources Unit to coordinate this intervention with the Ministry of Education. In March 2012, the project met with the Health Secretariat's Human Resources Unit manager to plan meetings with the National AIDS Program to define the contents of curricula proposals.

5.7 Dominican Republic

Summary and Major Accomplishments

1. HIV Grants Program

In FY 2011, AIDSTAR-One prepared and issued a request for applications to competitively award new grants to Dominican nongovernmental organizations to support activities focused on HIV prevention, treatment, and/or care programs. In the first half of FY 2012, AIDSTAR-One conducted budget negotiations and a pre-award survey with preselected grantees. The final list of proposed grantees was submitted to USAID/Dominican Republic and the AIDSTAR-One Contracting Officer's Technical Representative for approval prior to signing the grants. Each nongovernmental organization grant is a fixed award obligation based on achievement of milestones rather than reimbursement of costs incurred. Twelve grants were signed in December 2011.

From December to March 2012, the U.S. Government, through AIDSTAR-One in the Dominican Republic, provided technical assistance and financial support to the 12 grantees to conduct activities in HIV prevention, care, and strengthening of the Dominican health system in 13 provinces in 22 municipalities, 27 *bateyes*, and 25 HIV comprehensive health care facilities and public hospitals. Prioritized populations are people living with HIV, orphans and vulnerable children and relatives, male and female commercial sex workers, the Dominican-Haitian population, inhabitants of *bateyes* (sugar cane plantations), men who have sex with men, and out-of-school young people.

2. Technical and Institutional Strengthening

A Technical Assistance Plan was developed based on a situational diagnosis of 12 grantees. This plan outlines AIDSTAR-One's contribution to build capacities among the grantees. Special emphasis has been given to economical sustainability strategies. Support was given for prevention activities through grantees to contribute to the national response on HIV. These activities are being monitored through six prevention PEPFAR indicators. Support was given to improve clinical care and support as defined by five PEPFAR indicators for care. Support was given for health system strengthening and health systems governance by supporting the establishment of a Public Policy on HIV/AIDS Observatory with the participation of more of 40 national organizations.

The following technical assistance activities took place during the reporting period:

- Two technical meetings on social marketing of health services offered by grantees were conducted. As an intermediate result, a working group was created with specific tasks to be accomplished within the next three months, including obtaining national authorities licensing to be integrated as part of the National Social Security System. This working group is made up of three nongovernmental organizations (PROBIEN, COALICIÓN ONGSIDA and ASOLSIDA) which have received technical assistance for the development of administrative manuals as part of their institutional strengthening process. AIDSTAR-One is creating a productive environment and providing technical support for this group to accomplish its goals. The Dominican government is also part of this group through CONAVIHSIDA (the National Council for HIV & AIDS).
- A workshop on HIV evidence-based prevention techniques was held in January 2012. The workshop included 12 AIDSTAR-One grantees and 7 FHI360 grantees. This workshop was conceived, designed, coordinated, and executed in an integrated manner with the FHI360 national team. This experience of joint and coordinated efforts helped to save resources.
- Similar coordination was used to implement a workshop on continuous care for people living with HIV, and orphans and vulnerable children and relatives.
- AIDSTAR-One provided technical assistance following these workshops and additional training to promoters from ADOPLAFAM, CEPROSH, Clínica de Familia La Romana, PROBIEN Foundation and MODEMU.
- AIDSTAR-One visited all the grantees to identify potential areas of technical assistance on administration issues, procurement, and human resources empowerment. Some of the issues addressed include: administrative and financial tasks, contributions received in-kind, a procedures manual, incentives for volunteers, and a correspondence system. In addition, AIDSTAR-One has created an internal communications mechanism for all the grantees and related audiences through Facebook as a closed group. This communications initiative will facilitate the coordination of activities, dissemination of information and pictures, as well as interaction among nongovernmental organizations and project staff. This group serves as an informal, but efficient, means of communication among grantees.

5.8 Brazil

Summary and Major Accomplishments

In September 2011, USAID/Brazil sent a scope of work requesting AIDSTAR-One support for creating sustainable access for most-at-risk populations to tuberculosis control and HIV programs in the states of Sao Paulo and Rio de Janeiro, as well as at the national level in Brasilia. This program, called Social Tech, uses social technologies (behavior change

communications, social marketing, social mobilization, social research, etc.) to create better awareness of co-infection risk, encourage health seeking behaviors, and support compliance with treatment according to directly observed treatment short-course (DOTS). In addition, the program is intended to build capacity in social technologies at the national and state level for tuberculosis control and prevention of co-infection. Social Tech is unique in its attention to the co-infection issue within large, state penitentiary systems, expanding public health services for the vulnerable population of inmates.

Major accomplishments from October 2011 through March 2012 include:

- Submitted a workplan and budget that was approved by USAID/Brazil and the AIDSTAR-One Contracting Officer's Technical Representative.
- Submitted a Performance Monitoring Plan for FY 2012 to USAID/Brazil.
- Fielded the Chief of Party and Senior Public Health Expert (Glenn Wasek, JSI Vice President) and hired a local finance and administration manager, monitoring and evaluation specialist, and program coordinator.
- Contracted with a local public health expert with USAID project experience as a consultant for technical support in Sao Paulo.
- Competed, selected, and signed a subcontract with a well-qualified local consulting firm in Brasilia with USAID project experience.
- Immediately began the project within the JSI office in Sao Paulo on October 1, 2012. Signed a lease for office space in Brasilia and completed set-up of the Brasilia office with financial/administrative systems functioning in November, 2012.
- Prepared a scope of work for community grants to be competitively awarded following an innovative two-part application process.
- Prepared and issued a request for applications in order to competitively award new grants to nongovernmental organizations in intervention areas. Received 27 applications in response to the request. Eight applications met the requirements and qualifications for further review. Three applications were approved by USAID/Brazil and AIDSTAR-One for full proposal development and scoring. Awards are expected in April 2012 with grants beginning immediately.
- Began training and intervention strategy development with key stakeholders in the National Tuberculosis Control Program, the Secretary of Health Tuberculosis Control Programs in Sao Paulo and Rio de Janeiro, Municipal Tuberculosis Control Programs, State Penitentiary Systems, civil society leaders, and other local partners working in tuberculosis control, HIV, and co-infection (Global Fund to Fight AIDS, Tuberculosis and Malaria; Pan American Health Organization; Fiocruz; Management Sciences for Health, etc.).
- Completed an assessment of ongoing intervention sites in the state of Sao Paulo, implementing the "De peito aberto" behavior change communication campaign for more effective tuberculosis control within state public health clinics and the penitentiary system. The assessment revealed a high satisfaction level with the campaign by both providers and clients.
- Completed a quantitative assessment of campaign impact in the large Franco da Roche Penitentiary using an innovative knowledge, attitude, behavior, and practice (KABP) survey and scales developed by AIDSTAR-One Brazil. The analysis revealed

statistically significant, positive change in KABP. This change was observed with both inmates and health providers in intervention units when compared across two points in time (pre- and post-campaign assessments). Significant change also occurred when analyzing two units where the campaign was conducted compared to a separate unit in the penitentiary acting as a control and without behavior change and social mobilization campaign interventions. All units at the penitentiary had regular tuberculosis clinic services provided to inmates with DOTS protocols. Results are being used by AIDSTAR-One Brazil for the next wave campaign development.

Status of Workplan Activities

1. Project Start-Up for Rapid Deployment

During the first quarter, AIDSTAR-One/Brazil established all necessary communication, financial, and administration systems and set up a functioning project office in Brasilia.

2. Staff Mobilization

All AIDSTAR-One/Brazil staff were mobilized and deployed immediately upon workplan approval in October 2011.

3. Application of Social Technologies in Building Upon and Expanding Access to Tuberculosis (DOTS) and HIV Interventions for Populations Most-at-Risk of Co-Infection

The AIDSTAR-One/Brazil Team completed a process of strategic assessment to determine the suitability of existing campaign themes and materials and a mechanism for communicating with stakeholders on various opportunities and options. Specific requirements for behavior change communication directed to co-infection will be determined through the strategy assessment and pretest of behavior change communication materials and messages.

The strategic assessment began with discussions on the “De peito aberto” campaign elements with national and state level tuberculosis control experts and nongovernmental organizations working with most-at-risk populations. In addition, the Brazil Team visited all clinic and prison level intervention sites in Sao Paulo, discussing campaign elements with providers and a sample of clients. There was very good acceptance of the “De peito aberto” campaign theme, images, and symbol by these groups of stakeholders and providers.

AIDSTAR-One/Brazil also met with Franco da Roche Penitentiary (Sao Paulo) health staff to review the ongoing campaign efforts for tuberculosis control and discuss opportunities to integrate themes of prevention of co-infection. In the first months of the project, several new events were mobilized with prisoner health agents using the “De peito aberto” materials. Penitentiary health staff reported that all prisoners in the intervention area (over 3,000 men) have received “De peito aberto” brochures. With campaign posters hanging in centralized prison locations, most prisoners are exposed to the themes and messages.

All new prisoners were given the brochures during the regular intake process and encouraged to seek health diagnosis with symptoms. In addition, the campaign's first community theater activity and community outreach efforts to prisoner families on visitation days were considered successful by the prison administration and health staff. This offers good strategic opportunities for prison campaign expansion, including on the issues of co-infection in the next phase of the project's workplan.

4. Capacity Building, Training, and Supervision in Social Technologies at the National Tuberculosis Control Program and Priority State Level

Activities for the first half of FY 2012 include completing the subcontractor competition process and progress on the impact evaluation (KABP study). In addition, the project created a strong network of partners for capacity building and intervention progress at the national and state levels. This network includes Brazilian government officials; non-profit institutions in public health, tuberculosis control, and HIV co-infection; and civil society leaders.

Subcontractor Competition Process

In the AIDSTAR-One/Brazil workplan, a local Brazilian subcontractor organization is intended to play a key role. The selection of a local subcontractor is an essential component of AIDSTAR-One's technical assistance effort in Brazil, and was completed in the first quarter of the project.

The work of the subcontractor is training and building capacity in applying social technologies (behavior change communications, social marketing, social mobilization, social media, and social research) in reducing tuberculosis and HIV co-infection among most-at-risk populations while increasing treatment compliance for tuberculosis according to DOTS protocols. The selection process began in October 2011 with the development of a detailed request for proposal. The process was completed in December 2011 and subcontractor work began early in 2012 upon USAID approval.

Impact Evaluation (KABP Study) Activities

There were a series of activities completed regarding progress in the ongoing KABP study measuring impact of the first wave of the "De peito aberto" campaign. The AIDSTAR-One Brazil Team visited Sao Paulo in October and November 2011 to present to the state and municipal secretariats of health the first application of the KABP study and validation of the final KABP study, and plan for post application at the municipal and state levels in 2012. Workshop sessions were attended by staff of the Secretary of Health Tuberculosis Control, municipal level staff, and clinical personnel from intervention and control sites. The purpose of these sessions was to review all variables included in the KABP scale, assessing patients and health professionals' responses at the municipal and state level. Revised scales are being used as the parameter for the post analysis of the AIDSTAR-One program in Sao Paulo (outcome level). Based on these sessions, the KABP questionnaires were finalized.

In addition, the KABP study was applied in Franco da Rocha Penitentiary in Sao Paulo. The AIDSTAR-One Brazil Team completed a draft report of the KABP study and presented

significant, positive impact findings to the Secretariat of Prisons Administration of Sao Paulo. Results were well received and the State Secretariat of Prisons Administration and the State Secretariat of Health in Sao Paulo continue to be very supportive of AIDSTAR-One Brazil's work in tuberculosis control and HIV co-infection with the objective of improving public health access for all prisoners.

5. Continue Support in Communication Campaign Implementation and Impact Evaluation in the State and Municipality of Sao Paulo

During the first quarter of the project, there was significant travel to all intervention sites in the state of Sao Paulo for assessment, discussion with clinic providers on campaign effectiveness and value, supportive supervision, and additional distribution of campaign materials. The AIDSTAR-One Team was pleased to find "De peito aberto" campaign posters in place at clinic sites and brochures being actively distributed both at clinic sites and at community tuberculosis control campaign events.

In November 2011, the AIDSTAR-One Project Director and AIDSTAR-One/Brazil staff visited intervention clinics. A USAID photographer accompanied staff to record a typical clinic day and the visibility of the "De peito aberto" campaign. AIDSTAR-One staff spoke with the providers and clients about clinic procedures and the campaign, and received many positive comments and appreciation for the campaign supporting the ongoing work in tuberculosis control in Guarulhos.

A series of visits and meetings were completed at the large Franco da Rocha Penitentiary with the Health Coordinator. Campaign progress was discussed as well as re-supplying communications materials and observing intervention activities. AIDSTAR-One Brazil supplied intervention strategies and community mobilization T-shirts and brochures for distribution by the 14 peer health agents, recruited from the prisoner population and trained by the health coordinator. In addition, for the first time at the prison, all new prisoners received "De peito aberto" tuberculosis control brochures and education during intake procedures. Within the next phase of the workplan, there is an excellent opportunity for using the peer health agents and integrated campaign themes including issues of tuberculosis and HIV co-infection with prisoners, one of the most-at-risk populations in Brazil. In addition, the health coordinator complemented the work of the project intervening with families of prisoners on visitation day. This created a positive atmosphere to discuss tuberculosis control both outside and inside the prison.

A series of intervention site assessments were made by AIDSTAR-One Brazil to all ongoing campaign intervention sites during the first half of FY 2012. More supportive supervision at the local level will be provided assuring that campaign materials are available and utilized at intervention sites during campaign implementation and expansion.

5.9 India

Summary and Major Accomplishments

AIDSTAR-One has continued working closely with USAID/India to accomplish two main objectives during the first half of FY 2012. The first objective is to complete and disseminate the eight documented promising practices of USAID's HIV program in India's Maharashtra, Karnataka and Andhra Pradesh states. The second is to provide technical assistance to the National AIDS Control Organization (NACO), the State AIDS Control Society (SACS), the Global Fund for AIDS, TB, and Malaria (GFATM), and US government partners in emerging technical areas.

The major accomplishments of AIDSTAR-One field support in India during the first half of FY 2012 include:

- Published the completed and approved case study on mobile clinics for reaching most-at-risk and hard-to-reach populations in Maharashtra
- Nearly completed a case study on a district-level comprehensive approach to HIV management in Maharashtra
- Nearly completed a case study on integrating HIV care, which is improving programs and the lives of people living with HIV in Maharashtra
- Nearly completed a case study on linking resources for antiretroviral therapy adherence in Karnataka
- Nearly completed a case study on a positive partnership to accelerate the integration of HIV and TB services in Karnataka
- Drafted a case study on providing technical assistance to state- and national-level HIV and AIDS services in Karnataka
- Drafted a case study on a community-based approach to HIV management among marginalized groups in Maharashtra
- Drafted a case study on micro-planning for a community-based system to ensure quality care among people living with HIV in Andhra Pradesh
- Provided technical assistance and support to the core strategy development team in preparation of the National AIDS Control Programme Phase 4 (NACP-4) document
- Provided technical assistance and support to the SACS of Uttar Pradesh (UP) in the areas of targeted prevention of HIV among MARPs; TB/HIV; integrated counseling and testing (ICT); prevention of mother-to-child transmission of HIV (PMTCT); and care, support, and treatment (CST) of people living with HIV
- Provided technical assistance and support to the SACS of Uttarkhand in the areas of ICT and CST of people living with HIV
- Prepared contracts for consultants to provide technical and administrative support to the NACO, which will begin in the next quarter.

Status of Workplan Activities

USAID approved AIDSTAR-One/India's FY 2012 workplan in December 2011. The first objective of the workplan is to complete and disseminate the eight documented promising practices of USAID's HIV program in Maharashtra, Karnataka, and Andhra Pradesh. The second is to provide technical assistance to NACO, SACS, the GFATM, and US government partners in emerging technical areas. Activities for both objectives are underway and will continue into the second half of FY 2012.

Promising Practices Documentation and Dissemination

The documentation of promising practices is being continued from activities that started during FY 2011. The documents are being developed in the form of case studies and cover eight project components: four in the state of Maharashtra, three in the state of Karnataka, and one in the state of Andhra Pradesh. During last year, seven of the eight case studies had been drafted, and field work for the eighth had been completed.

During the first half of this year, one of the case studies has been completed, approved by USAID, and published on the AIDSTAR-One website. Two of the case studies have been reviewed by the implementing projects, USAID/India, and the AIDSTAR-One KM Team. Two additional case studies have undergone review from the implementing projects and the AIDSTAR-One KM Team. All four of these case studies are in the final stages of production at the time of this report. The remaining three case studies are in various stages of revisions.

Each of the eight documents will contribute to the Indian and global knowledge base by focusing on promising practices, successful implementation, lessons learned, and recommendations for replication and scale-up for implementers.

Technical Assistance to NACO

The second objective of providing technical assistance to NACO, SACS, GFATM, and US government partners is ever-evolving, but has included several concrete activities during the first half of FY 2012. These include continued technical assistance and support for the design of the NACP-4 at the national level; the technical assistance and support of the SACS in two states (UP and Uttarakhand); and the technical assistance and support of the technical support units (TSU) in the same two states.

In continuation of the support for the design of NACP-4 that AIDSTAR-One provided during FY 2011, a technical consultant has been working with the core NACP-4 design team to prepare the official NACP-4 strategy document. The role of the core design team is to incorporate input from the thematic working groups and regional consultations that AIDSTAR-One supported last year into a final strategy document that will guide the implementation of India's government-led HIV response over the next 5 years. The technical consultant has participated in document development; met with multiple stakeholders to get their comments and feedback; and participated in the overall review of the document as it is being developed by the core team. This work is expected to continue into the next quarter.

In preparation for the end of several USAID/India HIV projects, USAID asked AIDSTAR-One to provide technical support and assistance to the SACS in UP and Uttarakhand states in northern India in December 2011. AIDSTAR-One hired three technical consultants in UP and one in Uttarakhand to work under the direction of the project directors of their respective SACS. In UP, the consultants have been working in the areas of targeted HIV prevention among MARPs, TB/HIV services, PMTCT, ICT, and CST. In Uttarakhand, the consultant has been working in the areas of ICT and CST. All consultants support the SACS in the development of workplans, annual action plans, and other reporting, and through monitoring and training visits within their technical areas throughout their respective states.

Also in December 2011, USAID requested AIDSTAR-One to take on the implementation of the TSUs in both UP and Uttarakhand. The role of the TSUs is to support the SACS to implement targeted HIV prevention interventions among MARPs through non-government organizations (NGOs); support STI diagnosis and treatment and condom distribution services; build capacity among staff implementing services; and assist the SACS with strategic planning. In January 2012, AIDSTAR-One issued a request for proposals for a subcontractor that could run the TSUs in both states. One proposal was received and after reviewing the proposal, Futures Group/India was awarded the subcontract. In accordance with their subcontract, Futures Group/India started implementing the TSUs in both states in February 2012 and continued through the end of this reporting period.

In March 2012, USAID requested AIDSTAR-One to continue providing technical assistance to the UP and Uttarakhand SACS through four technical consultants; to continue the implementation of the TSUs in both states; and to begin providing technical and administrative support directly to NACO by financing nine staff positions. AIDSTAR-One prepared the contract modifications for the SACS consultants who will continue to provide technical assistance through the next quarter. AIDSTAR-One also prepared the contracts for NACO consultants, who began activities in April 2012. In addition, AIDSTAR-One issued two new RFPs for implementing the TSU during the next quarter—one in UP, and the other for Uttarakhand. There was only one proposal response for each of the RFPs, and again, after careful review, Futures Group/India was awarded both subcontracts. In accordance with the subcontracts, Futures Group/India will continue to implement the TSUs in both states through the next quarter.

5.10 Tanzania

Summary and Major Accomplishments

As USAID/Tanzania continues to expand both the reach and impact of its HIV activities, it has collaborated with other development sectors, such as natural resource management and economic growth (NRM/EG), to support integration of HIV services into non-health services. In order to assist these partners, USAID/Tanzania identified the need to provide timely and accessible HIV programs and technical assistance to support this movement towards deeper integration efforts. It is critical to the U.S. Government to ensure that such partners have easy access to the necessary support to effectively design and implement state-of-the-art HIV care

and/or prevention programs (including those targeting orphans and vulnerable children) grounded in scientific evidence, and tailored to local contexts.

Beginning in 2009, USAID/Tanzania requested technical assistance from AIDSTAR-One to provide support to NRM/EG partners receiving HIV funding. It is expected that the technical assistance will increase the scope and scale of integrated HIV prevention, care, and orphans and vulnerable children programming in non-health sectors.

The following activities were implemented during the reporting period:

- Prepared and submitted the FY 2012 workplan
- Conducted workshops on HIV integration into non-health programs for NRM/EG partners
- Continued supporting NRM/EG partners with the implementation of HIV prevention, care, and support activities
- Continued development of two case studies focused on NRM/EG partners' integration efforts
- Designed and submitted a demonstration project.

Status of Workplan Activities

1. HIV Mainstreaming Training Workshops

During the first half of FY 2012, AIDSTAR-One supported two NRM/EG HIV mainstreaming workshops for their sub-partners. In November 2011, the Jane Goodall Institute conducted a two-day workshop for the Kigoma Vijana Development Association. During the same period, Fintrac, in collaboration with its sub-grantee the AIDS Business Coalition in Tanzania, conducted a five-day workshop for 90 peer educators from 15 horticultural companies in the Arusha region. AIDSTAR-One funded two days of the training to introduce HIV integration into horticultural activities to the peer educators. This introduction to HIV was well received by the peer educators, who promised to apply the newly acquired knowledge during their discussions with colleagues in their respective companies.

In addition, Peter Riwa, a local AIDSTAR-One Technical Advisor and consultant, participated in a training organized by Fintrac and the AIDS Business Coalition in Tanzania for human resource managers from eight horticultural companies in Arusha. The purpose of this training was to assist these companies in developing HIV policies for company staff. AIDSTAR-One took advantage of this training to introduce HIV mainstreaming strategies to participants. Although Fintrac had invited participants from 17 companies, only eight companies sent representatives. The reason given for low attendance was that the managers/chief executive officers of these companies have limited knowledge about HIV and its negative effects on their workforce. At the end of the HIV mainstreaming workshop, participants suggested that Fintrac and AIDSTAR-One should try to reach out to company directors to introduce HIV integration and obtain their support for efforts or activities introduced by the human resource managers and trained peer educators.

In collaboration with AIDSTAR-One, Fintrac also conducted a three-day HIV mainstreaming workshop for 26 peer educators. The peer educators who had earlier received HIV awareness training from Chama Cha Uzazi na Malezi Bora Tanzania were introduced to HIV mainstreaming strategies and developed workplans to guide their activities. It is anticipated that the peer educators (trainers of trainers, who will in turn train another 97 peer educators) are expected to reach over 1,000 farmers in 25 groups in the Mvomero and Mkuranga districts in the Morogoro region.

2. Continued Support to NRM/EG Partners with the Implementation of HIV Prevention, Care, and Support Activities

A local AIDSTAR-One Technical Advisor and a local consultant made several follow-up field visits to implementing partners to discuss implementation of their workplans and address issues regarding HIV mainstreaming. The team was impressed with the progress and commitment to implementing mainstreaming workplans demonstrated by the partners, especially the achievements made by Technoserve in the Iringa region. By August 2011, Technoserve had contacted PSI to provide condoms and condom vending machines in their office in Iringa and, among other activities, was revising their personnel policy manual to incorporate rights of people living with HIV and people affected by HIV as a result of the training.

3. Case Studies

In June 2011, AIDSTAR-One proposed conducting a case study focused on Jane Goodall Institute's HIV program. The concept note was approved and data collection was completed by September 2011. A draft of the case study was submitted to USAID for final review in February, and feedback was provided in mid-March. Currently the additional information requested by USAID is being integrated.

Additionally, AIDSTAR-One contracted a local consultant to work with the African Wildlife Foundation and the Longido Community Integrated Program to develop a case study to document HIV integration activities into the foundation's NRM activities. A draft concept paper was approved by USAID in October 2011. Site visits were conducted by the technical advisor and consultant to collect information in December 2011. A draft case study will be submitted to USAID for review in April 2012.

4. PMTCT Demonstration Project with the Jane Goodall Institute

Please refer to the PMTCT section of this report for information on this activity.

5.11 Nigeria

Summary and Major Accomplishments

With field support funding from USAID/Nigeria, AIDSTAR-One provides technical assistance to the Government of Nigeria to prevent the medical transmission of HIV and other blood-borne pathogens through improved injection safety in health facilities. The project works with the Government of Nigeria, the U.S. Government, the Nigeria Country Team and other PEPFAR partners to expand injection safety interventions with a focus on health facilities in Bauchi, Benue, and Sokoto states. In addition, the project continues to monitor injection safety programs in two existing catchment areas (Cross River and Lagos states) and in the Federal Capital Territory (FCT). The project has also expanded its behavior change communication activities in the area of safe male circumcision in the five aforementioned focal states and the FCT.

A hallmark of the Nigeria program is strong partnerships and collaboration with the Government of Nigeria, as well as other PEPFAR implementing partners. These partnerships encourage country ownership and strengthen the overall health system to better protect health care workers, patients, and community members.

Some of the major accomplishments during the first half of FY 2012 include the following:

- Medical personnel (4,477) were trained on injection safety (IS) and health care waste management (HCWM). Trained personnel consisted of 2,950 health workers, 1,446 waste handlers, and 81 logistics officers who were mainly pharmacists, store keepers, and ward in-charges (head of the hospital wards in the northern states)
- A clinical meeting was conducted for 34 senior health personnel (director level) at the General Hospital, Minna, Niger State, to improve on best practices in IS and HCWM in the state
- Procured and begun distribution of seed stock of IS/HCWM commodities, including reuse prevention phlebotomy commodities
- Conducted a qualitative study exploring barriers to prevention of mother-to-child transmission and safe male circumcision in the five focal states and the FCT
- Community outreach activities on IS/HCWM and safe male circumcision conducted in Bauchi and Sokoto states
- Collaborated with partners to develop a HCWM strategic framework and five-year implementation plan targeting primary health care centers for the National Primary Health Care Development Agency (NPHCDA)
- Facilitated the formation of a HCWM technical task team, as a subgroup of the National Prevention Technical Working Group (NPTWG)
- Mapping of waste treatment equipment locations in the country to help ensure health facilities meet the minimum package for HCWM
- Elemental analysis and toxicity test on the ash and brick from a past waste drive (expired antiretrovirals, test kits, and lab reagents) conducted by the National Institute for Pharmaceutical Research and Development (NIPRD).

Status of Work plan Activities

1. Commodity Management

The project is facilitating the integration of IS and HCWM commodity logistics into the harmonized health commodities logistics management information system across U.S. Government sites and Government of Nigeria partners. The project linked up federal/state ministry of health facilities and organizations directly with IS and HCWM commodities suppliers. In addition, AIDSTAR-one is currently distributing seed stock of IS and HCWM commodities to focal states and sites, including 1,000 color-coded waste bins; 90,000 color-coded bin liners; and 1,000 boots, aprons, nose masks, and heavy duty gloves.

AIDSTAR-One provided technical assistance (product selection and quantification) to Bauchi State's Ministry of Health and other implementing partners in the area of IS and HCWM commodities projection. AIDSTAR-One also facilitated and provided technical assistance in phlebotomy commodities projection/quantification, product specification, and eventual procurement and has since commenced distribution to secondary and tertiary health facilities within the reporting period.

The project is collaborating and will continue to network with the relevant implementing partners and the Government of Nigeria in promoting the policy shift from the use of standard disposable syringes to reuse prevention syringes and in promoting a bundling policy among injection safety stakeholders and other implementing partners.

2. Training and Capacity Building

The project trained a total of 4,477 medical personnel (2,950 health workers; 1,446 waste handlers; and 81 logistics officers who were mainly pharmacists, store keepers, and ward in-charges) all in the context of infection prevention and control. These trainings were conducted in 51 health facilities in 15 states and the FCT across the country.

A clinical meeting was conducted for 34 senior health personnel at the director's level in the General Hospital, Minna, Niger state, to improve on best practices in IS and HCWM in the state. Furthermore, the project continues to inaugurate and offer technical support to infection prevention control committees in health facilities of its focal areas and in other implementing partner sites across the country.

The project conducted monthly supportive supervision in all of its focal states. In addition, the project conducted training for the Nigeria Department of Defense on supportive supervision for senior military health officers to enhance supervisory skills and ensure best IS and HCWM practices in defense department sites.

3. Behavior Change Communication and Advocacy

A qualitative study exploring barriers to prevention of mother-to-child transmission and safe male circumcision was conducted in the five focal states and the FCT. The study consisted of

key informant interviews and focus group discussions among married men and women, women attending antenatal clinics, HIV-positive pregnant women, and traditional birth attendants. In addition, a workshop was held to identify relevant male circumcision issues for two states (Bauchi and Sokoto) and the FCT and come up with messages to conduct community outreach activities.

Community dialogues on IS, HCWM, and safe male circumcision were conducted in communities in focal areas in Bauchi and Sokoto states in collaboration with the Targeted States for High Impact Programs and the National Orientation Agency. Participants were influential members of the community who are able to pass relevant messages to other community members and included district heads, community heads, religious leaders (Islamic preachers and Imams), women leaders, traditional birth attendants, town criers, Wanzams (traditional circumcisers), Inguzomas (women who take care of new born babies), and youth leaders among others.

To share infection prevention and control efforts by AIDSTAR-One and within Nigeria, AIDSTAR-One participated in the Third Infection Control African Network conference in Windhoek, Namibia. The project presented a HCWM poster and papers at various sessions. The project also sponsored a member of the infection prevention and control unit of the Federal Ministry of Health HIV/AIDS Division to attend the conference and present oral and poster presentations.

The project also took part in a workshop organized by the NPTWG to review a draft implementation guide on social and behavior change communications for HIV prevention. The primary goal of the guide is to create a common understanding of the social and behavior change communications process so that implementing partners, nongovernmental and community-based organizations, and government agencies all implement HIV programs in-line with national priorities.

Information, education, and communication materials promoting oral medication, proper management of used needles, waste segregation, HCWM steps, and storage of commodities were distributed at health facilities receiving IS and HCWM training. The project continued to distribute advocacy kits to policymakers, legislators, journalists, and in the community. In addition, project staff conducted advocacy visits with Ministry of Health officials in the expansion areas of Bauchi, Benue, and Sokoto as well as existing catchment areas in Lagos, Cross River, and the FCT. This included advocacy visits to the Minister of State for Health, Head of Hospital Services Department at the Federal Ministry of Health, and the NPHCDA, among others, to encourage political support for continued IS and HCWM interventions. This ongoing advocacy has resulted in increased government ownership of budgets and programming.

4. Health Care Waste Management

The project facilitated a workshop for the development of a strategic framework and implementation plan for HCWM at the primary health care center level for the NPHCDA. The workshop drew participants from NPHCDA and their major partners including the World

Health Organization, UN Children's Fund, National Environmental Standards and Regulatory Agency, Federal Ministry of Health, Federal Ministry of Environment, and U.S. Government PEPFAR implementing partners. This was followed by a series of meetings of subgroups to fine tune the developed document and ensure each activity is budgeted. The final document and budget was presented to stakeholders by the Executive Director. Partners were requested to assist in strengthening the HCWM systems at the primary health care center level in their program areas.

AIDSTAR-One also collaborated with the NIPRD and Hospitalia Consultaire (a waste management consultancy firm) to develop a plan for a public-private partnership to ensure the use of NIPRD's high temperature rotary kiln incinerator for infectious waste for health facilities within the Abuja municipal area council and environs. A memorandum of understanding has been developed by the two parties, and arrangements are being made by NIPRD to make some repairs and changes to the incinerator that AIDSTAR-One suggested before commencing operations. This has also led to discussions with the National Environmental Standards and Regulatory Agency on a proposal for a model HCWM system for the FCT. The FCT will be used as a pilot model that will be scaled up to other states over a period. AIDSTAR-One will provide technical assistance to facilitate this new initiative and to share the best practices that worked for the Waste Management Authority in Lagos State.

AIDSTAR-One participated in the NPTWG meeting held in Kaduna, where the project presented on waste management activities including the antiretrovirals and expired test kits waste drive, and the collaboration with NPHCDA with a view to proffering solutions to waste management at primary health care center levels. The project facilitated the formation of a HCWM technical task team as a subgroup of the NPTWG.

The project began discussions/meetings with the Hospital Services Department of the Federal Ministry of Health aimed at strengthening IS and HCWM systems at tertiary facilities (i.e., Federal Medical Centers, specialist hospitals, and teaching hospitals) through training, capacity building, and technical assistance. The department expressed concern with the HCWM status of most of the facilities and is working on a training plan which they will present to the project for assistance. AIDSTAR-One also seized the opportunity to inform the department of the need to support the facilities with the requisite commodities at the end of the training.

AIDSTAR-One carried out training for field workers engaged to carry out the mapping of waste treatment equipment locations within the country. The mapping will capture the type of equipment, its capacity, status, facility name, and location to be included in a report expected to be completed in the third quarter of FY 2012.

Test results for the elemental analysis and toxicity test on the ash and brick from the past waste drive was collected from NIPRD. The short term toxicity test was carried out, and test results showed no toxic content in the ash and the brick. Elemental analysis also showed no presence of the toxic element lead in the ash or the brick.

To enable facilities to meet the minimum package for HCWM, the project visited the Usman Dan Fodio University Teaching Hospital in Sokoto to solicit its support to treat infectious waste from neighboring health facilities in their high temperature incinerator. University management expressed their willingness to assist, and the project has started discussions with the state Ministry of Health for the necessary logistics support for the relevant health facilities.

5. Monitoring and Evaluation

The final report of the baseline health facility assessment conducted at project inception was completed during the first half of FY 2012 and posted to the AIDSTAR-One website. In addition, the project published three success stories on the AIDSTAR-One website during this reporting period, on the following topics: 1) disposal of expired antiretrovirals and test kits in Nigeria, 2) strategy development for improving safe phlebotomy in Nigeria, and 3) ensuring the availability of safe injection commodities in Nigeria.

Monthly supportive supervision visits were conducted in all focal states in the focal health facilities. The project supported the inauguration of infection prevention and control committees in the General Hospitals, Calabar and Ogoja in Cross River State; General Hospitals, Apapa, Ibeju/Lekki, and Alimosho in Lagos State; and the General Hospital, Kwali in the FCT.

5.12 Ethiopia

Summary and Major Accomplishments

AIDSTAR-One in Ethiopia provides technical assistance to the Federal Government of Ethiopia in the area of infection prevention and control (IPC) in order to prevent the medical transmission of HIV and other blood-borne pathogens by promoting IPC practices, reducing unsafe and unnecessary injections, and ensuring the proper disposal of health care waste. AIDSTAR-One works to facilitate the long-term sustainability of safer practices by integrating injection safety and health care waste management (HCWM) into the wider IPC framework and through close collaboration with the Federal Ministry of Health (FMOH). The project continues to work closely with the U.S. Government Ethiopia Team to implement interventions in new public and private health facilities in two regions (Amhara and Tigray) and one city administrative council (Addis Ababa). Major accomplishments during the first half of FY 2012 include:

- Training 20 trainers and 1,873 health workers, supervisors, biomedical technicians, and waste handlers in IPC and effective teaching skills, which accounts for 93% of the annual training target. The training was provided at 80 health centers, 32 private facilities, and 10 universities.
- Training on IPC was provided to 26 media professionals, from March 12-14, 2012, in the city of Adama. The training was aimed at empowering media professionals with an accurate knowledge of reporting, informing, sensitizing, and educating communities on

IPC. The training also included sessions related to IPC and HCWM regulatory standards.

- For IPC course integration work, more than 48 main and supporting undergraduate courses of three departments were reviewed and standardized at Hawassa University and Haromaya University.
- Following the finalization of the Institutional Research Board approval process, the National IPC Commodity Needs Assessment began in January 2012. Following data collector training, health facility-based data collection was conducted between January 15 and February 7, 2012. Data was collected from 162 targeted facilities with a total of 22 data collectors, 11 supervisors, and 4 central coordinators participating.
- Approximately 400 additional IPC log books and 7,000 copies of different posters were reproduced over the six-month period. More than 11,500 copies of IPC-related behavior change communication materials (i.e., posters, brochures, pocket-size references, flyers, stickers, project briefing kits, and newsletters) were distributed to facilities during training and mentoring activities. Moreover, four different types of behavior change communication materials (diaries, table calendars, t-shirts, and pens with IPC messages) were produced and distributed to targeted audiences with the objective of promoting IPC issues among policy makers and other relevant stakeholders.
- The project also supported the FMOH in developing standard IPC and patient safety training modules. The draft module was reviewed in a three-day consultative workshop organized from October 12-14, 2011. In total, 36 experts from universities, hospitals, professional associations, and partner organizations reviewed each part of the document.

Status of Workplan Activities

1. Training and Capacity Building

AIDSTAR-One/Ethiopia has trained a total of 1,893 health workers, biomedical technicians, waste handlers, and university and college instructors on IPC, patient safety, and effective teaching strategies in this six-month period. This figure accounts for 93% of the FY 2012 trainee target, which is 2,040 (see table).

A joint mentoring exercise was conducted as part of post-training monitoring of the quality of pre-service education in target institutions. This was carried out by AIDSTAR-One/Ethiopia technical staff and trained college or university faculty members at the Hawassa College of Health Sciences, Hawassa University, and Haromaya University. The mentoring was conducted using a standardized checklist. Findings were discussed and feedback was provided.

Workshops were held for IPC content integration of undergraduate education curricula for Hawassa University and Haromaya University. Besides nursing and midwifery, the scope of this activity was expanded to include the laboratory technology department. More than 48 main and supporting undergraduate courses of the three departments were reviewed and standardized in the process.

As part of standardizing the national IPC and patient safety training in the country, the project supported the FMOH in developing a standard IPC and patient safety training module. The national IPC and patient safety technical working group has been supervising the development process. The draft module was reviewed in a three-day consultative workshop organized from October 12-14, 2011. In total, 36 experts from universities, hospitals, professional associations, and partner organizations reviewed each part of the document. The final draft of the module was tested in a training-of-trainer training organized jointly by the FMOH and the project between December 26, 2011 and January 7, 2012. Feedback from the pre-test results was incorporated and the materials have been finalized and are now ready for final formatting and printing.

Table 5. Number of health workers and waste handlers trained, by type of training (October 1, 2011–March 30, 2012)

	Amhara	Tigray	Addis Ababa	Universities /HSCs	Total
IPC/patient safety training of trainers	10	0	10	0	20
IPC for public health facilities' IPC committee members	317	52	0	0	369
IPC training for private health facilities	32	0	0	0	32
Waste handler in-service training	235	97	0	0	332
Supportive supervision training for supervisors	80	0	52	0	132
Effective teaching strategies for university staff	0	0	0	423	423
Medical equipment maintenance training for biomedical technicians	27	19	0	0	46
IPC/patient safety for university staff	0	0	0	539	539
Total	701	168	62	962	1,893
FY 2012 target					
#	810	330	100	800	2,040
%	87	51	62	120	93

2. Commodity Management

Following the finalization of the Institutional Review Board approval process, the national IPC commodity needs assessment began. Following data collector training, the health facility-based data collection was conducted between January 15 to February 7, 2012. Data was collected from 162 of 165 targeted facilities (98%) with a total of 22 data collectors, 11 supervisors, and 4 central coordinators participating. Three facilities were dropped from the sample due to inaccessibility and unavailability of key informants. In addition to the quantitative data collection, qualitative data was also collected from four hospitals through six focus group discussions.

3. Behavior Change Communication

Training on IPC was provided to 26 media professionals, from March 12-14, 2012, in the city of Adama. The training was aimed at empowering media professionals with accurate knowledge of reporting, informing, sensitizing, and educating communities on IPC. The training also included sessions related to IPC/HCWM regulatory standards. The trainees were from Amhara, Tigray, and Addis Ababa radio and TV agencies. During the training, representatives from the FMOH and the Food Medicine and Health Care Administration and Control Agency (FMHACA) presented topics on the government IPC policy framework and regulatory standards. A facility visit was also organized to improve the trainees' understanding of IPC from a practical perspective.

During the six-month reporting period, approximately 400 additional IPC log books and 7,000 copies of different posters were reproduced. More than 11,500 copies of IPC-related behavior change communication materials (i.e., posters, brochures, pocket-size references, flyers, stickers, project briefing kits, and newsletters) were distributed to facilities during training and mentoring activities. Moreover, four different types of behavior change communication materials (diaries, table calendars, t-shirts, and pens with IPC messages) were produced and distributed to targeted audiences with the objective of promoting IPC issues among policymakers and other relevant stakeholders.

4. Health Care Waste Management

Technical assistance was provided to 11 health facilities on improving their waste management infrastructure. This technical support included repair of existing incinerators and preparation of ash pits. Upon completion of the repair work, AIDSTAR-One staff provided orientation and guidance on proper use of the disposal facilities to the members of the IPC committees at each facility.

The project, in collaboration with the FMOH, provided practical hands-on training to 46 biomedical technicians on proper medical equipment maintenance and equipped the trainees with the theoretical and practical skills needed so that they can ensure the appropriate management of medical equipment in their respective regions and health facilities. This will improve adherence to instrument processing, a standard IPC procedure, and will improve the capacity of the health system in the installation, maintenance, and management of medical equipment. The training was provided in two rounds at Debrebrhan Hospital in Amhara and Ayder Referral Hospital in Tigray. The training team also travelled to Wukro and Queha hospitals and maintained equipment from the surrounding hospitals.

5. Strengthening IPC Systems and Facilities

Two rounds of capacity building workshops were organized with the FMHACA. The objective was to improve FMHACA regulatory officers' awareness on IPC standards through training. Fifty-two staff members from the main and branch offices of the organization participated in the training.

To ensure that IPC equipment and supplies are included in the national standard list for health facilities with appropriate specifications and safety features, the project assisted the FMHACA in preparing the national list and specifications for medical equipment and supplies. A workshop was hosted in which a national working group convened and drafted a list of more than 1,000 different medical supplies.

AIDSTAR-One also facilitated the adoption of hospital IPC guidelines within the primary health care unit with an aim at improving IPC governance and management. In addition, AIDSTAR-One supported the FMOH in the first implementation assessment of the reform process in pilot health centers. Data collection has been conducted and analysis is underway by the FMOH to generate findings for the enrichment of the draft health center reform guidelines document.

6. Planning, Monitoring, and Evaluation

Health facilities were mapped and prioritized for major project interventions in the two intervention regions, Amhara and Tigray. Indicator-based regional plans of actions were developed for FY 2012 and were aligned with program priorities and harmonized with the regional health bureau plans. Supportive supervision visits were conducted at 75 new target facilities using the revised supervision checklist, during which 75 HCWM guidelines and log books were distributed to target facilities.

A performance review meeting was held in early March in Bahir Dar. A total of 32 participants from the Amhara Regional Health Bureau, Western Amhara zonal health departments, woreda health offices, and selected health centers attended the meeting. The objective of the meeting was to review project performance in the area of mentoring and to recognize the best performing facilities in the area. The Adet and Addis Zemen health centers were recognized for establishing standard IPC practices through self-monitoring and budget allocation.

The AIDSTAR-One Ethiopia project shared the Ethiopian experience of AIDSTAR-One's work at the 2011 Infection Control Africa Network Conference in Windhoek, Namibia in November 2011. Logistics Advisor, Dagim Aschenaki, presented on the project's comprehensive strategy for commodity security for IPC commodities.

7. Policy Environment

AIDSTAR-One Ethiopia received an award for best performer and most reliable partner from Mekelle University. The award was given during the university's graduation ceremony at the College of Health Sciences. AIDSTAR-One's Country Director, Fekadu Dubi Abebe, received a trophy and certificate from Dr. Tedros Adhanom Ghebreyesus, the Minister of Health, in recognition of AIDSTAR-One's support in strengthening IPC and pre-service education at Mekelle University and Teaching Hospital.

5.13 Uganda

Summary and Major Accomplishments

AIDSTAR-One continued to pursue establishment of a self-sustaining centralized waste treatment and disposal facility in Eastern Uganda through a public-private partnership. Activities implemented during the reporting period focused mainly on conducting consultative meetings at the national and district levels, signing of memorandums of understanding that will govern project operations, development of business implementation and monitoring plans, training of district teams, and securing funding for transportation and disposal of health care waste. In addition, the project continued to support U.S. Government implementing partners and their local government counterparts to improve health care waste management (HCWM) practices at their sites. Major accomplishments during the first half of FY 2012 include the following:

- Several memorandums of understanding were signed among collaborating partners, including the Ministry of Health and district leadership in Mbale and Kamuli.
- A comprehensive business plan that will govern operations of the project was developed. An accompanying Project Monitoring Plan was also developed and submitted to USAID/Uganda.
- A total of 164 health facility managers were trained in HCWM knowledge and skills, mentoring, and problem solving. The trained teams will provide technical oversight to ensure compliance with best practices in HCWM at the health facility level.
- At sites supported by the Strengthening TB and HIV/AIDS District Response in Southwestern Uganda (STAR-SW) and the Uganda Health Marketing Group (UHMG), 185 health workers were trained in safe HCWM. This training was done with support from the respective projects.
- AIDSTAR-One/Uganda evaluated progress made by several U.S. Government partners at achieving recommended standards in HCWM. The reports were used by the partners as the basis for further planning.
- The project, through discussions with USAID/Uganda, secured funds to support the collection and disposal of waste generated in the six project focus districts.

Status of Workplan Activities

1. Capacity Building

In preparation for rolling out project plans, a total of 164 health facility managers from 92 health facilities were trained in HCWM knowledge and skills as well as mentoring and problem solving. The training was aimed at preparing the managers for their new role in supporting health care workers under their supervision to achieve high levels of waste segregation. Each training workshop was preceded by a pre-training field visit to help the participants gain insight into the current practices and challenges towards achieving best practices in managing health care waste. All the participants recognized this approach as a promising practice.

The following table provides a summary of the number of people trained in the various districts.

Table 6. Number of health workers trained by district (March 21-23, 2012)

District	Number of health workers trained			Benefiting health facilities			
	Male	Female	<i>Total</i>	Government	Private not for profit	Private health service providers	<i>Total</i>
Kapchorwa	29	18	47	16	3	0	19
Bugiri	19	21	40	19	1	0	20
Jinja	14	27	41	28	6	0	34
Iganga	14	22	36	16	3	0	19
<i>Totals</i>	76	88	164	79	13	0	92

2. Health Care Waste Management Assistance to Local Partners

The project continued to support U.S. Government implementing partners in improving the knowledge and skills of operational level health workers in managing waste. As a part of this effort, UHMG and STAR-SW were supported in training 185 health workers in HCWM. In addition, two partners that had completed training of health workers earlier requested and received refresher sessions.

3. Development of Training Materials

In preparation for rolling out project activities to the benefiting districts, a two-day workshop was held to develop and, where necessary, update training materials to train district teams that will serve as change agents at different levels of health service delivery in the individual districts. Change agents are individuals who are able to involve health facility staff in solving their own problems. The materials that were developed and/or updated include a brief on HCWM, a fact sheet on public-private partnerships, PowerPoint presentations on various infection prevention and control topics including HCWM, a CD with guidelines on how to put on personal protective equipment, and tools for assessing HCWM practices.

4. Public-Private Partnerships Aimed at Improving Final Waste Disposal Methods

In a two-day workshop that took place at the Brisk Hotel in Jinja, the project, together with stakeholders including U.S. Government partners, policymakers, health managers at the Ministry of Health, and HCWM focal persons from selected participating districts in Eastern Uganda, developed a business plan detailing how a public-private partnership to establish a centralized waste treatment and disposal facility will be implemented. The facility is expected to initially benefit 5-6 districts (with a total of 310 public and private health facilities and population of about 2 million people) within the 12-month timeframe of the project period with subsequent expansion to about 20 districts. Activities and joint district monitoring and evaluation plans were also developed and agreed upon.

To begin developing the facility in Iganga district, Eastern Uganda, Green Label Services Limited (GLSL) secured ten acres of land; conducted environmental, social, and topographical impact assessments; and submitted assessment reports to the Uganda National Management Authority. At the time of this report the company has finalized laying water pipes to bring water to the premises, has started planting trees to serve as a carbon sink around the facility, and has finalized architectural plans to start construction. GLSL plans to use its former disposal site at Nakasongola to dispose of waste until the new site becomes fully functional in the third quarter of FY 2012.

Memorandums of understanding were signed that will govern the operations of the proposed public-private partnership among the Ministry of Health, local governments in the districts of Kamuli and Mbale, and AIDSTAR-One/Uganda. Following the signing, the project conducted a series of consultative meetings to gain consensus as to how the established facility will be used. Roles and responsibilities of each entity were agreed upon and a joint Project Monitoring Plan was developed and submitted to USAID/Uganda for approval. The project also selected a company to supply the incinerator and submitted the procurement documents to USAID/Washington; approval was granted in March 2012 and the purchase of the incinerator is now in progress.

AIDSTAR-One/Uganda, through discussions with the activity manager at the USAID/Uganda Mission, managed to secure funding for the collection, transportation, and disposal of health care waste generated at health facilities in the six project districts. The Mission authorized the funding to come from Category A District Grants which are aimed at improving service delivery in individual districts. It is expected that the funds will be available starting April 15, 2012.

5. Collaboration with Stakeholders

AIDSTAR-One participated at a national stakeholders' conference on quality improvement which took place March 27-29, 2012 at the Hotel Africana in Kampala. AIDSTAR-One staff facilitated two breakaway sessions on identifying small doable actions that can be implemented to continuously improve quality of care.

6. Supportive Supervision

Through supportive supervision visits, AIDSTAR-One evaluated progress made by STAR-E, STAR-EC, Reach-out Mbuya, Mayanja Memorial Foundation, the Infectious Disease Institute, and Mildmay Uganda in addressing HCWM concerns. Most of the partners had made good progress at improving the knowledge of health workers. However, commodity support for treatment and disposal of waste was far below expected levels. Reports were provided to the individual projects and are being used for further planning.

7. Challenges

The National Medical Store has been slow in providing color-coded waste bins and corresponding liners to participating sites. As a result, sites are unable to segregate waste according to recommended best practices. The person in charge at the store has promised to hasten the process so that by the time the new waste management plant opens, the necessary HCWM commodities will be in place.

5.14 Zambia

Summary and Major Accomplishments

Social & Scientific Systems (SSS) has been providing system support for the Zambia Partner Reporting System (ZPRS) for over six years, providing a web-based system for Zambia partners to report PEPFAR program results and other related data. Since this work came under AIDSTAR-One's prime contract in March 2011, SSS continued to focus on PEPFAR-related data collection, gap analysis, and additional activities. Major accomplishments in the first half of FY 2012 include:

- Rapid and accurate updates to essential functions so that FY 2011 annual performance reporting (APR) data collection could be completed on an accelerated schedule
- Rapid turnaround to meet deadlines for new data collection requirements such as the PEPFAR Zambia partner portfolio review
- Performed additional activities, per clients' requests, addressing short-turnaround requirements while providing high-quality results.

Status of Workplan Activities

The following activities were completed in the first half of FY 2012.

1. FY 2012 APR Data Collection Activities

- Updated the Excel service facility template worksheet and the Access Consolidation System for data collection.
- Created a new Indicator Narrative Template to replace the legacy prime partner template.
- Administered and added improvements to the SQL Server database.
- Modified the upload/update data section on the ZPRS website to accept the newly changed data structure and display the uploaded reports.
- Updated the quality assurance report, Indicators Validation for facility-based data, to verify if data collected meets validation rules. If it doesn't meet the rules (for example: the total of breakdown numbers should equal the number in the total field), an error message will be shown to the user to spot the problem field. This report improves

quality because ZPRS uses excel templates to collect data, and users sometimes modify the formulas which could cause potential errors.

- Updated the standard indicator reports.
- Created a new Indicator Narratives Report by technical area.
- Updated the Details for One or More Indicators Report.
- Updated the de-duplication data entry form and de-duplication indicator report at the country level.
- Provided technical support to users on identifying and correcting any data collection problems.

2. Additional Activities

To respond to requests from the U.S. Centers for Disease Control and Prevention, SSS created a 2011 Partner Performance Indicator Report that has target, APR 2010, semi-annual performance reporting 2011, and APR 2011 data for partners to compare results, as semi-annual performance reporting data should never be less than APR. This report required data mapping and data cleaning across reporting periods. SSS also created, by request, a new cumulative male circumcision figures report by partner.

3. Gap Analysis of Present ZPRS and Options for Innovative Solutions

SSS has been in contact with Justus Kamwesigye, Monitoring and Evaluation Advisor at USAID/Zambia, to schedule a demonstration detailing DHIS2 and the existing features from a sample system. Justus is hoping to do this by mid-May. After the demonstration is completed, SSS will begin preparing a more detailed breakdown of the additional customization and budget to move forward with DHIS2.

ANNEX 1: PERFORMANCE MONITORING

Result Area 1: A knowledge base of effective program approaches in HIV prevention, care, and treatment synthesized and expanded, and utilization of good and promising programmatic practices increased among implementers.

R 1.1: Number and percent of AIDSTAR-One website users who report employing AIDSTAR-One products

Result April 2012: 96%

Target: 25%

Summary: AIDSTAR-One conducted its third annual online survey in February 2012. A request to participate was sent to 4,037 email subscribers, recipients of technical assistance, and conference attendees. There were 491 responses, representing a 12 percent response rate. Almost all web users reporting having used at least one product in 2012 (96 percent) – compared to 71 percent in 2011 and 70 percent in 2010; the cumulative percentage for the three years is 86 percent which exceeds the target.

The products most adapted by web users surveyed include the HIV Prevention Update (84 percent) and the Prevention Knowledge Base (59 percent).

Table 7. Use of AIDSTAR-One resources by web users

	2011 (%) (n=146)	2012 (%) (n = 334)
HIV Prevention Update	49	84
Prevention Knowledge Base	30	59
Technical briefs	23	45
Case studies	10	42
Technical reports	-	33
National strategic guidelines	-	28
Conference/meeting reports	13	26
National treatment guidelines	17	24
Promising Practices	14	21

SR 1.1.1: Website with evidence-based information and promising programmatic practices in seven HIV program areas developed and operational

Result April 2012: Yes

Cumulative: Yes

Summary: The website was launched in September 2008. In October 2009, AIDSTAR-One conducted an informal usability study of the proposed revision of the homepage. Results of the study informed the final redesign of the entire website. The new homepage was launched in December 2009. A more comprehensive usability study was conducted in July and August

2010 that examined the functionality of the redesigned site. Participants noted the breadth of information provided on the site and the effective search function. Based on usability findings, several web design features and information architecture enhancements were added across the site, including breadcrumb navigation, keyword tagging taxonomy and visual signposts to orient users who find specific resources through search engines such as Google. These features were developed in FY 2011.

SR 1.1.4: Number of HIV prevention resource topics available and updated on the website

Result April 2012: 29

Target: 21

Summary: As of April 2012, the Prevention Knowledge Base covers 29 topics. Resources are available in one of four areas: combination approaches (5), behavioral interventions (9), biomedical interventions (12), and structural interventions (3).

Sections that were added or received substantial revision during this reporting period:

- Comprehensive Condom Use Programs
- Antiretroviral Therapy as an HIV Prevention Strategy
- Diagnosis and Treatment of Sexually Transmitted Infections
- Voluntary Medical Male Circumcision
- HIV Testing and Counseling as Prevention
- Microbicides
- Comprehensive Sexuality Education

SR 1.1.5: Total number of unique pageviews by focus area

Result April 2012: 147,680

Cumulative: 422,553

Target: 110,000

Summary: As AIDSTAR-One publishes more content on the website, the number of unique pageviews² continues to increase (see Table 2). The number of unique pageviews between October 1, 2011, and March 31, 2012, was 147,680 – compared to 194,089 total unique pageviews for all of FY 2011. Several focus area sections of the website received more unique pageviews in FY 2012 Q1-Q2 than in FY 2011.

In total, the AIDSTAR-One website has received nearly 423,000 unique pageviews since October 2008 (plus an additional 8.5 months of unique pageviews that were not tracked as cookies were disabled from the AIDSTAR-One website).

² Unique pageviews are the number of visits during which the specified page was viewed at least once.
AIDSTAR-One Semi-Annual Report
October 2011 – March 2012

Table 8. Number of unique pageviews by focus area

Focus Area	FY 2009	FY 2010 (Oct-Feb)*	FY 2011 (Nov.15- Sep.30)**	FY 2012 (Q1-Q2)	Cumulative
Prevention	5,081	8,416	59,145	42,225	114,867
Treatment	1,798	3,034	10,019	7,394	22,245
Care and Support	164	385	5,095	5,343	10,987
HTC	215	388	5,948	6,099	12,650
PMTCT	600	723	7,774	5,671	14,768
OVC	395	287	3,619	3,120	7,421
Gender	680	931	7,553	10,961	20,125

Note: Unique pageviews are the number of visits during which the specified page was viewed at least once. Note that not all pages are categorized by a Focus Area. The result for April 2012 is all pages.

Note: Downloads are not included in this data.

** FY 2010 data includes October 2009-February 2010. Cookies were disabled March 1-September 30, 2010.*

*** FY 2011 data includes November 15, 2010-September 2010. Cookies were not enabled until November 15, 2010.*

FY 2010 data are not available from March 1 to September 30, 2010, and FY 2011 data are not available from October 1 to November 14, 2010, because transient cookies were disabled, resulting in no web traffic data during that period. Cookies were reinstalled on the AIDSTAR-One website on November 15, 2010, permitting the tracking of unique pageviews and other key website metrics.

SR 1.1.6: Number of websites that link to AIDSTAR-One.com

Result April 2012: 213

Target: 18

Summary: Nearly 13 percent of all visits to the AIDSTAR-One website during the first half of FY 2012 were referred by external websites.³ In total, 213 websites that link to the AIDSTAR-One website generated visits during the first half of FY 2012, however, additional sites may have links to the AIDSTAR-One website. Most of the links to AIDSTAR-One are through HIV or health-related websites that link to a specific resource on the site. They include: GHDonline.com, k4health.org, comminit.com, aidsspace.org, gbvnetwork.org, aidsalliance.org, and others. Partner organizations also link to AIDSTAR-One.com including: jsi.com, encompassworld.com and icrw.org.

University websites such as the Harvard University Center for AIDS Research, University of Connecticut Center for Health, Intervention, and Prevention, University of California San Diego Center for AIDS Research, HIV InSite – University of California San Francisco, Harvard University Center on the Developing Child, Vanderbilt Institute for Global Health, University of Massachusetts, University of Wisconsin Population Health Institute, UNC Gillings School of Global Public Health, University of Kansas, and Boston University's and Tulane University's Blackboard sites sent traffic to the AIDSTAR-One website.

³ Search engines such as Google and Yahoo are not considered websites.

The number of websites that link to AIDSTAR-One.com continues to grow – a total of 213 websites sent visitors to AIDSTAR-One during the first half of FY 2012, compared to a total of 79 for the full previous fiscal year. This demonstrates both the success of AIDSTAR-One’s strong dissemination strategy as well as the quality of the web content.

R 1.2: Percent of individuals who received technical assistance (TA) or attended a technical consultation who report using AIDSTAR-One information in their programs

Result April 2012: 99% Target: 80%

Summary: This indicator is based on annual survey data (2012) for TA recipients (n=79) and conference attendees (n=104). Respondents reported how they used TA or conference resources. Table 3 illustrates how AIDSTAR-One resources were used and what percentage of TA recipients and conference attendees reported that use.

Table 9. Use of AIDSTAR-One TA and conference information/material

Use of TA/conference materials	% conference attendees (n=104)	% TA recipients (n=79)
Inform programs/program design	46	42
Service delivery	36	39
Inform policy	20	23
Develop/improve training	30	43
Write reports, proposals, articles	32	28
Public awareness campaigns	16	27
Inform curriculum development	11	20
Guide research agendas/methods	13	20

Another indicator of use and usefulness captured by the survey indicated that nearly all recipients of technical assistance (2012) reported being “very satisfied” (68 percent) or “satisfied” (28 percent) with the TA received. Of conference attendees in 2012, 77 percent reported being “very satisfied” and 20 percent reported “satisfied.”

SR 1.2.1: Number of AIDSTAR-One resources produced and available for dissemination by type and content area

Result April 2012: 54 Cumulative: 232 Target: 70

Summary: AIDSTAR-One has already exceeded the target for the end of the project. In addition to the 232 AIDSTAR-One-developed products that have been produced and are

available for dissemination (see Table 4). The project has an additional 15 products that are currently pending USAID/Technical Working Group (TWG) approval.

Table 10. Number of AIDSTAR-One resources produced and available for dissemination, FY 2012 Q1-Q2 and cumulative

Focus Area	Resources produced and available* FY 2012	Cumulative resources available**
Prevention	16	99
Treatment	4	18
Care and Support	2	20
HTC	7	23
PMTCT	–	3
OVC	3	9
Gender	13	31
Private Sector	–	2
Field Support/Other	9	27
Totals	54	232

*Produced and available: products approved by USAID/TWGs for publication/dissemination during FY 2011.

**Cumulative Available: total products available for dissemination since the beginning of the project. Products include resources such as: case studies (47), technical briefs (18), Prevention Knowledge Base entries (29), and HIV Prevention Updates (29), technical reports and tools (62).

Note: The majority of technical products take more than 12 months to produce on average. An additional 47 products are currently pending USAID approval (15) or are in development (32).

SR 1.2.2: Percent of clients who rated the usefulness of material on the website as good or excellent

Result April 2012: 96%

Target: 80%

Summary: Of the 343 survey respondents (2012) who reported visiting the AIDSTAR-One website, 330 (96 percent) rated the usefulness of material on the website as “good” or “excellent.” This is an increase compared to 91 percent (n=157) in 2011 and 92 percent (n=107) in 2010. This response exceeds the target of 80 percent—web users are highly satisfied with the usefulness of the material on the AIDSTAR-One website.

Result Area 2: The quality and sustainability of U.S. Government-supported HIV prevention, care, and treatment programs is improved.

R 2.2: Number of AIDSTAR-One pilot interventions implemented

Result April 2012: 5

Cumulative: 5

Target: 5

Summary: Five pilot interventions are in various stages of implementation. In addition, four new pilot interventions will begin later this year, including piloting an adolescent toolkit in Kenya, Mozambique and Zambia, and a mental health intervention in Zimbabwe.

1. AIDSTAR-One initiated a significant demonstration project on reducing alcohol-related HIV risk during FY 2010 to explore an approach to addressing alcohol-related HIV risk. AIDSTAR-One continues a program of activities to reduce alcohol-related HIV risk in a peri-urban community of Windhoek, Namibia.

2. Use of community health workers to promote PMTCT in Tanzania

Through this demonstration project, AIDSTAR-One is implementing a capacity-building strategy for CHWs in eight JGI-supported villages in Kigoma District. The capacity-building strategy will include—but is not limited to—training, supportive supervision, exchange tours, and the provision of basic supplies for the CHWs and their facility-based supervisors. It is hypothesized that CHWs are a critical linkage between the facility and community levels, and they promote access, uptake, and retention in PMTCT services within traditionally hard-to-reach communities. AIDSTAR-One will conduct baseline and end line data collection and analysis. This demonstration project will specifically seek to leverage the work of both the PMTCT and AIDSTAR-One Tanzania Teams to identify an effective model for strengthening community linkages to facility-based PMTCT services. This project will not only inform programming of future PEPFAR funds in Tanzania, but also offer value added to the PMTCT global knowledge base.

3. AIDSTAR-One piloted its WASH training curriculum, Improving the Lives of People Living with HIV (PLHIV) through WASH: Water, Sanitation, and Hygiene, in Ethiopia in April 2011 and in Kenya in February 2011. Liaising with the Government of Ethiopia Ministry of Health and the Kenya Ministry of Sanitation and Public Health, AIDSTAR-One implemented two comprehensive 3-4 day training of trainers reaching 37 health care staff (16 in Kenya, 21 in Ethiopia) from 21 health facilities (8 in Kenya, 13 in Ethiopia). The three goals of the training were: 1) to field-test the new training curriculum and receive feedback from participants, 2) to build the capacity of individual health care providers to adopt WASH approaches, and 3) to provide guidance to program planners and administrators in developing facility-wide WASH approaches. An impact assessment in Kenya and Ethiopia are underway in FY 2012.
4. AIDSTAR-One developed adaptable, low-literacy, and user-friendly tools for providers, community health workers, and for clients to increase the use of co-trimoxazole among PLHIV. The tools, posted on the AIDSTAR-One website, provide practical job aids, posters, and client take-home brochures to guide provider prescription of co-trimoxazole. Client materials target men, women, children, and infants, aim to increase the demand for co-trimoxazole and encourage use of this important prophylaxis, and reinforce consistent messages on use and prescription. The tools are adaptable for use in multiple country settings and use graphics with minimal text to help explain benefits, dosing requirements, and side effects, including what to do in the case of side effects. These tools are being piloted in Northern Uganda and their impact will be assessed, the tools will be adapted to the Ugandan context based on the assessment results.

SR 2.2.1: Number of programs/countries that report using AIDSTAR-One products/information in formulating policy or developing intervention guidelines

Result April 2012: 41

Target: 25

Summary: 167 respondents to the 2012 annual survey reported using AIDSTAR-One resources to formulate policy or develop guidelines for intervention guidelines in 41 countries.

Examples of how they used resources to develop policies were also provided by respondents and include the following:

- AIDSTAR-One resources were used as resources to help in determining the best approaches and standards for a sex workers HIV prevention program. The outcome was that the standards included a strong element of referral for services which echoes combination model of prevention.
- In Botswana we used AIDSTAR resources to develop guidelines for programming HIV prevention among young women.
- [AIDSTAR-One resources were used for] the development of IP guidelines at federal ministry of health level
- I used AIDSTAR materials as a guide in formulating prevention activities for the AIDSRELIEF program in Nigeria
- It was used for guiding the policy development especially in the area of VCT Programme.
- We developed standard operations procedures for our care and support programs using AIDSTAR-One materials.
- Working on HIV/AIDS prevention with the fisher community in four beaches in Maseno and Kombewa divisions using behavior change communication strategies, a process that involves working with communities to promote and sustain positive behaviors towards HIV prevention. We have used the resources to guidelines for our interventions in advocacy, stigma.
- The resources were used to inform the development of guidelines for implementation of a project which aims at improving the care and support for children affected by HIV/AIDS. The project focuses on promoting access to PMTCT and pediatric HIV/AIDS services.

SR 2.2.2: Number of programs/country offices receiving AIDSTAR-One TA

Result April 2012: 6

Cumulative: 14

Target: 14

Summary: Technical assistance is defined as the delivery of expert programmatic, scientific, and technical support to organizations and communities in the design, implementation, and evaluation of interventions and programs.

AIDSTAR-One centrally-funded TA was provided in the following countries during the first half of FY 2012:

- Burkina Faso (Prevention)
- Democratic Republic of Congo (HIV Testing and Counseling)
- Kenya (Treatment)
- Nigeria (Treatment)
- Togo (Prevention)
- Uganda (Care and Support)

AIDSTAR-One also provided technical and logistical support to three technical consultations, one debate, and two VMMC events during the first half of FY 2012, reaching over 1,300 participants (see Table 6).

Table 11. AIDSTAR-One supported technical consultations, meetings, and debates, FY 2012 Q1-Q2

Technical Area	Title	Date	Location	Participants
Care and Support	PEPFAR Regional Consultation: Meeting the HIV, MNCH and Social Support Needs of Mothers and Their Young Children	Nov. 7-10, 2011	Addis Ababa, Ethiopia	93
Prevention	World Bank / USAID Debate: Treatment as Prevention	Nov. 11, 2011	Washington, DC	865
Prevention	VMMC Pre-Meeting	Dec. 3, 2011	Addis Ababa, Ethiopia	30
Prevention	VMMC Press Conference	Dec. 5, 2011	Addis Ababa, Ethiopia	100
Africa Bureau	Transitioning care, support and treatment services for adolescents living with HIV	Feb. 6-10, 2012	Gaborone, Botswana	65
Prevention	HIV Prevention, Care and Treatment for Men who have Sex with Men: A Review of Evidence-Based Findings and Best Practices	Feb. 14-16, 2012	Johannesburg, South Africa	150
TOTAL PARTICIPANTS				1,303

Result Area 3: Strategic evidence-based programmatic approaches to HIV prevention, treatment, and care developed and implemented in other USAID countries.

R 3.1: Number of HIV programs supported through field support-funded TA or assessments

Result April 2012: 11 Cumulative: 13 Target: 8

Summary: AIDSTAR-One provided field support-funded TA or conducted assessments for the Africa Bureau, LAC Bureau, Tanzania, and Zambia during the first half of FY 2012.

As reported in SR 3.1.1, AIDSTAR-One provides field support-funded technical assistance to field offices in Ethiopia, Nigeria, Uganda, India, Honduras, Brazil, and the Dominican Republic.

SR 3.1.1: Number of programs implemented through AIDSTAR-One assistance

Cumulative: 7

Target: 3

Summary: AIDSTAR-One provided field support-funded implementation support to seven countries. In each of these countries, AIDSTAR-One has an office and local staff that provide support ranging from strengthening the national AIDS program, to provision of grants to NGOs, to support of national injection safety/health care waste management programs.

The countries where AIDSTAR-One is providing field-support funded implementation support include Ethiopia, Nigeria, Uganda, India, Honduras, Brazil, and the Dominican Republic.

SR 3.1.3: Number of AIDSTAR-One implemented programs that included a QA/QI component

Results April 2012: 4

Target: 100%

Summary: AIDSTAR-One Honduras is providing technical assistance to the Health Secretariat in order to implement Quality Assurance and Quality Improvement interventions through a Quality Improvement Training of Trainers (TOT) of 30 participants, carried out with Health Secretariat staff from 7 ARV clinics from 5 prioritized regions. Trained participants will work with other service staff to develop and implement seven (7) quality assurance plans in their HIV/AIDS services nationwide. Inputs obtained of the quality improvement plans will be presented at the Health Secretariat congress of Quality Assurance to be held in September 2012.

AIDSTAR-One/Uganda introduced quality improvement (QI) topics within a three-day HCWM training program. Topics introduced were problem solving, 5S Kaizen, and Total Quality Management.

AIDSTAR-One/Nigeria and AIDSTAR-One/Ethiopia conduct supportive supervision visiting focal health facilities to assess their compliance with injection safety and healthcare waste management (HCWM) providing feedback for continuous quality improvement.

ANNEX 2: AIDSTAR-ONE PUBLICATIONS

Completed publications as of March 31, 2012 (available at: www.aidstar-one.com)

Prevention

Case Studies:

- [*Nigeria's Mixed Epidemic: Balancing Prevention Priorities Between Populations*](#)
- [*Namibia's Prevention Planning Process: Successful Collaboration for a National Combination HIV Prevention Strategy*](#)
- [*The Avahan-India AIDS Initiative: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics*](#)
- [*Club Risky Business: A Zambian Television Series Challenges Multiple and Concurrent Sexual Partnerships through the One Love Kwasila! Campaign*](#)
- [*"Don't Let Your Loved Ones get Involved With a Fataki!": Addressing Intergenerational Sex in Tanzania through the Fataki Campaign*](#)
- [*Alcohol Consumption and HIV Risk: A Peer Education Strategy for Bar Patrons*](#)
- [*The O Icheke Campaign, Botswana: A National Behavior Change Communication Program to Reduce Multiple and Concurrent Partnerships*](#)
- [*"Wising up" to Alcohol-Related HIV Risk, Cape Town, South Africa*](#)
- [*The Humsafar Trust, Mumbai, India: Empowering Communities of Men Who Have Sex with Men to Prevent HIV*](#)
- [*The International HIV/AIDS Alliance in Ukraine: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics*](#) (also available in Russian)
- [*CEPEHRG and Maritime, Ghana: Engaging New Partners and New Technologies to Prevent HIV among Men Who Have Sex with Men*](#)
- [*Scrutinize: A Youth HIV Prevention Campaign Addressing Multiple and Concurrent Partnerships*](#)
- [*Secret Lovers Kill: A Mass Media Campaign to Address Multiple and Concurrent Partnerships*](#)

Technical Briefs:

- [*Human Rights Considerations in Addressing HIV Among Men Who Have Sex with Men*](#)
- [*HIV Prevention for Serodiscordant Couples*](#)
- [*Prevention of Alcohol-Related HIV Risk Behavior*](#) (also available in Russian)

Other Technical Reports and Tools:

- [*Prevention Update*](#): 29 monthly updates
- [*HIV Prevention Knowledge Base*](#): 29 topics posted
- [*Reducing Alcohol-related HIV Risk in Katutura, Namibia: A Multi-level Intervention*](#)
- [*Emerging Issues in Today's HIV Response: Debate Six—Treatment as Prevention*](#)
- [*PEPFAR Technical Consultation Report on HIV Prevention in Mixed Epidemics*](#)
- Spotlight on Prevention: [*Alcohol and Risky Sex: Breaking the Link*](#)

- [PEPFAR Caribbean Regional HIV Prevention Summit on Most-at-Risk Populations and Other Vulnerable Populations: Nassau, Bahamas, March 15–17, 2011](#)
- Spotlight on Prevention: [A Holistic Approach to HIV Prevention Programming for Female Sex Workers](#)
- [Emerging Issues in Today's HIV Response: Debate 5—The Ethics of Material Incentives for HIV Prevention](#)
- Video and Brochure: [In It to Save Lives: Scaling Up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Public Health Impact](#)
- [Southern and Eastern Africa Region Male Circumcision Communication Meeting: A Joint UNAIDS & PEPFAR Coordinated Meeting, September 22-24, 2010](#)
- [Emerging Issues in Today's HIV Response: Debate 4—Concurrent Sexual Partnerships](#)
- Spotlight on Prevention: [Balancing Research With Rights-Based Principles of Practice for Programming for Men Who Have Sex With Men](#)
- Spotlight on Prevention: [Reducing HIV Infection in Young Women in Southern Africa](#)
- [Emerging Issues in Today's HIV Response: Debate 3—Discordant Couples and HIV Transmission](#)
- [Emerging Issues in Today's HIV Response: Debate 2—Behavior Change for HIV Prevention](#)
- [Emerging Issues in Today's HIV Response: Debate 1—Test and Treat: Can We Treat Our Way Out of the HIV Epidemic?](#)
- [Interventions With Most-At-Risk Populations In PEPFAR Countries: Lessons Learned And Challenges Ahead](#) (technical consultation held February 18-20, 2009 in Chennai, India)
- [Addressing Multiple and Concurrent Sexual Partnerships in Generalized Epidemics](#) (technical consultation held October 29-30, 2008 in Washington D.C.)
- Spotlight on Prevention: [The Astonishing Neglect of an HIV Prevention Strategy: The Value of Integrating Family Planning and HIV Services](#)
- Spotlight on Prevention: [Uganda's Zero Grazing Campaign](#)

Treatment

Case Studies:

- [Emergency Planning for HIV Treatment Access in Conflict and Post-Conflict Settings: Post-Election Violence in Kenya](#)
- [Emergency Planning for HIV Treatment Access in Conflict and Post-Conflict Settings: The Case of Northern Uganda](#)
- [From Paper to Practice: Implementing WHO's 2010 Antiretroviral Therapy Recommendations for Adults and Adolescents in Zambia](#)
- [HIV Treatment Guidelines in Guyana: The Fast Track to Diagnosis and Treatment](#)

Technical Briefs:

- [WHO's 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned](#)

- [Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners: Critical Elements and Lessons Learned](#)
- [Decentralization of Antiretroviral Treatment at Primary Healthcare Level In Public And Private Sectors In Generalized Epidemic Resource-Constrained Settings](#)
- [Adult Adherence to Treatment and Retention in Care](#)
- [Implementation of World Health Organization's \(WHO\) 2008 Pediatric HIV Treatment Guidelines](#)

Other Technical Reports and Tools:

- [Health Information Technology for Continuous Quality Improvement of Antiretroviral Therapy](#)
- [Summary Table of HIV Treatment Regimens: Pediatric and Adult National Treatment Guidelines](#) (guidelines updated in 2011)
- [Pediatric HIV Treatment Toolkit: A Practical Guide to the Implementation of the 2009 World Health Organizations Pediatric HIV Treatment Recommendations](#)
- [ART Costing Crosswalk Analysis](#)

Prevention of Mother-to-Child Transmission

Technical Brief:

- [Integration of Prevention of Mother-to-child Transmission of HIV \(PMTCT\) Interventions with Maternal, Newborn and Child Health \(MNCH\) Services](#)

Other Technical Reports and Tools:

- [Increasing Coverage, Access and Utilization of PMTCT](#)
- [Risk of HIV Transmission During Breastfeeding: A Table of Research Findings](#)

HIV Testing and Counseling

Case Study:

- [Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand](#)
- ["It Makes Me Want to Come Back Here": Silom Community Clinic's Approach to HTC among MSM in Thailand](#)
- [Home-based HIV Testing and Counseling \(HBHTC\) Programs in Kenya](#)
- [The Private Sector: Extending the Reach of Provider-Initiated HIV Testing and Counseling in Kenya](#)

Other Technical Reports and Tools:

- [HBHTC Literature Selection](#)
- [PITC Literature Selection](#)
- [Rapid Testing-Rapid Results: Scaling up HIV Rapid Testing with Same-Day results in the Asia-Pacific Region](#)
- [Assessment of Provider-Initiated Testing and Counseling Implementation: Cambodia](#)

- [Increasing Access and Uptake of HIV Testing and Counseling Among Men Who Have Sex with Men in Thailand](#)
- [South-to-South Technical Assistance on Home-based HIV Testing and Counseling: Swaziland \(includes a set of 7 deliverables\)](#)
- [Home-Based Testing and Counseling: Program Components and Approaches](#) (technical consultation held November 3-5, 2009 in Nairobi, Kenya)
- [Provider-Initiated Country Policy Review](#) (also available in Russian)

Care and Support

Case Studies:

- [Prioritizing HIV in Mental Health Services Delivered in Post-Conflict Settings](#)
- [Mental Health Care and Support—FHI Vietnam](#)

Technical Brief:

- [Mental Health and HIV](#) (also available in Russian)

Other Technical Reports and Tools:

- [Improving the Lives of People Living with HIV through WASH: Water Sanitation and Hygiene](#) (Participant and Trainer Guide)
- [Cotrimoxazole Educational Tools: Client trifold, poster for facility/community use, and dosage guidelines for low-literacy populations](#)
- [NuLife—Food and Nutrition Interventions for Uganda: Nutritional Assessment, Counseling, and Support](#)
- Beating Pain Pocketbook for providers, produced by African Palliative Care Association
- Palliative Care Guidebook, produced by African Palliative Care Association
- [Field Driven Learning Meeting: Linkages to and Retention in HIV Care and Support Programs](#)
- [Co-Trimoxazole Management and Availability: Logistics and Supply Chain Experience in 15 PEPFAR Countries](#)
- [Overview of Hospice and Palliative Care Drugs in Selected PEPFAR Countries](#)
- [Food by Prescription in Kenya: An Assessment Conducted in 2009](#)

Gender

Case Studies:

- [Public Sector Response to Gender-based Violence in Vietnam](#)
- [Allowing Men to Care—Fatherhood and Child Security Project: A Program to Engage Men on HIV, Violence, and Caregiving in South Africa](#)
- [Addressing HIV and Gender from the Ground Up—Maanisha Community Focused Initiative to Control HIV: A Program to Build the Capacity of Civil Society Organizations in Kenya](#)
- [Rebuilding Hope—Polyclinic of Hope Care and Treatment Project: A Holistic Approach for HIV-Positive Women Survivors of the Rwandan Genocide](#)

- [*Risky Business Made Safer—Corridors of Hope: An HIV Prevention Program Targets Behavior Change among Sex Workers, Truck Drivers, and Others in Zambian Border and Transit Towns*](#)
- [*Earning Their Way to Healthier Lives—Mulheres Primero \(Women First\): Health and Legal Training Combined with Income Opportunities Help Rural Mozambican Women Mitigate HIV Risk*](#)
- [*Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador*](#)
- [*“Follow the Voice of Life”: HIV Prevention and Empowerment of Men Who Have Sex with Men in Orenburg, Russia*](#)
- [*Breaking New Ground: Integrating Gender into CARE’s STEP Program in Vietnam*](#)
- [*Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru*](#)
- [*Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá’s Lesbian, Gay, Bisexual, and Transgender Community Center*](#)
- [*SANGRAM’s Collectives: Engaging Communities in India to Demand their Rights*](#)
- [*STIGMA Foundation: Empowering Drug Users to Prevent HIV in Indonesia*](#)
- [*More Than Just HIV Prevention: Outreach to Most-at-Risk Populations Through SIDC in Lebanon*](#)
- [*PRASIT: Using Strategic Behavioral Communication to Change Gender Norms in Cambodia*](#)

Technical Briefs:

- [*Integrating Gender into Programs for Most at Risk Populations*](#)
- [*Microfinance, HIV, and Women’s Empowerment*](#)
- [*Gender-based Violence and HIV*](#)

Other Technical Reports and Tools:

- Spotlight on Gender: [*Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV*](#)
- [*Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa*](#)
- [*Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs*](#)
- [*Findings Report: Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations*](#)
- [*Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models, and Resources*](#)
- [*Scaling Up the Response to Gender-based Violence in PEPFAR: PEPFAR Consultation on Gender-based Violence, Washington, DC, May 6-7, 2010*](#)
- [*South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies*](#)
- Spotlight on Gender: [*Preventing Gender-Based Violence and HIV: Lessons from the Field*](#)
- [*PEPFAR Gender Fact Sheets \(3\)*](#)
- [*Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa*](#)

Orphans and Vulnerable Children

Case Studies:

- [Legal Units: Child Protection Support for Orphans and Vulnerable Children and Their Families in Côte d'Ivoire](#)
- [Coffee, Popcorn, Soup, and HIV: Promoting Food and Nutrition Security for Children and Pregnant Women Living with HIV in Ethiopia](#)
- [Looking Within: Creating Community Safety Nets for Vulnerable Youth in Dar-es-Salaam, Tanzania](#)

Technical Brief:

- [Permaculture Design for Orphans and Vulnerable Children Programming](#)
- [Early Childhood Development for Orphans and Vulnerable Children: Key Considerations](#)

Other Technical Reports and Tools:

- [Literature Review on Program Strategies and Models of Continuity of HIV/MNCH Care](#)
- [Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect](#)

Family Planning and HIV Integration

Case Study:

- [Integrating Family Planning and HIV Services: Programs in Kenya and Ethiopia Demonstrate How](#)

Private Sector

Case Study:

- [The HIPS Project: Extending Health Care Through the Private Sector in Uganda](#)

Technical Brief:

- [Private Sector Involvement in HIV Service Provision](#)

Field Support (by region)

Africa

Technical Brief:

- [Foundation for the Future: Meeting the Psychosocial Needs of Children Living with HIV in Africa](#)

Other Technical Reports and Tools:

- [Success Story: Ensuring the Availability of Safe Injection Commodities in Nigeria](#)

- [Success Story: Strategy Development for Improving Safe Phlebotomy Practices in Nigeria](#)
- [Success Story: Disposal of Expired ARVs and Test Kits in Nigeria](#)
- [Assessment of Injection Safety in Selected Local Government Areas in Five States in Nigeria](#)
- [Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for Children Living with HIV in Africa](#)

Europe and Eurasia

Case Studies:

- Translated into Russian: [“Follow the Voice of Life”: HIV Prevention and Empowerment of Men Who Have Sex with Men in Orenburg, Russia](#)
- Translated into Russian: [Promoting New Models of Masculinity to Prevent HIV among MSM in Nicaragua](#)
- Translated into Russian: [The International HIV/AIDS Alliance in Ukraine: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics](#)

Technical Briefs:

- Translated into Russian: [Integrating Gender into Programs for Most at Risk Populations](#)
- Translated into Russian: [Mental Health and HIV](#)
- Translated into Russian: [Prevention of Alcohol-Related HIV Risk Behavior](#)

Other Technical Reports and Tools:

- Translated into Russian: [South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit](#)
- Translated into Russian: [PEPFAR PWID Guidance](#)
- Translated into Russian: [PEPFAR Comprehensive HIV Prevention for People Who Inject Drugs, Revised Guidance \(July 2010\)](#)
- Translated into Russian: [HIV Prevention Knowledge Base: Men Who Have Sex with Men](#)
- Translated into Russian: [HIV Prevention Knowledge Base: Harm Reduction for Injecting Drug Users](#)
- Translated into Russian: [Provider-Initiated HIV Testing Policy Scan](#)
- [Mapping of Key HIV/AIDS Services, Assessment of Their Quality and Analysis of Gaps and Needs of MARPs in Chui Oblast and Bishkek City, Kyrgyzstan](#)
- [Situation Analysis of Infection Prevention Control in Bishkek and Osh, Kyrgyzstan](#)

India

Case Studies:

- [Mobile Clinics in India Take to the Road: Bringing HIV Testing and Counseling and STI Services to Those Most at Risk](#)

Technical Reports and Tools:

- [Six Desk Reviews](#)

Latin America and Caribbean, and Mexico

Case Studies:

- [Promoting New Models of Masculinity to Prevent HIV among Men Who Have Sex with Men in Nicaragua](#) (also available in Spanish and Russian)
- [Faith-based Organizations and HIV Prevention in Mexico](#)
- [HIV Prevention on the U.S.-Mexico Border: Addressing the Needs of Most-at-Risk Populations](#)

Technical Brief:

- [Men Who Have Sex with Men and HIV in the Anglophone Caribbean](#)

Other Technical Reports and Tools:

- [Technical Consultation on Effective HIV Prevention with Most-At-Risk Populations in Latin America](#) (technical consultation held December 2009 in Guatemala; report available in Spanish)
- [Community-based Programming for Most-at-Risk Populations in Guatemala](#)
- [Rapid Assessment of HIV Services Conducted in Honduras](#)
- [Assessment of Services Provided by ASONAPVSI DAH](#)

Publications under development

Prevention

- 4 PKB topics: prevention for MSM, structural overview, serodiscordant couples, and combination overview (in development)
- Structural position papers (in development)
- MSM workshop report, South Africa (in development)
- Case study: Comprehensive approaches for IDUs, Georgia (in review)
- Case study: TOP program, Myanmar (in development)
- Program review of prevention portfolios in Togo and Bukina Faso (in development)
- Prevention spotlight on PMTCT (finalizing for management approval)
- Case study: Mixed epidemics, Rwanda (in review)
- Technical consultation report: Alcohol and HIV (finalizing for management approval)

Treatment

- Emergency planning for ART compendium (in review)
- Capacity assessment tool (being piloted)

HIV Testing and Counseling

- Translated into Spanish: Case Study: *Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand* (finalizing)
- Translated into Thai: Case Study: *Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand* (in development)
- PITC training modules, PITC pocket guide for providers, PITC M&E, QA, and implementation and operational plans for DRC (6 deliverables in review)

Orphans and Vulnerable Children

- *Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children: Considerations and Challenges* (USAID approved; incorporating final edits)
- Food and nutrition security programming for OVC in an HIV context (in development)
- Granting assessment (in development)
- Literature review: Supporting and strengthening the child/caregiver relationship (in development)

Gender

- Report: *Analysis of Services to Address Gender-based Violence in Three Countries* (awaiting USAID approval)
- Case study: *Civil Society and Government Unite to Respond to Gender-Based Violence in Ecuador* (USAID approved; incorporating final edits)
- Case study: *Swaziland Action Group Against Abuse: Addressing Gender-based Violence within the Context of HIV* (incorporating final USAID edits)

Care and Support

- Mental health situational analysis: Zimbabwe (in development)
- MNCH integration meeting report (in review)
- Technical guidelines for using the Africa Palliative Care Association African Palliative Outcome Scale for children (in development)

Field Support (by region)

Africa:

- Injection safety success stories in Uganda (4 in review)
- Injection safety success story in Ethiopia (in review)
- Regional consultation report: Transition of care and other services for adolescents living with HIV (in development)
- Community perceptions of PMTCT services and safe male circumcision in six focal states in Nigeria (in review)

- Case study: Mainstreaming HIV/AIDS services into NRM/EG activities in Western Tanzania: Jane Goodall Institute's experience (in review)
- Toolkit for transition of care and other services for adolescents living with HIV (in review)
- Technical brief: *Transitioning of Care and Other Services for Adolescents Living with HIV in sub-Saharan Africa* (in review)

Europe and Eurasia:

- Translating into Russian: *Policy Analysis and Advocacy Decision Model for Services for People Who Inject Drugs*

India:

- Case study: District comprehensive approach and HIV management in Maharashtra, India (in development)
- Case study: Linking resources for antiretroviral therapy adherence: The Samastha Project in Karnataka, India (in development)
- Case study: A positive partnership: Integrating HIV and TB in Karnataka, India (in development)
- Case study: Community-based approach and HIV management among marginalized groups (in development)
- Case study: Integrating HIV care: Improving programs, improving the lives of people living with HIV (in development)
- Case study: Technical assistance to state and national level HIV and AIDS services: The USAID supported Samastha Project experience (in development)
- Case study: Micro-planning: A community-based system for ensuring quality care of people living with HIV (in development)

Latin America and Caribbean, and Mexico:

- Technical brief: Substance use and HIV (under revision)
- Organizational assessment of ASONAPVSI DAH (in development)

ANNEX 3: LOCATION OF AIDSTAR-ONE'S WORK

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Sub-Saharan Africa						
Region-wide		Grant to APCA provides TA to national palliative care programs				
Botswana				Transitioning Care, Support, and Treatment Services for Adolescents	O Icheke Campaign on multiple and concurrent partnerships (MCP)	
Burkina Faso		HIV prevention program planning				
Cote d'Ivoire					Legal Units: Child Protection Support	
Democratic Republic of Congo		TA to National AIDS Commission in testing and counseling				Technical brief on access to ART in emergency settings

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Ethiopia	Training and capacity building in prevention of medical transmission of HIV and other bloodborne infections	-Training for OVC partners on child protection policies -Field testing of Water, Sanitation, and Hygiene (WASH) Training Guide and Manual -Support for Federal MOH Emergency Plan for PMTCT		-Meeting the HIV, MNCH and Social Support Needs of Mothers and Their Young Children -Accelerating Scale-up of VMMC for HIV Prevention in Eastern & Southern Africa	- Coffee, Popcorn, Soup and HIV -FP/HIV Integration	
Ghana		HIV prevention program planning support to USAID Regional Health Office		HIV Prevention in Mixed Epidemics	Engaging New Partners and New Technologies to Prevent HIV among MSM	
Kenya		Field testing of WASH Training Guide and Manual	-Food by Prescription Assessment	Home-Based HIV Testing and Counseling	-PITC and the Private Sector -Home-based Testing and Counseling -Addressing HIV and Gender from the Ground Up -FP/HIV Integration -Emergency Planning for HIV Treatment Access	Video developed on Kenyan experience in scaling up VMMC

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Lesotho		Training for OVC partners on child protection policies				
Mozambique				-Linkages to and Retention in HIV Care and Support Programs -Regional OVC Forum	Earning Their Way to Healthier Lives (health and legal training to help rural women mitigate HIV risk)	
Namibia				Reducing Alcohol-associated HIV Sexual Risk Behaviors	Prevention Planning Process	Demonstration project on reducing alcohol-related HIV risk
Nigeria	Training and capacity building in injection safety and health care waste management	Training for OVC partners on child protection policies	-Pediatric and adolescent care and treatment program -Injection safety in selected local government areas		Nigeria's Mixed Epidemic	Technical brief on access to ART in emergency settings -Success stories written on disposal of expired ARVs and test kits, improving safe phlebotomy, and the availability of safe injection commodities

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Rwanda					-Rebuilding Hope (HIV-positive women survivors of Rwandan genocide) -Mixed epidemics	
Uganda	Training and capacity building in health care waste management		-Nutrition Assessment Counseling and Support (NACS) Program Assessment -Adult and pediatric ART in emergency settings		-Prioritizing HIV in Mental Health Services Delivered in Post-Conflict Settings -Emergency Planning for HIV Treatment Access	
Swaziland		-South-to-south TA to National AIDS Program in HBTC -Training for OVC partners on child protection policies			-Secret Lovers Kill (MCP) -Swaziland Action Group Against Abuse: Addressing Gender-based Violence (GBV)	-Support of m2m in expansion of services for pregnant women and new mothers with HIV -Video developed on Swaziland experience in scaling up VMMC

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
South Africa		Training for OVC partners on child protection policies		<ul style="list-style-type: none"> -Strengthening Gender Programming in PEPFAR -Male Circumcision Communication -HIV Prevention, Care and Treatment for MSM 	<ul style="list-style-type: none"> -Wising Up to Alcohol-Related HIV Risk -Scrutinize Campaign (MCP) -Allowing Men to Care (engaging men in caregiving) 	
Tanzania		Ongoing TA in HIV integration for PEPFAR natural resource/ economic growth partners	<ul style="list-style-type: none"> -PMTCT program -Rapid assessment of HIV mainstreaming activities of PEPFAR natural resource/ economic growth partners 	Size Estimation of MARPs	<ul style="list-style-type: none"> - Intergenerational Sex through the Fataki Campaign -Creating Community Safety Nets for Vulnerable Youth -Mainstreaming HIV Programming into Natural Resource Mgt. Activities (Jane Goodall Institute and Africa Wildlife Foundation) 	
Togo		HIV prevention program planning				

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Zambia			Pediatric and adolescent care and treatment program		-Club Risky Business (MCP) -Implementing WHO's 2010 ART Recommendations -Risky Business Made Safer – Corridors of Hope (prevention among sex workers and truck drivers in border and transit towns)	Ongoing support for Zambia Partner Reporting System on PEPFAR results
Asia						
Cambodia			Provider-initiated Testing and Counseling		PRASIT: Using Strategic Behavioral Communication to Change Gender Norms in Cambodia	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
India	Documentation of promising practices, support to National AIDS Control Program, and management and technical support to PEPFAR country team			Interventions with MARPs in PEPFAR Countries	-Alcohol Consumption and HIV Risk -Empowering Communities of MSM to Prevent HIV -Avahan AIDS Initiative -SANGRAM's Collectives: Engaging Communities in India to Demand Their Rights	
Indonesia					STIGMA Foundation: Empowering Drug Users to Prevent HIV	
Kyrgyzstan		Training of hospital staff in infection prevention control	-Situation analysis of infection prevention control in hospitals -Needs assessment for MARPs			

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Thailand			Situation analysis of testing and counseling for MSM	HIV Rapid Testing- Rapid Results	-HIV testing and counseling among MSM -HIV testing and counseling among transgender people	
Vietnam					-Breaking New Ground: Integrating Gender into Care's Step Program in Vietnam -Public Sector Response to GBV -Mental Health and Care and Support	
Europe and Eurasia						
Georgia					Georgia Harm Reduction Network	
Russia					HIV prevention and empowerment of MSM in Orenburg, Russia	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Ukraine				PWID Regional Meeting	International HIV/AIDS Alliance	
Middle East						
Lebanon					More Than Just HIV Prevention (outreach to MARPs)	
Latin America and Caribbean						
Bahamas				Effective Prevention with MARPs and OVPs in the Caribbean		
Brazil	Training, capacity building and communications for expanding access to TB and HIV interventions	-TA in BCC strategies and peer-to-peer efforts -TA to national and priority State Secretariats of Health				
Colombia					Empowering MSM to Live Healthy Lives	
Dominican Republic	Grants and TA to NGOs working with MARPs and vulnerable populations			ART Regional Technical Consultation		
Ecuador					Collaboration in Ecuador on GBV Services	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
El Salvador			HIV vulnerability, needs, services and barriers for transgender persons		Different Needs but Equal Rights: Giving Voice to Transgender Communities	
Guatemala			-Community-based continuum of care and prevention -HIV vulnerability, needs, services and barriers for transgender persons	Effective Prevention with MARPs in Latin America		
Guyana					HIV Treatment Guidelines	
Honduras	TA and capacity building to Health Secretariat and National Assoc. of PLHIV	-TA to CCM of GFATM -National Strategy for Integrated Care for STI/HIV/AIDS services	-Services provided by Integrated Care Centers -Services provided by ASONAPVSI DA H			

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Mexico					-HIV Prevention on the US-Mexico Border -FBOs and HIV Prevention in Mexico	
Nicaragua			HIV vulnerability, needs, services and barriers for transgender persons		New Models of Masculinity to Prevent HIV Among MSM	
Panama			HIV vulnerability, needs, services and barriers for transgender persons			
Peru					Sex work, HIV, and human rights program in Peru	
Trinidad				Size Estimation of MARPs		

ANNEX 4: FINANCIAL/LEVEL OF EFFORT STATUS REPORT

Technical Area	Workplan Budget FY12	Cumulative Obligations	Actual Expenses FY08 - FY11	Actual Expenses FY 12			Cumulative Expenses	Obligations Less Expenses	% Obligations Spent	% FY12 Workplan Spent	Months Remaining
				Q1	Q2	Total					
CENTRAL FUNDS											
PMTCT	713,018	1,436,189	723,171	136,071	106,305	242,376	965,547	470,642	67%	34%	12
GP&Y	1,389,594	4,838,683	3,449,089	175,146	180,001	355,148	3,804,237	1,034,446	79%	26%	17
MARP's	948,296	4,261,916	3,313,620	104,911	259,609	364,519	3,678,140	583,776	86%	38%	10
Prevention (GHA)	0	750,000	750,000	0	0	0	750,000	0	100%	0%	0
VMMC	147,575	147,575	0	67,256	8,579	75,836	75,836	71,739	51%	51%	6
CARE & SUPPORT	829,454	3,122,800	2,293,346	101,525	83,861	185,387	2,478,733	644,067	79%	22%	21
OVC	904,182	1,958,507	1,054,325	72,015	30,893	102,908	1,157,233	801,274	59%	11%	47
HIV COUNSELING & TESTING	450,556	2,600,958	2,150,402	51,482	79,073	130,556	2,280,958	320,000	88%	29%	15
ADULT TREATMENT	296,650	3,200,000	2,903,350	24,960	42,729	67,689	2,971,039	228,961	93%	23%	20
PEDIATRIC TREATMENT	861,295	956,339	95,044	147,284	111,010	258,294	353,338	603,001	37%	30%	14
STRATEGIC INFORMATION	0	630,000	630,000	0	0	0	630,000	(0)	100%	0%	0
OTHER (FP/HIV integration in FY11)	0	1,360,000	1,360,000	0	0	0	1,360,000	0	100%	0%	0
GENDER	376,751	2,868,533	2,491,782	43,901	48,625	92,526	2,584,308	284,225	90%	25%	18
KM	152,861	190,000	37,139	5,652	1,923	7,575	44,714	145,286	24%	5%	115
APCA Support	102,306	250,000	147,694	641	68,223	68,864	216,558	33,442	87%	67%	3
HIV Care and Support Conf.	0	50,000	50,000	0	0	0	50,000	0	100%	0%	0
SUBTOTAL CENTRAL FUNDS	7,172,538	28,621,500	21,448,962	930,846	1,020,831	1,951,677	23,400,640	5,220,860	82%	27%	16
MISSION FUNDS				Q1	Q2						
Central Asia Region (Kyrgyzstan)	53,430	164,000	110,570	119	460	579	111,149	52,851	68%	1%	547
Honduras	1,876,910	3,483,458	1,606,547	290,882	311,224	602,105	2,208,652	1,274,806	63%	32%	13
Guatemala	0	70,000	70,000	0	0	0	70,000	0	100%	0%	0
Central America Program	0	60,000	60,000	0	0	0	60,000	0	100%	0%	0
LAC Bureau	1,134,340	1,582,400	448,060	95,800	96,923	192,723	640,783	941,617	40%	17%	29
AFR Bureau	771,362	1,146,263	374,901	54,786	124,478	179,264	554,165	592,098	48%	23%	20
E&E Bureau	20,867	50,000	29,133	2,018	6,092	8,110	37,244	12,756	74%	39%	9
Ethiopia	2,197,754	5,543,652	3,345,898	413,027	664,343	1,077,369	4,423,267	1,120,385	80%	49%	6
Nigeria	3,027,577	6,225,000	3,197,423	644,204	472,417	1,116,621	4,314,044	1,910,956	69%	37%	10
Uganda	744,596	1,312,500	567,904	75,084	64,123	139,208	707,111	605,389	54%	19%	26
Mexico	0	52,000	52,000	0	0	0	52,000	0	100%	0%	0
India	1,136,000	2,250,000	1,114,000	192,836	220,144	412,980	1,526,980	723,020	68%	36%	11
Swaziland	0	500,000	500,000	0	0	0	500,000	0	100%	0%	0
Tanzania	367,109	710,000	342,891	87,513	115,789	203,302	546,193	163,807	77%	55%	5
Zambia	83,419	150,000	66,581	24,532	733	25,266	91,846	58,154	61%	30%	14
Dominican Republic	2,964,611	3,200,000	235,389	333,428	763,118	1,096,546	1,331,935	1,868,065	42%	37%	10
Brazil	1,108,516	1,110,000	1,484	166,327	264,135	430,462	431,946	678,054	39%	39%	9
SUBTOTAL MISSION FUNDS	15,486,490	27,609,273	12,122,781	2,380,558	3,103,977	5,484,535	17,607,316	10,001,957	64%	35%	11
TOTAL	22,659,028	56,230,773	33,571,744	3,311,404	4,124,808	7,436,212	41,007,956	15,222,817	73%	33%	12

Level of Effort(LOE)	FY 08-11 Actual	Actual LOE FY 12		Cumulative Total	Contract Ceiling	Balance
		Q1	Q2			
CENTRAL FUNDS						
PMTCT	680	65	109	854		
GP&Y	3,405	236	206	3,847		
MARP's	3,272	157	233	3,662		
Prevention (GHAI)	740	0	0	740		
VMMC	0	74	11	86		
CARE & SUPPORT	2,279	116	149	2,545		
OVC	1,077	51	43	1,171		
HIV COUNSELING & TESTING	2,169	90	134	2,394		
ADULT TREATMENT	2,929	35	73	3,037		
PEDIATRIC TREATMENT	233	142	133	508		
STRATEGIC INFO	1,108	0	0	1,108		
OTHER	1,422	0	0	1,422		
GENDER	2,375	73	42	2,490		
KM	25	0	2	27		
APCA Support		1	3	4		
TOTAL CENTRAL FUNDS	21,714	1,040	1,140	23,894	39,109	15,215
MISSION FUNDS						
Central Asia Region (Kyrgyzstan)	280	4	1	284		
Honduras	3,054	501	863	4,418		
Guatemala	301	0	0	301		
Central America Program	16	0	0	16		
LAC Bureau	521	128	144	792		
AFR Bureau	503	81	129	714		
E&E Bureau	30	3	5	37		
Ethiopia	10,266	1,257	2,154	13,677		
Nigeria	3,909	1,229	887	6,024		
Uganda	1,763	219	277	2,259		
Mexico	52	0	0	52		
India	1,285	300	346	1,930		
Swaziland	15,317	0	0	15,317		
Tanzania	546	104	137	787		
Zambia	66	20	1	86		
Dominican Republic	166	406	451	1,024		
Brazil	1	137	305	443		
TOTAL MISSION FUNDS	38,073	4,388	5,698	48,160	104,352	56,192
TOTAL	59,787	5,428	6,838	72,054	143,461	71,407

For more information, visit AIDSTAR-One.com

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