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AIDSTAR-ONE SEMI-ANNUAL REPORT

OCTOBER 2012–MARCH 2013

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

APRIL 2013

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AIDS Support and Technical Assistance Resources Project

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ACRONYMS

AIDSTAR-One	AIDS Support and Technical Assistance Resources, Sector I, Task Order 1
ASONAPVSI DAH	National Association of People Living with HIV/AIDS
APCA	African Palliative Care Association
APR	annual performance reporting
ART	antiretroviral therapy
ASONAPVSI DAH	National Association of People Living with HIV/AIDS (Honduras)
ASTMH	American Society of Tropical Medicine and Hygiene
CAI	comprehensive care unit
CCM	Country Coordinating Mechanism
CDC	U.S. Centers for Disease Control and Prevention
CHW	community health worker
COR	Contracting Officer's Representative
CST	care, support, and treatment
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 Authority of Ethiopia
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
HBHTC	home-based HIV testing and counseling
HCWM	health care waste management
HTC	HIV testing and counseling
ICASA	International Conference on AIDS & STIs in Africa
ICT	integrated counseling and testing
IP&PS	infection prevention and patient safety
IPC	infection prevention and control
IRB	institutional review board
IS	injection safety
JGI	Jane Goodall Institute
JSI	John Snow, Inc.
KABP	knowledge, attitude, behavior, and practice
KM	knowledge management
LAC	Latin America and the Caribbean
MARP	most-at-risk population
MNCH	maternal, newborn, and child health

MOH	Ministry of 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)
NACS	nutrition assessment, counseling, and support
NGO	nongovernmental organization
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
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
PLHIV	people living with HIV
PLoS	Public Library of Science
PMTCT	prevention of mother-to-child transmission
PNLS	National AIDS Program (Democratic Republic of the Congo)
PPP	public-private partnership
PRC	post-rape care
RHB	Regional Health Bureau
S2S	South-to-South
S2STA	South-to-South technical assistance
SACS	State AIDS Control Society (India)
SDA	small doable action
Sonke	Sonke Gender Justice Network
SSI	Stepping Stones International
SSS	Social & Scientific Systems
STAR	Strengthening TB and HIV/AIDS District Response
STI	sexually transmitted infection
TA	technical assistance
TACARE	Lake Tanganyika Catchment, Reforestation and Education
TB	tuberculosis
TOT	training of trainers
TWG	Technical Working Group
UHMG	Uganda Health Marketing Group
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, 2012, through March 31, 2013. It presents the project's centrally-funded and field support-funded activities, as well as the project's knowledge management activities and results.

During this reporting period the AIDSTAR-One project was extended by 12 months with a new completion date of January 29, 2014. Aside from some additional funds for new gender activities, the project did not receive additional central funds and, therefore, did not prepare a new workplan for FY 2013. Instead, the additional 12 month extension period is being used to complete activities from the FY 2012 workplan for centrally-funded activities, as well as to implement some new activities added via modifications to the workplan. In addition, AIDSTAR-One continues to implement selected field support-funded activities and received some additional funding for field support implementation during FY 2013. This semi-annual report provides a progress report on those activities that continued into FY 2013 from both centrally-funded and field-support funded sources.

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. Annex 2 includes a list of publications that are completed and publications under development and Annex 3 provides a financial/level of effort status report as of March 31, 2013.

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. At the beginning of this reporting period AIDSTAR-One had field offices in Brazil, the Dominican Republic, Ethiopia, Honduras, Nigeria, and Uganda. By the end of the reporting period the field offices in Brazil and the Dominican Republic were closed, and the office in Honduras was nearly closed.

AIDSTAR-One continued work on its remaining centrally-funded activities through its 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 (TWGs).

2.2 Financial Status and LOE

A summary of the financial status and level of effort expended as of March 31, 2013, is provided in Annex 3. A total of \$5,578,420 million was expended during the first six months of FY 2013, with cumulative expenditures since the beginning of the project totaling \$55,459,576 million. Unspent obligations as of March 31, 2013 (i.e., pipeline) total \$3,513,088 million.

As AIDSTAR-One is a level-of-effort contract, work days ordered and actual work days provided are also shown in Annex 3. A total of 92,698 workdays have been provided since the beginning of the project.

AIDSTAR-One continued to implement field support-funded activities funded by the Latin America and Caribbean Bureau, Africa Bureau, the Central Asia Regional Mission, the PEPFAR Caribbean Regional Program, and USAID missions in Honduras, Brazil, the Dominican Republic, India, Nigeria, Ethiopia, Uganda, Tanzania, and Zambia. During the reporting period new funds were received from USAID/Ethiopia and USAID/Uganda to fund new workplans in those countries that will continue through FY 2013.

3.0 KNOWLEDGE MANAGEMENT

Summary and Major Accomplishments

Over the past six months, the Knowledge Management (KM) Team provided comprehensive communications support to the technical teams and raised awareness of AIDSTAR-One resources and activities. The success of these activities is evident in the quality of products produced and their broad dissemination to global HIV channels.

As in previous periods, the KM Team supported each technical area with the following services: writing, editing, formatting, layout, graphic design, branding compliance, printing, website content development, knowledge management, product development, dissemination and outreach, strategic communications, and event planning. Examples include reviewing or drafting concept notes, developing monitoring plans and assessments, creating multimedia resources, designing project collateral, and providing evaluation support to all of the technical teams.

The KM Team has made minor adjustments to the project website to ensure that it effectively presents and features the newest and most popular HIV resources. As the body of HIV technical documents on the website continues to grow, the KM Team continues to disseminate these resources to targeted channels. The KM Team maintained a presence on social media and other external discussion groups. As a result, social media and external listservs accounted for over 7 percent of traffic to the website.

The KM Team tracked and measured its effectiveness in dissemination to target audiences following the project's Monitoring and Evaluation Plan. Traffic to the website was monitored using Google Analytics and reflected both a steady stream of new visitors and a growing number of repeat users.

During this reporting period, 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 340 resources and products have been approved by the Technical Working Groups (TWGs).
- The website received a total of 61,176 visits during this reporting period from 43,476 unique visitors.
- Prevention Update subscribers increased by 12 percent for a total of 4,724 subscribers.

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 (e.g., case studies, technical briefs, assessments, and reports) to USAID for approval. Of these, 62 were approved. Over the life of the project, USAID has approved a total of 340 resources and products to date (March 31, 2013). 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 2013 Q1-Q2 and Cumulative

	FY 2013 Q1-Q2		Cumulative Available***		
	Submitted * FY 2012	Approved ** FY 2012	AIDSTAR- One Products	Promising Practices	Total
Prevention	11	11	127	23	150
Treatment	6	6	27	2	29
Care and Support	4	4	26	13	39
Testing and Counseling	1	1	25	9	34
PMTCT	2	2	6	7	13
OVC	4	2	12	6	18
Gender	22	22	64	15	79
Private Sector	–	–	2	2	4
Field Support/Other	19	14	51	1	52
Totals	69	62	340	78	418

***Submitted:** completed products that were submitted to USAID/TWGs for approval/review during this reporting period.

****Approved:** products submitted and approved by USAID/TWGs for publication/dissemination during this reporting period.

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

Note: the majority of technical products take more than 12 months to produce on average. An additional 63 products are currently pending USAID approval (7) or are in development (56).

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 (new and returning 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, 2012 to April 30, 2013) was 61,176 from 43,476 unique visitors (counts each visitor only once in the selected date range). The HIV Prevention Knowledge Base continues to generate the most web traffic (over 15 percent of all unique pageviews) followed by the Promising Practices Database (over 5 percent of all unique pageviews) and the HIV Prevention Update (over 4 percent of all unique pageviews).

The triangulation of data from multiple sources (web analytics, link tagging, 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, 2012, and April 30, 2013, over 4,400 visits (7 percent of all visits) to the AIDSTAR-One website were tracked using tagged links. An additional 770 visits to the AIDSTAR-One website (1.3 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.

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.

Table 2. Top 10 Listservs/Platforms, by Number of Visits—Tagged Link Campaigns (FY 2013 Q1-Q2)

	Listserv/Social Media Platform	Number of Visits
1.	Twitter	645
2.	AfroNet	518
3.	CORE Group HIV/AIDS Working Group	468
4.	Global Public Health LinkedIn Group	314
5.	Global Health Delivery	243
6.	Rectal Microbicide Blog	186
7.	Facebook	130
8.	Implementing Best Practices (IBP)	129
9.	International AIDS Society LinkedIn Group	125
10.	AIDS Portal	115

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 21.8 to 24.1 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) far exceeded this average and ranged from 38.9 to 43.2 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 13 percent during this reporting period for a total of 4,724 subscribers as of April 30, 2013 (see Figure 1). AIDSTAR-One receives approximately 100 organic signups monthly requesting e-newsletter subscription (see Figure 2); however, the project periodically 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, FY 2013 Q1-Q2

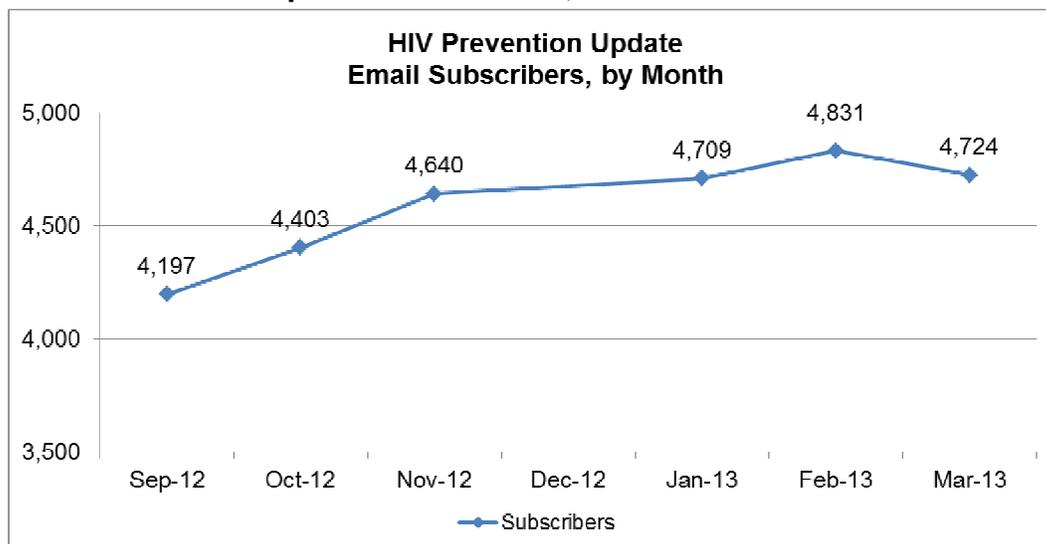
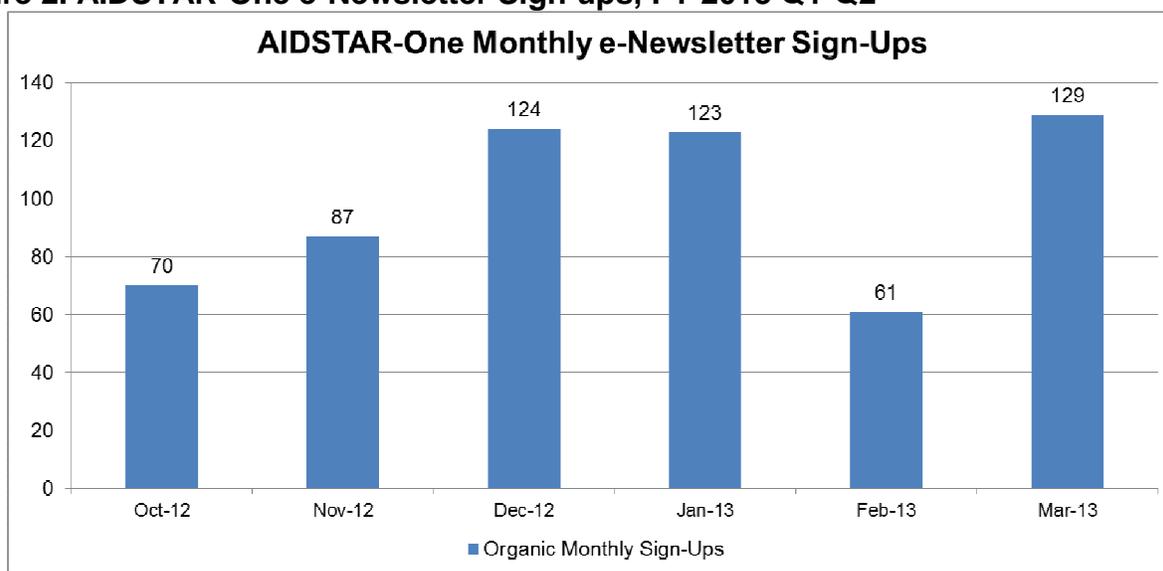


Figure 2. AIDSTAR-One e-Newsletter Sign-ups, FY 2013 Q1-Q2



2. AIDSTAR-One.com

Over the life of AIDSTAR-One, the website has grown into a robust knowledge management platform for sharing HIV-related promising practices and technical resources. Working closely with the AIDSTAR-One technical teams, the KM Team continued to build the robust database of technical and field support HIV resources.

During this reporting period, the KM Team has focused on maintaining the functionality of the current site and featuring new and popular resources. For example, the KM Team developed a new video gallery format for case studies that incorporate multimedia in order to ensure that the videos were highlighted prominently. The dynamic field support map has continued to grow as additional tools are added to the website.

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

- *Prevention:* The prevention section of the AIDSTAR-One website is rich with resources on salient topics in HIV prevention. In this reporting period, the prevention section was updated with the publication of several new and updated HIV Prevention Knowledge Base topics, three issues of the HIV Prevention Update, reports, technical consultation materials, and case studies. In this reporting period, the KM and Prevention Teams finalized the project's first podcast on reaching most-at-risk populations with social media initiatives.
- *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 the pediatric disclosure materials. This series of color booklets and accompanying cue cards is intended to facilitate the

process of HIV status disclosure to children of different ages. These resources are also available for download in French, and Portuguese and Xhosa translations will be posted within the next period. Color booklets and cue cards for adolescents are in development and will be added to the site when they are finalized. In addition, new case studies and reports, as well as over 40 new or updated HIV Treatment Guidelines (including PMTCT guidelines) were added to the treatment and PMTCT sections 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, and HIV rapid testing. These 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.
- *Care and Support*: The draft training curriculum on water, sanitation, and hygiene (WASH) in health facilities was pilot tested in Kenya and Ethiopia, and the resulting assessment reports were posted on the website during this period. Additionally, an assessment report from the co-trimoxazole tools pilot was posted, along with the report from a care and support session at the 2012 International Conference on AIDS.
- *Gender and HIV*: The gender section continued to expand during this reporting period. Two important new resources were added and finalized: *Program Guide for Integrating Gender-based Violence (GBV) Prevention and Response in PEPFAR Programs* and *Resources for the Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence*. The KM and Gender Teams worked closely to determine a format for both of these resources that is both easy to use and that harmonizes with the focus area structure of AIDSTAR-One.com. The GBV Guide has also been translated into French, Portuguese, Spanish, and Swahili, and the Post-rape Care Technical Considerations will be translated into the same four languages.

Additionally, in this reporting period, the KM Team translated, finalized, and posted over twenty translations of gender case studies and reports. Many of the case studies from the Africa Gender Compendium Case Study Series, the Gender Strategies in Concentrated Epidemics Case Study Series, and the Gender-based Violence Case Study Series, including the summary reports for each series, have been translated into French, Spanish, or Portuguese.

At the request of the Gender TWG, the KM Team continues to add to the Gender Special Initiatives section of the website. In this reporting period, the KM Team posted four videos from the Capable Partners Program in Mozambique, called *Quebrando Barreiras*.

- *Orphans and Other Vulnerable Children (OVC)*: During this reporting period, the KM Team posted a new case study and an issue brief. 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.
- *Field Support*: During this reporting period, AIDSTAR-One posted a number of new resources from the field offices. The India field office finalized its series of case studies, which will be featured in the next edition of AIDSTAR-One's email newsletter, to be sent out in April 2013. The KM Team also posted several success stories and reports featuring the injection safety work in Nigeria, Ethiopia, and Uganda. The KM Team posted two new resources—a case study and a technical brief—on mainstreaming HIV services in Tanzania. Additionally, from the Latin America and Caribbean (LAC) region, the KM Team posted case studies, technical briefs, technical consultation materials, and reports in both English and Spanish. Many of these resources are featured on the Spanish language page. One of the case studies, on HIV and disability in the Dominican Republic, also features a portfolio of high-definition videos, displayed in a new gallery format. Lastly, the KM Team produced another Russian email for subscribers in the Eastern Europe and Eurasia region to highlight the body of AIDSTAR-One resources in Cyrillic.

3. Project Products and Dissemination

In this reporting period, AIDSTAR-One published and shared over seventy-four new products, as well as many of the project's existing resources, through its robust dissemination process. A thorough print and online publications approach ensures that the project is producing high quality materials. The KM Team works closely with AIDSTAR-One technical teams to develop useful products that best meet the needs of HIV program planners and implementers.

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.

During this period, AIDSTAR-One has utilized social media at a number of USAID and PEPFAR events, including the launch of the *PEPFAR Blueprint for Creating an AIDS-free Generation* in November, World AIDS Day in December, the Institute of Medicine evaluation of PEPFAR in March, and the *Post-rape Care Technical Considerations* launch event in March. Through social media promotion, live tweeting at events, blogging, and participating in online Twitter chats, the KM Team has been able to drive traffic to the project's resources.

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.

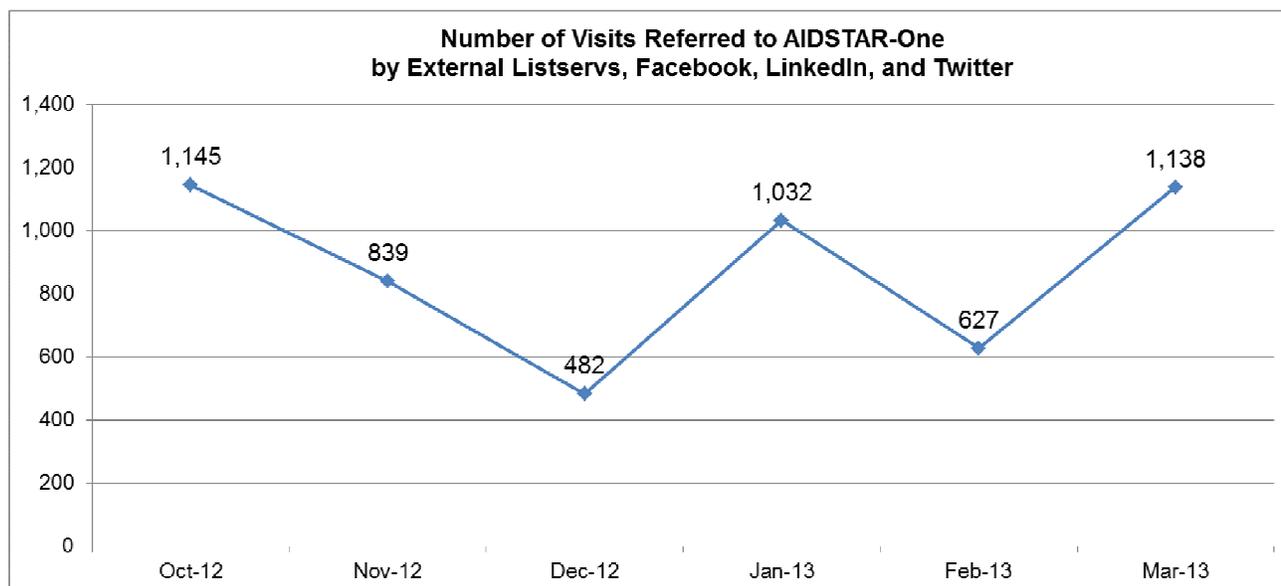
Recognizing that many of AIDSTAR-One’s subscribers use mobile phones and email frequently, the KM Team continues to use email as a primary channel for dissemination. During this reporting period, the KM Team sent out “What’s New” email newsletters highlighting new treatment, gender, Russian, LAC, and prevention resources. In addition, the KM Team released a fall edition of the email newsletter, *The Link*, which focused on MSM and technology.

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 Rectal Microbicides Listserv, the Communications Initiative, HIPNet, the Interagency Gender and Youth Working Groups, and other prominent information sharing platforms. The project also works to cross-promote with other USAID and PEPFAR partners, such as Knowledge for Health, WASHPlus, 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 4,692 visits (7% of all web traffic; see Figure 3 and Table 3).

Table 3. Number of AIDSTAR-One Social Media Visits by Quarter

Number of AIDSTAR-One Social Media Visits by Quarter, FY 2013						
FY 2013	Twitter	Facebook	LinkedIn	External Listservs	Total	% of Total Visits
Q1	535	208	450	1,273	2,466	8%
Q2	372	631	559	664	2,226	7%
FY 2013	907	839	1,009	1,937	4,692	8%

Figure 3. Number of Social Media Visits Referred to AIDSTAR-One



The project distributed copies of its materials at relevant technical meetings and shared materials with Missions and in-country partners. During this period, AIDSTAR-One disseminated over 1,500 hard copies of materials and 30 copies of the “In It to Save Lives” voluntary medical male circumcision DVDs.

USAID Outreach and Dissemination

Throughout the period, 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.

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. The project also submitted its materials to USAID’s Development Experience Clearinghouse DEC (www.dec.usaid.gov/).

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—

- *Community-Based Initiatives for HIV Programming among MARPs*
- *Strengthening HIV/AIDS Programs in Two Indian States: Samastha's Technical Assistance*
- *Community Conversation among the Maasai: Mainstreaming HIV/AIDS into Natural Resource Management*
- *Micro-planning in Andhra Pradesh: Ensuring Quality HIV Care for Individuals and Communities*
- *Targeted Outreach Project (TOP): Scaling up HIV Programming in Burma by Mobilizing Sex Workers*
- *A Positive Partnership: Integrating HIV and Tuberculosis Services in Karnataka, India*
- *Uniting to Build HIV Prevention for Drug Users: The Georgian Harm Reduction Network*
- *ProVIC "Champion Communities": PMTCT of HIV in the Democratic Republic of Congo*
- *HIV in the Land of Baseball and Bachata: Dominican NGOs Provide Comprehensive Services to Those Most at Risk*
- *District Comprehensive Approach for HIV Prevention and Continuum of Care in Maharashtra, India*

Reports—

- *Pilot Co-Trimoxazole Tools Assessment - Gulu, Uganda*
- *Reducing Alcohol-Related HIV Risk in Katutura, Namibia: Results from a Multi-Level Intervention*
- *Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Report of Pilot in Nigeria*
- *Rapid Assessment of Pediatric HIV Treatment in Nigeria*
- *Assessment of Infection Prevention and Patient Safety Commodities in Ethiopia*
- *Improving Infection Prevention and Control in Ethiopia through Supportive Supervision of Health Facilities*
- *Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Ethiopia*
- *Rapid Assessment of Pediatric HIV Treatment in Zambia*
- *Assessment of the Integration of PMTCT within MNCH Services at Health Facilities in Tanzania*
- *Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Kenya*

Technical Briefs—

- *Mainstreaming HIV Programming Into Natural Resource Management and Economic Growth (NRM/EG) Activities in Tanzania*

Issue Paper—

- *The Debilitating Cycle Of HIV, Food Insecurity, and Malnutrition: Including a Menu Of Common Food Security and Nutrition Interventions For Orphans and Vulnerable Children*

Success Stories—

- *Training Health Workers in Successful Waste Management in Mbale, Uganda*
- *Recycling Plastics Health Care Waste in Central Uganda*
- *Protecting Health Workers against Hepatitis B in Uganda*
- *Leveraging Resources for Sustainable Health Care Waste Management in Uganda*

Tools and Additional Resources—

- *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs*
- *Pediatric Disclosure Materials: Book 1 - How to Keep Healthy*
- *Pediatric Disclosure Materials: Book 1 Cue Cards*
- *Pediatric Disclosure Materials: Book 2 - Knowing About Myself*
- *Pediatric Disclosure Materials: Book 2 Cue Cards*
- *Pediatric Disclosure Materials: Book 3 - Living a Life of Health*
- *Pediatric Disclosure Materials: Book 3 Cue Cards*

Translations—

- *Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations* (French, Spanish, and Portuguese)
- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa* (French, Spanish, and Portuguese)
- *Analysis of Services to Address Gender-based Violence in Three Countries* (French, Spanish, and Portuguese)
- *Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá's Lesbian, Gay, Bisexual, and Transgender Community Center* (Spanish and French)
- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador* (Spanish and French)
- *Earning Their Way to Healthier Lives—Mulheres Primeiro (Women First): Health and Legal Training Combined with Income Opportunities Helps Rural Mozambican Women Mitigate HIV Risk.* (Portuguese and French)
- *Breaking New Ground: Integrating Gender into CARE's STEP Program in Vietnam* (French)
- *Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru* (Spanish)
- *Pediatric Disclosure Booklets and Cue Cards (1-3)* (French)

- *Civil Society and Government Unite to Respond to Gender-based Violence in Ecuador (Spanish)*
- *HIV in the Land of Baseball and Bachata: Dominican NGOs Provide Comprehensive Services to Those Most at Risk (Spanish)*

4.0 MAJOR ACCOMPLISHMENTS—CENTRALLY FUNDED

4.1 Introduction

Central funds for AIDSTAR-One now represent 49 percent of all funding obligated to AIDSTAR-One through March 31, 2013, 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 progress and major accomplishments during the first six months of FY 2013 for six technical areas:

- Prevention: General, Most-at-Risk Populations (MARPs) and Voluntary Medical Male Circumcision (VMMC)
- Adult/Pediatric Treatment and Prevention of Mother-to-Child Transmission (PMTCT)
- HIV Testing and Counseling (HTC)
- Orphans and Vulnerable Children (OVC)
- 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, 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 section.

Status of Workplan Activities

1. Prevention on the AIDSTAR-One Website

During the first half of FY 2013, 17,645 unique visitors from 177 countries visited the Prevention section of the AIDSTAR-One website. Over 27 percent of these visitors were from Africa. The HIV Prevention Knowledge Base remains the most accessed resource on the

AIDSTAR-One website. Overall, over 15 percent (19,662) of all AIDSTAR-One unique pageviews were to the Prevention Knowledge Base, and 5 of the top 10 webpages during this reporting period were Prevention Knowledge Base topic pages. The Prevention Knowledge Base was accessed by 8,878 unique visitors from 156 countries during this reporting period, and 29 percent of these visitors were from Africa. As of March 2013, the HIV Prevention Knowledge Base included 29 topics. The most accessed topics include An Overview of Structural Approaches to HIV Prevention, An Overview of Combination Prevention, and Multiple and Concurrent Sexual Partnerships. One new entry was posted during FY 2013: Enhancing the Reach and Effectiveness of MSM-targeted Combination HIV Prevention Interventions.

Additional revisions to the structural overview section are currently underway, as are other minor revisions based on new information gathered from the HIV Prevention Update data selection tables over the past year. 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 2012, the Prevention Team has published five monthly issues of the HIV Prevention Update. As in previous periods, a single issue covering December 2012 and January 2013 was published. Since this time last year, subscribers to the Prevention Update have increased 13 percent from 4,197 to 4,724. The HIV Prevention Update continues to drive traffic to the website. The HIV Prevention Update was the second most accessed resource on the AIDSTAR-One website during this reporting period, drawing over 6,112 unique pageviews (4.8 percent of the site's total unique pageviews). On the day that the March 2013 issue was disseminated, there was an over 62 percent increase in unique pageviews and an over 20 percent increase in both visits and absolute unique visitors compared to the same day the previous week. Over one-third (38 percent) of all visits to the HIV Prevention Update webpage are generated by users in Africa—an increase from 35 percent in FY 2012. Since October 2012, users from 120 countries have accessed the HIV Prevention Update on the AIDSTAR-One website.

The HIV Prevention Update is 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, and the Global Fund to Fight AIDS, Tuberculosis and Malaria) and other public health forums has led to positive feedback.

Men Who Have Sex with Men and Transgender Podcast: "Reaching Transgender and MSM Populations through Social Media"

A ten-minute podcast, produced by the AIDSTAR-One Prevention and Knowledge Management Teams, provides insight into TLBz's Sexperts program, a growing HIV prevention program based in Chiang Mai, Thailand. Sexperts is using social media, including Facebook, YouTube, and online chats, to reach transgender people—a population that is at-

risk for HIV infection—with important health messages. This program was posted on the AIDSTAR-One website on October 9, 2012.

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

In FY 2012, AIDSTAR-One provided logistical support to the co-sponsored USAID-World Bank debate series, Emerging Issues in Today's HIV Response. During this reporting period, meeting reports from this series were downloaded approximately 406 times from users in 60 countries, and 34 percent of these downloads were from visitors accessing the website from Africa.

The report of the final debate was posted on November 14, 2012. This final debate, at which panelists argued for and against the proposition that “Continued AIDS investment by donors and governments is a sound investment, even in a resource-constrained environment,” was held in conjunction with the July 2012 International AIDS Society conference. The debaters focused on the moral imperative and financial feasibility of continuing the investments that have enabled improvements in decreasing AIDS-related morbidity and mortality thus far, and negative impacts of HIV funding on support for other major preventable problems over the past decade. The final debate was held at the World Bank's Preston Auditorium (attended by 375 people), screened live at a satellite session at the International AIDS Society Conference (attended by 60 people), and watched by more than 1,000 people via live webcast and blog on the World Bank website in English, French, Spanish, and Arabic.

4. Mixed Epidemics in West Africa

Based on findings from an AIDSTAR-One-conducted program review of HIV prevention programming in Burkina Faso and Togo, a report is in the final stages of development. The program review consisted of in-depth interviews with 54 organizations and identification of existing MARPs programs with the potential to be replicated and brought to scale. The report outlines several major challenges including severely constrained resources and the related issues of inadequate service coverage; stigma and marginalization of MSM, sex workers, and other MARPs contributing to the challenge of identification, size estimations, and inclusion of key populations in program planning and implementation; and poor communication and coordination among many of the key actors (civil society and nongovernmental organizations, national government, etc.).

5. Reducing Alcohol-Related HIV Risk

In FY 2011, Prevention Team colleagues at the International Center for Research on Women 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 assessed 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 were 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 and concluded in FY 2012. In the first half of FY 2013, the team conducted the following activities:

- Conducted endline data analysis from all appropriate endline survey tools and qualitative interviews with project stakeholders (e.g., bar owners, bar staff, bar patrons, community mobilization volunteers, and community leaders)
- Developed a final project report based on endline data analysis
- Developed an article for submission to a peer-reviewed journal in early November 2012
- Posted final project report on January 14, 2013
- Hosted brownbag on the project results for USAID staff on January 17, 2013.

The Office of the Global AIDS Coordinator has expressed interest in hosting a webinar on the topic of alcohol and HIV in April 2013 and has asked the project coordinator, Dr. Katherine Fritz, to present findings from the demonstration project.

6. Structural Interventions

In the first half of FY 2013, the Prevention Team continued efforts on structural programming in two main areas.

Position Papers

In collaboration with the General Population & Youth TWG, the team finalized a set of position papers addressing key issues relevant to the advancement of structural prevention programming. The papers and their authors include:

- Expert papers by Charlotte Watts and Lori Heise; Paul Pronyk; James Hargreaves; and Justin Parkhurst
- Field expert paper by Cynthia Bowa and Timothy Mah.

The papers have all been approved by the TWG and are in the final copyediting and layout stage.

Field Resource Tool

The Prevention Team developed a field-oriented resource tool for structural programming that complements and cross-references the expert papers with clear, accessible information for structural programming. The tool provides a framework for a common understanding of structural approaches, provides a six-step approach to determining structural programming and provides key considerations for each step, and outlines resources and key features of structural programming. The tool is in the final stages of development and is expected to be finalized in the next reporting period.

7. Prevention for Men Who Have Sex with Men

Three Men Who Have Sex with Men (MSM) Guidelines Dissemination Meetings

The MARPs TWG asked AIDSTAR-One to support PEPFAR's dissemination of the

2011 *MSM Technical Guidance on Combination HIV Prevention* document. The Prevention Team provided technical and logistical support for the first meeting in Johannesburg, South Africa from February 14 to 16, 2012. The meeting was attended by 150 participants from 22 countries. Following the meeting, the Prevention Team developed a webpage featuring all meeting presentations and related documents. The final meeting report was posted on the AIDSTAR-One website in October 2012. The second meeting, the Asia Regional Workshop on HIV Programming for MSM and Transgendered Persons, was conducted from August 28 to 30 in Bangkok, Thailand. Eighty-two (82) attendees from 19 Asian nations, the United States, Europe, and Australia participated in the meeting. A webpage featuring all meeting presentations and related documents was posted to the project website in September 2012, and a final meeting report was posted in December 2012. The third regional meeting for the Latin American and Caribbean region will be held in Guatemala City in July 2013.

MSM Technical Group Roundtable Meeting

At the request of the MARPs TWG, AIDSTAR-One is providing technical and logistical support to a two-day state of the art meeting on the use of technology and innovation for treatment and prevention for MSM. This two-day meeting will be held from May 2 to 3, 2013 and will involve approximately 40 participants. AIDSTAR-One will write and post a report following the meeting.

8. Comprehensive Approaches for People Who Inject Drugs

A case study, *Uniting to Build HIV Prevention for Drug Users: The Georgian Harm Reduction Network*, was completed and posted to the website on January 8, 2013. The case study describes the Georgian Harm Reduction Network's success in creating effective treatment and prevention services throughout the country and in advocating for legal and policy change in Georgia.

9. Prevention Interventions for Sex Workers

In FY 2012, AIDSTAR-One initiated a case study on comprehensive prevention programs that appropriately target the needs, preferences, and communication channels of sex workers. The case study examines the Targeted Outreach Project in Burma, which is implemented by Population Services International (PSI). Field work was conducted in May 2012, and the final case study was posted on the AIDSTAR-One website on January 24, 2013.

The MARPs TWG has also provided funds to AIDSTAR-One for the development of policy guidance on female sex work and a formal presentation on the state of sex work programming based on qualitative data collected with nongovernmental and governmental stakeholders in sub-Saharan Africa. A technical expert has been contracted and will complete this work in the next reporting period.

10. Voluntary Medical Male Circumcision

AIDSTAR-One, in collaboration with the Maternal and Child Health Integrated Program (MCHIP) HIV/AIDS and Tuberculosis Team Leader, has led the development of a case study to explore the potential relationship between diverse voluntary medical male circumcision service delivery modalities and client socio-demographic profiles in the Iringa region of Tanzania and in Zimbabwe. Specifically, the aim is to explore access of service delivery models through the age distribution of clients. In June 2012, primary data collection was carried out in Tanzania and Zimbabwe. The final case study will be posted on the AIDSTAR-One website by April 29, 2013.

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

Summary and Major Accomplishments

During FY 2013, the Treatment/PMTCT Teams worked closely with the PEPFAR Technical Working Group (TWG) and AIDSTAR-One partner organizations to complete carryover activities from the previous workplan. Notably, the Treatment and PMTCT sections of the AIDSTAR-One website continue to see high rates of traffic. The treatment focus area on the AIDSTAR-One website had 5,090 visits from 135 countries, and the PMTCT focus area had 5,488 visits from 126 countries. Approximately 27 percent of treatment visitors and 42 percent of PMTCT visitors accessed the website from Africa.

Key Treatment and PMTCT accomplishments during this reporting period include:

- Comprehensive pediatric disclosure materials which provide assistance to HIV-positive children, their caregivers, and HIV care providers on disclosure have been adapted and posted to the AIDSTAR-One website.
- A case study entitled, *ProVIC “Champion Communities”: Preventing Mother-to-Child Transmission in the Democratic Republic of Congo* was completed and posted to the AIDSTAR-One website. This case study details a successful community-based integrated support program for early infant diagnosis in the Democratic Republic of Congo.
- A case study entitled, *The Community Register Project: Improving Access to PMTCT Services in Zambia* was completed and will be posted to the AIDSTAR-One website following final USAID approval. This case study details an innovative community-based program to provide outreach and linkage to care for PMTCT in Zambia.
- A technical report entitled, *Rapid Assessment of Pediatric Treatment in Nigeria* was approved by the USAID Management Team and posted to the AIDSTAR-One website. Data from this nationwide pediatric treatment assessment in Nigeria was presented at the November 2012 American Society of Tropical Medicine and Hygiene (ASTMH) meeting.

- The final *Capacity Assessment Tool for Country Ownership of HIV Care and Treatment Programs* was developed and piloted in Nigeria. This tool is currently being finalized and will be posted on the AIDSTAR-One website following USAID approval.
- A technical report, the *Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Nigeria Pilot Report*, was approved by the USAID Management Team and posted to the AIDSTAR-One website. The report summarized the methodology and findings of the Capacity Assessment Tool's pilot.
- A compendium of resources entitled, *Health Information Technology for Continuous Quality Improvement of HIV Treatment Programs* was approved in FY 2011 and presented at the ASTMH meeting held in November 2012.
- Data detailed in a report, *HIV Treatment in Complex Emergencies*, which outlines best practices for maintaining access to antiretroviral therapy (ART) in emergency settings and details the experiences of six countries, was presented as an oral presentation at the November 2012 ASTMH meeting.

Status of Adult and Pediatric Treatment Workplan Activities

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

In FY 2011, 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. The Treatment Team is now completing a final case study on the same subject focused on Côte d'Ivoire. For this case study, the Treatment Team completed a field assessment for which they conducted interviews with local and national government representatives, nongovernmental organizations operating in the impacted areas, and health care workers affected by violence and political conflict.

In addition to these case studies, a compendium of best practices in contingency planning for provision of ART in complex emergencies was completed and posted to the AIDSTAR-One website in FY 2011. Data from this activity was presented at the November 2012 ASTMH meeting.

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 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 three goals of these assessments were 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 half of FY 2012, data cleaning and quantitative and qualitative data analysis commenced following the fieldwork conducted for the Zambia assessment in the last quarter of FY 2011. Throughout the second half of FY 2012, the Treatment Team developed a detailed report of the findings. The report has been approved by the USAID Management Team and has been posted to the AIDSTAR-One website.

In Nigeria, the Treatment Team worked closely with the Treatment TWG, USAID/Nigeria, and the Federal Ministry of Health to plan and implement the Nigerian assessment, which covered 23 sites in 10 states. The report was approved and posted to the AIDSTAR-One website in January 2013. A poster detailing this assessment was presented at the ASTMH meeting in November 2012.

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

A workplan modification was submitted and approved for the original activity. AIDSTAR-One has been approved to produce a literature review and country analysis which will highlight models of care used to provide integrated care for HIV and noncommunicable diseases (NCDs). According to the World Health Organization (WHO), chronic NCDs, such as diabetes, cancer, respiratory and cardiovascular disease, account for 29 million deaths per year (80% of all deaths from these NCDs globally) in low- and middle- income countries (2011). While scale up of HIV care and treatment services has occurred, limited advancements have been made in increasing access to care for NCDs. In many settings, HIV care and treatment occurs in a siloed, vertical manner, notwithstanding the growing needs of people living with other NCDs or the non-HIV needs of people living with HIV. A better understanding of the service delivery models that do exist that have successfully provided integrated care is critical to improving access to care for all chronic diseases. AIDSTAR-One will conduct a comprehensive literature review on NCDs and HIV integration in resource-limited settings. In addition, AIDSTAR-One will conduct key informant interviews with health care providers and program managers in at least four countries where integration of HIV and NCDs services are occurring. A report will be produced that will include the literature review and describe the models of care used in the selected settings.

4. 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. This activity was presented at the ASTMH meeting held in November 2012.

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

An 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 the 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 USG and host country partners will be critical roadmaps for addressing this expectation.

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*. A draft version of the tool and the accompanying instructions has been posted to the AIDSTAR-One website. The final tool is being finalized and will be posted to the website following USAID Management Team approval.

In 2012, the capacity assessment tool was piloted in Nigeria to determine how the tool could be adapted to better assist PEPFAR partners with the transition process. An assessment report, *Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Nigeria Pilot Report*, which summarized the methodology and findings of the pilot, was approved by the USAID Management Team and posted to the AIDSTAR-One website in February 2013.

6. Mental Health Pilot Project

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

7. 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 (WHO'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 FY 2011, the Treatment Team began working with EnCompass LLC 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. 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 pharmacies, 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.

8. 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 3,900 unique page views in FY 2012 and individual country guidelines were downloaded over 620 times. The summary table of HIV treatment regimens was downloaded 205 times from 33 countries during this period; up from 51 downloads in FY 2011. In FY 2012, 41 additional country guidelines were collected and summarized. A total of 60 country guidelines are currently included in the database.

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

This activity has been canceled and funds have been reprogrammed to other activities.

10. 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 South to South Program for Comprehensive Family HIV Care and Treatment and the François-Xavier Bagnoud (FXB) Center at the University of Medicine and Dentistry of New Jersey used this and other guidance to inform a set of three booklets and cue cards on step-by-step disclosure for use with HIV-positive children by their health care providers and caregivers. In addition, Teen Club Botswana, operated by the Baylor International Pediatric AIDS Initiative, produced *Teen Talk*, comprehensive question and answer guide for adolescents living with HIV in Botswana. The AIDSTAR-One Treatment Team has been working with these organizations in FY 2012 to: a) adapt the materials to increase applicability to a number of countries with high HIV burdens, b) add a section on transitioning to adult care to *Teen Talk*, c) translate the materials into French, Portuguese, and Xhosa to reach a wider audience; and d) post the finished materials to the AIDSTAR-One website and disseminate them via AIDSTAR-One's dissemination channels. The English and French versions of the pediatric disclosure booklets have been completed and are posted on the AIDSTAR-One website, and the Xhosa and Portuguese versions will be completed and posted shortly. The content for the English version of *Teen Talk* has been approved by the TWG and is undergoing translation and graphic updates.

11. 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., lack of 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. A report documenting the prevalence of missed treatment failure and delays in initiating second-line therapy will be produced. Since this activity was initially approved, USAID/Zimbabwe has decided to provide additional funding to support prospective data collection. The additional funding will be awarded to AIDSTAR-One to continue to provide technical support for the study. A report detailing the study's findings will be completed by November 2013.

Status of PMTCT Workplan Activities

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

The Tanzania assessment of PMTCT and MNCH (maternal, newborn, and child health) integration in U.S. Government (USG)-supported PMTCT facilities is complete, and the final report has been approved and posted to the AIDSTAR-One website. If requested, the report will inform technical assistance in Tanzania in 2012. An abstract detailing the results of this assessment was presented at the 2012 International AIDS Society Conference.

The assessment's primary goal was to describe and measure the level of integration of PMTCT within MNCH services in the USG-supported PMTCT program in Tanzania. The PMTCT Team, in collaboration with a Tanzanian consulting firm, 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. The data was analyzed and the senior technical advisor overseeing treatment and PMTCT activities travelled to Tanzania to deliver the findings to the Ministry of Health, USG partners, and implementing partners in PMTCT in February 2012.

2. PMTCT/MNCH Integration Assessment in Nigeria

Data collection for the Nigeria assessment of level of integration of PMTCT and MNCH services in 101 health facilities was completed in July 2012 in collaboration with a Nigerian consultant organization. The team is now awaiting site level, aggregated data from six implementing partners in order to complete data analysis. The assessment has two goals: 1) an assessment of the USG -supported PMTCT program in Nigeria, and 2) an assessment of the impact of PMTCT and MNCH on overall program quality. The final report is undergoing review by the in country team.

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., the 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 percent.

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 training-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. End-line data collection occurred in October 2012 and included quantitative data and key informant interviews with community health workers, health care providers, and women in intervention villages who met with community health workers regarding PMTCT. Analysis and report writing began following the end-line data collection. The final report is undergoing review and editing. Once it has been approved by the TWG and the USAID Management Team, the report will be submitted to the Tanzanian Ministry of Health to inform

best practices and policy surrounding the use of community health workers to increase PMTCT access and referrals.

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

On November 8 to 10, 2011, AIDSTAR-One led a regional consultation, *Meeting the HIV, MNCH Health and Social Support Needs of Mothers and Their Young Children*. The consultation brought together participants from 10 countries to share promising practices and approaches to integrating HIV, MNCH, and social support to benefit pregnant women, infants and preschool-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, selected three high-quality country abstracts from those presented and is moving forward with case studies on these programs.

The first case study, conducted in June 2012 in the Democratic Republic of the Congo, showcases a “Champion Community” model that improved early infant diagnosis outcomes. This case study has been approved and has been posted to the AIDSTAR-One website. The second case study was conducted in Zambia and focused on a program that implemented community mother-baby pair follow-up registers to reduce attrition along the PMTCT cascade in Zambia. This case study has been completed and is awaiting approval. A country for the third case study was not identified. Therefore, the remaining funding for this activity has been reprogrammed to the Treatment Failure in Children and Adolescents Study in Zimbabwe.

4.4 HIV Testing and Counseling

Summary and Major Accomplishments

In FY 2013 the HIV Testing and Counseling (HTC) Technical Working Group (TWG) approved a new activity entitled *A Rapid Assessment of Over-the-Counter HIV Self-testing Kits* to understand the extent and use of self-test kits in Namibia.

Major accomplishments during this reporting period include:

- Implemented a rapid assessment of over-the-counter HIV self-test kits in Namibia
- Completed French translation of the home-based HIV testing and counseling handbook.

Status of Workplan Activities

1. Rapid Assessment of Over-the-Counter HIV Rapid Test Kits in Namibia

Fear of stigma, discrimination, and public knowledge of their HIV serostatus are some factors that lead people to self-test for HIV. Self-screening for HIV has been found to occur among health workers in Kenya, although the extent of HIV self-testing in countries where over-the-

counter test kits are available is less clear. In Namibia, selling of HIV self-screening kits is known to exist through private sector pharmacies; however the extent of use, by whom, and quality of the test kits remain unclear. A better understanding of the availability, extent, and use of HIV self-screening in Namibia could help inform policymakers and program planners regarding HIV policies, guidelines, programs, and strategies. Using funds for reprogramming, a limited in-country rapid assessment was implemented to determine the extent of HIV self-testing in Namibia by assessing private sector pharmacies in five cities throughout the country. Additionally, key informant interviews with relevant stakeholders were facilitated. The in-country assessment was conducted in January 2013. In collaboration with USAID/Washington and USAID/Namibia, the HTC Team will develop and submit the draft assessment report with findings and recommendations for future research in May 2013.

2. Participant Support for the World Health Organization's Adolescent HIV Meeting in Zimbabwe, October 2012

The World Health Organization (WHO) hosted the Expert Meeting to Develop Guidelines on HIV Testing and Counseling for Adolescents and Care for Adolescents with HIV from October 28 to 31, 2012 in Harare, Zimbabwe. At WHO's request, AIDSTAR-One provided logistical support for four meeting participants.

3. Home-Based HIV Testing and Counseling Handbook Translation

In collaboration with the Centers for Disease Control and Prevention (CDC), the Liverpool School of Tropical Medicine, and WHO, AIDSTAR-One contributed to an operational guide, *Planning, Implementing, and Monitoring Home-based HIV Testing and Counseling: A Practical Handbook for Sub-Saharan Africa*. This document provides implementers with practical steps and guidance for designing, implementing, and managing home-based HTC programs. To reach a wider audience in Africa, this document was translated into French using reprogrammed funds. The English and French versions of the operational guide will be disseminated via the AIDSTAR-One website.

4.5 Orphans and Vulnerable Children

Summary and Major Accomplishments

Between October 1, 2012 and March 31, 2013, 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 and protection, psychosocial support, and the integration of maternal, newborn, and child health (MNCH) services with HIV services. The OVC Team completed and received approval for two documents:

- *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.

- *Swinging to New Heights: Linking Resources to Build an Integrated Care Network for Orphans and Vulnerable Children and their Caregivers in Nigeria*, a case study which focuses on an integrated, comprehensive program for OVC in Nigeria, demonstrating that leveraging existing capacity and building strong linkages between sectors can improve the efficiency and effectiveness of HIV programs and create a system of holistic services to support affected communities.

The OVC Team also supported two assessments on the post-rape care (PRC) of children in Lesotho and Mozambique respectively; drafted literature reviews of post-rape services and literature in both countries; and supported the placement of two forensic nurses to provide on-site mentoring to PRC providers in Swaziland. Additionally, the OVC Team drafted a technical brief on integration and received comments on this document from the OVC Technical Working Group (TWG); supported a literature review on strengthening the child-caregiver relationship; developed a draft technical brief on ECD and disability; and produced a final draft of the *Resource Flows to Community Groups Caring for Children and Families Affected by HIV* literature review.

Status of Workplan Activities

1. Early Childhood Development

ECD Technical Brief on OVC and Disability

During the first and second quarters of FY 2013, the OVC Team worked with an expert on children and disability to author a technical brief. The purpose of the brief is to highlight the important intersections between orphanhood, vulnerability and disability in high HIV-prevalence settings for the youngest children; and to provide information and guidance to OVC program planners in developing programs for young OVC with disabilities (and their families). This includes suggesting strategies for developing/implementing programming to promote the inclusion of young OVC with disabilities and providing examples of promising practices from both Africa as well as globally. We anticipate that the draft will be submitted to the OVC TWG in the third quarter of FY 2013.

2. Food and Nutrition Security

Guide to Food and Nutrition Security Programming

During this reporting period, the OVC team submitted, received approval for and posted *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.

3. Child Protection

Development of Technical Considerations for Clinical Post-Rape Care of Children

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

Field Activity on Post-Rape Care for Children Assessment in Lesotho and Mozambique

As a complementary activity to the development of the draft *Technical Considerations for Clinical Post-Rape Care of Children*, two countries were identified for an assessment of PRC services: Lesotho and Mozambique.

USAID/Lesotho requested that AIDSTAR-One conduct a basic situation analysis of the current environment to determine what supports and hinders effective care for children who experience sexual violence. A concept note was subsequently developed and approved by USAID/Lesotho and USAID/Washington, and fieldwork was undertaken in August 2012. The activity looked to identify which partners (funded by the U.S. Government and other groups, including the government of Lesotho) are currently implementing, facilitating, or providing PRC for children at both facility and community levels, what is working well, and where there are service gaps. The assessment looked in particular at what mechanisms exist that link facility-based support and the health facility to the community, and vice versa. This activity was jointly funded by the Gender and OVC Teams. In collaboration with this activity, AIDSTAR-One has also undertaken a literature review on the response to sexual violence against children in Lesotho, including previous research studies, key laws and statutes, and relevant national action plans and policies. The final assessment report was reviewed by USAID/Lesotho and submitted to the OVC TWG for approval in February 2013; the final literature review was submitted to the OVC TWG for approval and comments have been received. We anticipate the final products will be submitted to the USAID Management Team for final approval in the third quarter of FY 2013.

AIDSTAR-One also carried out a similar assessment in Mozambique in October and November 2012, to assess the factors that support or hinder effective care and support for children who experience sexual violence. This assessment focused on community-level systems, reviewing the reporting, care, and reintegration systems in place at the community level, and examined existing mechanisms linking facility-based support and the health facility to the community and vice versa. The final assessment report was reviewed by USAID/Mozambique and will be submitted to USAID for approval on April 1, 2013. The final literature review will be submitted to the OVC TWG for approval in April 2013. We anticipate the final products will be submitted to the USAID Management Team for final approval in the third quarter of FY 2013.

Post-Rape Care for Children Mentoring Activity in Swaziland

In response to increasing concern about children accessing appropriate and high-quality PRC care in primary health settings, USAID identified the need to further build the capacity of those who are currently providing PRC for children in resource-limited settings. The International Association of Forensic Nurses was identified as an organization well placed to provide mentoring and support to practitioners working in these settings. The mission of the association is to provide leadership in forensic nursing practice by developing, promoting,

and disseminating information internationally about forensic nursing science. The organization specializes in caring for both victims and perpetrators of violence.

From September – October 2012, AIDSTAR-One supported two members of the International Association of Forensic Nurses to work in Swaziland to improve the skills and abilities of a select group of practitioners who are currently providing PRC for children in Swaziland, through on-site mentoring and coaching. The specialists were hosted by the USAID-funded Human Resources Alliance for Africa project. During the first month of their placement, the mentorship was initiated with the selected site (Raleigh Fitkin Memorial Hospital in Manzini, Swaziland), the team undertook site visits to 17 rural and urban sites in all four regions to gain knowledge regarding the strengths and weaknesses of the current systems, and developed and conducted a day-long class on PRC that included didactic education, observations, and class participation. The mentorship was successfully completed and a final activity report was submitted to the OVC TWG and the USAID Management Team in December 2012.

4. Psychosocial Support

Evidence and Recommendations Review

Throughout the first two quarters of FY 2013, the OVC Team continued to support the Health Science Research Council to undertake a literature review on supporting and strengthening the child-caregiver relationship. This review summarizes the empirically-based recommendations for supporting and strengthening positive child-caregiver relationships in the context of HIV, and seeks to address two critical questions: What do we know about building positive relationships between caregiver and child, and what are the key, evidence-based recommendations towards promoting these relationships? During the second quarter of FY 2013, four external technical reviewers provided comments on the draft, which was then produced in draft form for an AIDSTAR-Two-supported launch event at the end of March 2013. The review will be submitted to the OVC TWG for approval in April 2013 and we anticipate the final product will be submitted to the USAID Management Team for final approval in the third quarter of FY 2013.

5. Integration of HIV, MNCH, and Social Services

Integration Case Study

During this period, the OVC Team submitted, received approval for, and posted *Swinging to New Heights: Linking Resources to Build an Integrated Care Network for Orphans and Vulnerable Children and their Caregivers in Nigeria*, a case study which focuses on an integrated, comprehensive program for OVC in Nigeria carried out by the Global HIV/AIDS Initiative Nigeria and its follow-on project, Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS), implemented by FHI 360 and funded by USAID through PEPFAR. SIDHAS's OVC integration model has demonstrated that leveraging existing capacity and building strong linkages between sectors can improve the efficiency and effectiveness of HIV programs and create a system of holistic services to support affected communities.

In November 2011, this program was highlighted at the AIDSTAR-One-supported PEPFAR Regional Consultation and identified a promising model of integrated service delivery for OVC and their families.

Integration Technical Brief

During this reporting period, the OVC Team developed and submitted to the OVC TWG a technical brief, *Practical Information and Guidance: Meeting the Integration of MNCH and HIV Programs*. This technical brief provides a summary of various integration models and strategies, a summary of the evidence base and information surrounding the continuum of response, family-centered programs, and policies for MNCH/HIV integration; as well as step-by-step practical guidance for program planners throughout the design, implementation and monitoring process. The OVC TWG provided comments and the OVC Team is currently revising the document, and anticipates resubmitting it for OVC TWG approval in April 2013 and for final USAID Management Team approval in the third quarter of FY 2013.

6. Resource Flows to Community Groups Caring for Children and Families Affected by HIV

This activity was previously an OVC-oriented donor-level proposal and reporting requirements assessment. In June 2012, at the suggestion of AIDSTAR-One, it was agreed with the OVC TWG that this activity would be refocused as an in-depth literature review, and AIDSTAR-One revised and resubmitted this document. The OVC TWG has provided approval for the final product, and AIDSTAR-One will submit the document for final USAID Management Team approval in the third quarter of FY 2013.

Workplan Changes

Two workplan changes were approved by the OVC TWG and the USAID Management Team during this reporting period:

- AIDSTAR-One will support a field-based event to promote the adaptation and application of *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs*, in collaboration with the OVC, Gender and Peds/PMTCT TWGs. The overall objective will be to build country capacity to move the PRC for children agenda forward. This event will provide participants with the opportunity to identify which elements from the Technical Considerations are useful and adaptable to their country context, and to brainstorm/develop preliminary plans on developing guidelines and protocols specific to their country context. It will also provide participants with the opportunity to share experiences and provide feedback about country-level challenges of providing clinical care for children who have experienced sexual violence, and essential country needs to better meet these needs. It is anticipated this event will take place in the third quarter of FY 2013.
- Support was also provided for participants to travel to a *Lancet* meeting.

4.6 Care and Support

Summary and Major Accomplishments

During the first half of FY 2013, the AIDSTAR-One Care and Support Team continued to focus its efforts in the following strategic areas: co-trimoxazole use to reduce opportunistic infections; facility-based water, sanitation, and hygiene (WASH); mental health; and retention and linkages to services. During this reporting period the care and support section on the AIDSTAR-One website had 2,591 unique visitors from 114 countries (with 23 percent of visitors from Africa). Major accomplishments in each of these areas during FY 2013 include:

- Conducted a webinar highlighting results from an assessment of co-trimoxazole low-literacy educational tools for providers, community health workers, and clients (adults, children, and infants) in northern Uganda
- Assessed the impact of the WASH training in Kenya and Ethiopia in collaboration with the relevant ministries and rolled out the results in a launch event held in each country
- Finalized, and posted to the AIDSTAR-One website, the WASH assessment reports from Kenya and Ethiopia
- Conducted an assessment of the mental health and HIV integration project in Zimbabwe
- Completed the mental health assessment report outlining findings and recommendations from the integration project.

Status of Workplan Activities

1. Co-trimoxazole and Other Palliative Drugs Supply Chain Assessment

Building on the 2011 desk review of co-trimoxazole 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 co-trimoxazole among people living with HIV (PLHIV). The finalized tools have been posted on the AIDSTAR-One website. AIDSTAR-One completed the field work and pilot assessment of the tools in May 2012 in northern Uganda in ten clinics. Using a case-control methodology, the AIDSTAR-One team conducted an assessment in August 2012 that measured the tools' acceptability and feasibility of integration comparing post-intervention data to baseline data. The finalized assessment report was posted to the AIDSTAR-One website in January 2013.

2. Facility-based Water, Sanitation, and Hygiene

AIDSTAR-One piloted its WASH training curriculum, *Improving the Lives of People Living with HIV through WASH: Water, Sanitation, and Hygiene*, in Ethiopia in April 2011 and in Kenya in February 2011. AIDSTAR-One finalized and posted the WASH training curriculum and the participant resource guide in February 2012.

To determine the impact of the trainings and to provide guidance on how to improve WASH knowledge and practices at the facility level, AIDSTAR-One, with support and leadership from the Ministry of Public Health and Sanitation, conducted a mixed-methods assessment in Kenya in February 2012 and in Ethiopia in June 2012. Collecting both qualitative and quantitative data, both assessments demonstrated that the curriculum is relevant, adaptable, and useful for improving WASH services at the facility level. The final Ethiopia WASH assessment report was posted on the AIDSTAR-One website in October 2012, while the Kenya report was posted in September 2012. AIDSTAR-One conducted a launch of these assessment findings and the finalized WASH training manual in Ethiopia in December 2012 and in Kenya in February 2013.

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

3. Mental Health and HIV Care and Support

In FY 2012, AIDSTAR-One carried out a pilot project in Zimbabwe integrating mental health into HIV care and treatment programs at nine rural and urban sites throughout the country. The pilot involved a training-of-trainers approach, and built the capacity of 16 “Integration Leaders” representing pilot sites to lead integration efforts at their facilities. The training focused on integration of screening tools and utilization of a stepped-care approach to integrate mental health into routine HIV services. Integration leaders subsequently led site-staff trainings and integration efforts at their respective sites throughout the duration of the pilot activity.

In December 2012, AIDSTAR-One conducted an evaluation of the mental health and HIV integration pilot activity. An assessment report will be posted on the AIDSTAR-One website documenting the findings and recommendations from the initial pilot period. Findings from the initial pilot activity also informed the development of a draft standard operating procedure (SOP) document to guide the integration process and the adaptation of the training materials. Guided by the SOP, AIDSTAR-One, in collaboration with the Care and Support and Treatment Technical Working Groups and the Ministry of Health and Child Welfare, selected five of the highest performing initial pilot sites and three additional sites within each catchment area to provide a more in-depth and scaled-up pilot project. The pilot project will provide a similar training approach in April 2013 to enhance the gains made during the initial pilot period and to further support mental health and HIV integration at the community level. Following the training, a similar pilot period and assessment methodology will be implemented and documented with finalization of the SOP to inform mental health and HIV integration in communities throughout Zimbabwe.

4. Webinars

In the first half of FY 2013, AIDSTAR-One, in collaboration with USAID, developed a set of four webinars to share care and support tools and promising practices at a programmatic level.

The first webinar, held in March 2013, introduced a set of AIDSTAR-One co-trimoxazole tools, including a clinic or community poster, a provider educational tool, and a patient educational tool to increase appropriate prescription and use of co-trimoxazole for PLHIV. The tools were discussed and highlighted during the hour-long webinar. Three subsequent webinars, to be held in FY 2013, will focus on issues such as WASH and HIV, retention issues in HIV care, and mental health and HIV integration training materials.

Regional Workshops

Retention and Linkages

During the first half of FY 2013, to learn more about the current state of linkage and retention and to identify country evidence and best practices of retention of PLHIV in pre-ART clinical and social support care in the sub-Saharan African region, AIDSTAR-One conducted a desk review of recent literature and an online survey with follow-up interviews, targeting 14 countries in the region: Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Findings from the desk review indicated that many HIV programs experience disruptions in the continuum of HIV care, often in the pre-antiretroviral therapy (ART) phase. Responses from the online survey and follow-up interviews provided additional details on the challenges to retention in pre-ART HIV care, which fell into three overarching categories: human resource challenges, logistical challenges, and commodities challenges. The resulting information was compiled into a report that captures the status of retention and recommendations for moving forward and was posted on the AIDSTAR-One website in March 2013.

4.7 Gender

Summary and Major Accomplishments

Gender norms, roles, and inequities are at the heart of the objectives and challenges of HIV prevention, care, treatment, and support. Efforts to curb the epidemic will remain constrained if the way gender influences access to resources, information, individual agency, and social norms is not addressed. The PEPFAR reauthorization recognizes the importance of gender equality, elevates its priority, supports the technical approach adopted under the first phase of PEPFAR, and outlines concrete gender planning, implementation, and reporting requirements. The PEPFAR Gender Strategy promotes a two-pronged approach: 1) gender integration into all HIV prevention, treatment, and care programs, and 2) programming to address the following five cross-cutting gender strategic areas:

- Increasing gender equity into HIV and AIDS activities and services, including reproductive health
- Preventing and responding to gender-based violence (GBV)
- Engaging men and boys to address norms and behaviors
- Increasing women's and girls' legal rights and protection
- Increasing women's access to income and productive resources, including education.

AIDSTAR-One's Gender Portfolio activities promote and foster implementation of these five PEPFAR gender strategic areas.

All activities in the workplan are either completed or in the final stages and anticipated to be completed by June 30, 2013. A workplan and budget modification were approved in March to include two additional activities requested by the Gender Technical Working Group. Several technical resources were finalized and disseminated during this reporting period.

Dissemination activities included targeted e-mails featuring new gender products; sharing gender resources through AIDSTAR-One's robust dissemination and social media network; posting the *Quebrando Barreiras* (Breaking Barriers) video series developed in Mozambique by the Capable Partners Program (CAP) on the AIDSTAR-One website; creating an AIDSTAR-One page on the International Women's Day website; and posting a web card on the AIDSTAR-One gender page that lists available resources. In addition, the Gender Team worked with other AIDSTAR-One technical teams to integrate a gender perspective across project activities such as the monthly ranking of technical articles for the HIV Prevention Update.

Major accomplishments during this reporting period include:

- Developing technical considerations for the clinical management of children and adolescents who have experienced sexual violence and exploitation, in collaboration with the Orphans and other Vulnerable Children (OVC) Team.
- Assessing the effectiveness and applicability of AIDSTAR-One's *South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit* by piloting it in Botswana and facilitating a south-to-south technical exchange to increase the capacity of a local implementing partner to integrate one or more PEPFAR gender strategic areas into their HIV project activities and organizational policies.
- Convening a technical consultation in Africa focused on strengthening gender programming in PEPFAR through an exchange of best practices, program models, and resources.
- Translating seven case studies and three findings reports (twenty [20] documents in total) and posted them to the AIDSTAR-One website.
- Integrating a gender perspective into structural intervention resources in partnership with the Prevention Team.

Status of Workplan Activities

1. 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 Country Operational Plans stated the importance of strengthening post-rape care (PRC) 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.

In response to this need, AIDSTAR-One supported two activities that aim to improve clinical PRC services for children.

Technical Meeting on Clinical Post-Rape Care for Children

AIDSTAR-One convened a one-day expert meeting in Washington, DC in April 2012 on PRC for children in primary health centers that also provide HIV care. The meeting was coordinated by the Office of the Global AIDS Coordinator in collaboration with Together for Girls Partnership, and the Gender, OVC, and Pediatric Treatment Technical Working Groups (TWGs). The meeting objectives were to:

- Develop key recommendations for the delivery of PRC in primary health centers for those under age 18
- Review and build upon existing guidelines and documents, including the East, Central and Southern African Health Community guidelines and the adult-focused World Health Organization guidelines for medico-legal care for victims of sexual violence
- Develop technical considerations on delivery of PRC in primary health centers for those under 18 years of age, specifically to inform PEPFAR, and for use by other partners and implementers more broadly.

The meeting brought together 28 people, including PEPFAR U.S. Government and Together for Girls representatives and experienced providers (clinicians, behavioral scientists, and social workers) with expertise in child protection; sexual exploitation and abuse; care for survivors of violence; emergency pediatrics; child-focused clinical services; HIV prevention, care, and treatment; fistula treatment; and distribution of post-exposure prophylaxis for HIV. Participants represented seven countries¹ and 14 organizations.²

Technical Considerations on Clinical Post-Rape Care for Children

Following the technical meeting, the Gender TWG asked AIDSTAR-One to finalize the technical considerations and develop five accompanying job aids. The resource, *Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs* and the five accompanying Job Aids were completed in February and March respectively and posted to the AIDSTAR-One website. These resources were developed in close collaboration with the Gender, OVC, and Pediatric Treatment TWGs, as well as the Together For Girls partnership through a consultative process incorporating specialized input by experienced providers and technical experts.

This set of resources aims to serve as guides for medical providers to address and respond to the unique needs and rights of children who have experienced sexual violence and exploitation. They include information on establishing services tailored to the unique needs of children, preparing for and performing a head-to-toe physical examination, conducting

¹ Democratic Republic of Congo, Kenya, Mozambique, South Africa, United States, Zambia, and Zimbabwe.

² U.S. Centers for Disease Control and Prevention; EnCompass LLC; Emory University School of Medicine; Family Support Trust Clinic; Great Nelspruit Rape Intervention Program; John Snow, Inc.; Liverpool VCT, Care & Treatment; Livingston Pediatric Center of Excellence; Office of the U.S. Global AIDS Coordinator; Panzi Hospital/Panzi Foundation; Together for Girls; United Nations Children's Fund; U.S. Agency for International Development, Office of HIV/AIDS and representatives from Mozambique and Lesotho; and the government of Mozambique (Ministry of Health).

forensics evidence collection, and ensuring follow-up care and referrals for psychosocial and community support services. The resources were formally launched by Ambassador Goosby at an event in Washington, D.C. on March 19, 2013 (see activity 7 below).

2. South-to-South Exchange and Assessment

South-to-South technical assistance (S2STA) is an important component of the PEPFAR strategy for country ownership. S2STA aims to foster stronger regional collaboration through an exchange of information and skills for mutual benefit between two or more south-based organizations, or capacity building by one expert organization to another.

In 2011, AIDSTAR-One developed the *South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit* that serves as a guide for facilitating S2STA for implementation of one or more of the PEPFAR gender strategic areas. The AIDSTAR-One workplan included using this framework and toolkit to demonstrate how S2STA can be more than a one-time technical assistance activity but include a series of support via field visits, phone, and email support to foster a more sustained supportive relationship between two south-based organizations.

In 2012 PEPFAR/Botswana requested assistance with providing high-quality, technical assistance and capacity building for a local implementing partner, Stepping Stones International (SSI), to integrate one or more PEPFAR gender strategic areas into their HIV project activities and organizational policies. The technical exchange was designed to achieve the following objectives:

- Increase the knowledge base and skills of SSI staff and stakeholders in methods for integrating PEPFAR gender strategic areas in their activities with and for OVCages 12 to 18 years
- Enhance organizational policies to support high quality and effective gender integration strategies
- Support networking and relationship building between SSI and community stakeholders to sustain the momentum for integrating gender strategic areas into HIV programming.

In close collaboration with PEPFAR/Botswana, South Africa-based Sonke Gender Justice Network (Sonke) was selected as the technical assistance provider based on their technical expertise and assistance required by SSI. AIDSTAR-One worked closely with Sonke and SSI to negotiate and develop a statement of work, a memorandum of understanding, workplan, and a budget for the technical assistance that clearly state the agreed-upon goals and objectives, roles and responsibilities, and general terms and conditions of the partnership. The AIDSTAR-One grant to Sonke was finalized at the end of September and activities between SSI and Sonke took place between October 1, 2012 and March 29, 2013.

In addition to facilitating and monitoring the technical exchange, AIDSTAR-One conducted an assessment of the use of the AIDSTAR-One *South-to-South Technical Exchange on*

Integrating PEPFAR Gender Strategies: Framework and Toolkit to facilitate a South-to-South technical exchange in Botswana by identifying what worked well, and how to improve the process. The assessment was not of the technical assistance provided, but of the usefulness of the Framework and Toolkit. The assessment took place from May 2012 to January 2013 and addressed the following objectives:

- Assess the extent to which the South-to-South (S2S) technical exchange achieved its objectives and the level of satisfaction with the process by PEPFAR/Botswana, the technical assistance provider, and the technical assistance recipient.
- Understand better the successes and challenges of implementing S2S technical exchanges, and identify promising practices which may be considered by other USAID missions and program planners when implementing S2S technical exchanges.
- Identify lessons learned and recommendations for improving the design and implementation of S2S technical exchanges to build capacity for integrating gender strategic areas in PEPFAR programs.

Data used and analyzed for the assessment came from a review of documents and communications related to the technical exchange, and semi-structured individual or group telephone interviews with staff from PEPFAR/Botswana, Sonke, and SSI. These qualitative data from the desk review and interviews were analyzed to identify the emergent themes, lessons learned, and recommendations for using the AIDSTAR-One Framework and Toolkit. The assessment report was reviewed by the technical assistance partners (PEPFAR/Botswana, SSI, and Sonke) at the end of February, and content and copy editing were done in March. The report is being formatted and will be submitted to the Gender TWG in mid-April for review and approval.

3. Structural Interventions

A member of the Gender Team provided input from a gender perspective to the Prevention Team's six technical papers and toolkit on structural interventions. In addition, the Gender TWG asked AIDSTAR-One to develop a technical brief on the role of gender norms and gender inequalities (including GBV) in structural interventions. The technical brief was to be included as a complement to the package of structural interventions resources developed by the Prevention Team. After a review of the second draft of the technical brief and discussions with the AIDSTAR-One Gender Team, the TWG determined that additional internal USAID and Gender TWG conversations were needed around framing the issue of gender and structural interventions. As such the Gender TWG accepted the draft technical brief submitted by AIDSTAR-One on December 13, 2012 as the final deliverable, which was approved by the AIDSTAR-One Contracting Officer's Representative (COR) in January 2013. The technical brief was not included in the package of structural intervention papers as originally envisioned, and the Prevention TWG was made aware of and concurred with this decision.

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

Program managers and implementers seek information on the “how-tos” of gender integration, and AIDSTAR-One continues to provide access to information through the AIDSTAR-One website and the gender webpage. The Gender TWG is proud of the resources AIDSTAR-One has produced and requested translated and printed copies for wide dissemination at events. As requested by the Gender TWG, AIDSTAR-One:

- Developed and printed 2,000 copies of a gender resources card (flyer) and translated it into three languages (French, Portuguese, and Spanish)
- Produced 1,000 flash-drives with all of the gender resources on the AIDSTAR-One website
- Printed 500 copies of each of the nine case studies in the *Integrating Gender Strategies into HIV Programs for Most-at-risk Populations* series
- Posted the *Quebrando Barreiras* (Breaking Barriers) video series developed by Capable Partners Program Mozambique as a way to expand the HIV prevention tools available to local organizations facilitating community discussions about HIV. The four short films, based on real-life situations, depict barriers that may prevent Mozambicans from adopting safe sexual behaviors. These cover topics such as multiple and concurrent partnerships, intergenerational sex, alcohol abuse, interpersonal relationships, GBV, HIV status disclosure, and perceptions of masculinity.
- Translated the following seven case studies and three findings reports (twenty [20] documents in total) and posted them to the AIDSTAR-One website:

From the *Compendium of Programs in Africa* case study series:

- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa* (French, Portuguese, Spanish)
- *Earning Their Way to Healthier Lives—Mulheres Primeiro (Women First): Health and Legal Training Combined with Income Opportunities Helps Rural Mozambican Women Mitigate HIV Risk* (French, Portuguese)

From the *Gender Strategies in Concentrated Epidemics* case study series

- *Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations* (French, Portuguese, Spanish)
 - *Breaking New Ground in Vietnam: Integrating Gender into CARE’s STEP Program in Vietnam* (French)
- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador* (French, Spanish)
- *Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru* (French, Spanish)
- *Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá’s Lesbian, Gay, Bisexual, and Transgender Community Center* (French, Spanish)

From the Gender-based Violence case study series

- *Analysis of Services to Address Gender-based Violence in Three Countries* (French, Portuguese and Spanish)
- *Civil Society and Government Unite to Respond to Gender-based Violence in Ecuador* (Spanish)
- *Swaziland Action Group Against Abuse: Addressing Gender-based Violence within the Context of HIV* (French)

5. Gender Technical Consultation

The first-ever PEPFAR gender technical exchange was held October 28-30, 2009 in Johannesburg, South Africa. This technical exchange, *Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models, and Resources*, was convened by the PEPFAR Gender TWG in collaboration with AIDSTAR-One and aimed to support the expansion of gender integration into PEPFAR programs. In response to the call for improved gender integration and mainstreaming, and through the Gender Challenge Fund and Gender-Based Violence Initiative, PEPFAR country teams are expanding their gender programming within HIV prevention, care, and treatment portfolios. As investments in addressing gender inequality continued to expand, many of these country teams requested another opportunity to come together for a technical update on gender and HIV within the context of PEPFAR, share successes and challenges in implementation and build their capacity to better plan and manage a strategic gender program portfolio. In response to this request, the Gender TWG and AIDSTAR-One held a second PEPFAR gender technical exchange exactly three years later.

The second gender technical consultation, *Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models, and Resources*, was held October 29-31, 2012 in Johannesburg, South Africa. The consultation focused on strengthening gender programming in PEPFAR by sharing best practices, program models, and resources. The meeting brought together 59 participants from 28 countries representing PEPFAR headquarters and country teams (Gender Points of Contact and technical officers), as well as several external resource people. The exchange provided a forum for fostering collaboration across countries, sharing resources, identifying ongoing needs, and addressing long-term planning. Presentations included an update on progress to date, gender integration across PEPFAR, gender and monitoring and evaluation, and panel discussions sharing country experiences. Participants had an opportunity to visit organizations working to integrate gender across technical areas in and around Johannesburg, view posters and videos highlighting examples of gender integration across PEPFAR countries, and review several Gender TWG and AIDSTAR-One gender and GBV resources developed since the 2009 technical exchange.

AIDSTAR-One supported logistics and covered travel costs for five experts. AIDSTAR-One staff managed the meeting, served as technical resources during the meeting, and wrote a short summary report highlighting key issues. All presentations from the technical consultation were posted on the AIDSTAR-One website. Final comments on the report were

received from the Gender TWG in March. The report is being copyedited and formatted and is expected to be submitted to the AIDSTAR-One COR for approval by the end of April.

6. GlobalPOWER Conference

Since launching GlobalPOWER in 2006, the Center for Women Policy Studies has coordinated this annual conference which brings together a new group of approximately 15 women from around the world who are members of parliament and cabinet ministers. The weeklong program creates a “safe space” where these leaders can build sustainable partnerships across borders to address recalcitrant problems facing women and girls in their countries and regions. While the women who participate in GlobalPOWER are national political leaders, they are also selected based on their commitment to the empowerment, advancement, and protection of women and girls both in their constituencies and their countries.

AIDSTAR-One provided a sole-source grant to the Center for Women Policy Studies to support implementation of the 2012 GlobalPOWER conference, to create sustainable partnerships among female members of parliament to focus on both the needs of women in the HIV epidemic and violence against women. The conference was held October 28-31, 2012 in Washington, D.C., with 14 members of parliament/ministers participating from 10 countries: Kenya, Liberia, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Uganda, and Zimbabwe.

7. Dissemination Event

AIDSTAR-One hosted a dissemination event in Washington, D.C. on March 19, 2013 at which Ambassador Eric Goosby officially launched the AIDSTAR-One resource *Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs*. The event also highlighted the *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs*, and other AIDSTAR-One gender resources. AIDSTAR-One coordinated logistics, secured the venue, created a poster for the event, developed and managed a Cvent registration page, and provided travel support to Valerie Tagwira, author and OB/GYN from the Family Support Trust Clinic, Harare Hospital, in Zimbabwe. Fifty-five (55) people attended the event representing U.S. Government agencies (USAID, Centers for Disease Control and Prevention [CDC], OGAC, State Department), private voluntary organizations, universities, consulting firms, and advocacy organizations. AIDSTAR-One live tweeted from the event, and USAID used AIDSTAR-One’s social media coverage on their Global Health Twitter and Facebook accounts.

8. Travel Support

AIDSTAR-One provided travel support (airfare and per diem) for two international experts to serve as resource persons at high level U.S. Government events focused on gender-based violence.

The priority theme of the 2013 Commission on the Status of Women (CSW) from March 4-15, 2013 was “elimination and prevention of all forms of violence against women and girls.” The U.S. Government held a side event during the CSW, *Preventing and Responding to Sexual Violence*. The event aimed to draw attention to some of the various ways girls, adolescents, and women are vulnerable to sexual violence throughout the course of their lives, spotlight some of the most pressing concerns, and highlight effective interventions to mitigate this evolving risk and provide access to comprehensive services for a range of women, girls, and adolescents. AIDSTAR-One provided travel support to Advocate Thoko Majokweni, Director of the Sexual Offences and Community Affairs Unit at the National Prosecuting Authority in South Africa, to give a speech entitled *Comprehensive Model for Addressing the Needs of Gender-Based Violence Survivors*.

From FY 2012 to FY 2013, AIDSTAR-One developed the *Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs* that was officially launched on March 19, 2013 by Ambassador Eric Goosby in Washington, D.C. AIDSTAR-One provided travel support to Dr. Fatma Mrisho, Chairperson of the High-Level Task Force on Women, Girls, Gender Equality and HIV for Eastern and Southern Africa, based in Tanzania, to give a speech entitled *Gender-based Violence across the Lifespan: Importance to the HIV Response*.

9. Translation of Post-Rape Care Technical Considerations

AIDSTAR-One developed the *Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs* resource that was officially launched by Ambassador Eric Goosby on March 19, 2013 in Washington, D.C. These technical considerations serve as a guide for medical providers to address and respond to the unique needs and rights of children and adolescents who have experienced sexual violence and exploitation. The resource focuses on the delivery of clinical post-rape care services and includes information on establishing services tailored to the unique needs of children and adolescents, preparing for and performing a head-to-toe physical examination, conducting forensics evidence collection, and ensuring follow-up care and referrals for psychosocial and community support services. Given the demand and interest in these Technical Considerations, AIDSTAR-One will translate the resource into four languages: French, Portuguese, Spanish, and Swahili. The translations are expected to begin in April 2013 and be completed by June 2013.

5.0 MAJOR ACCOMPLISHMENTS—FIELD SUPPORT FUNDED

5.1 Introduction

Field support funds from both USAID missions and bureaus account for 51 percent of all funding obligated to AIDSTAR-One through March 31, 2013. AIDSTAR-One has received field support from 18 different field support funding units to date. Field support-funded work that continued during the first six months of FY 2013 included the following:

USAID Regional Bureaus

- Africa Bureau
- Latin America and Caribbean Bureau

USAID Missions

- Caribbean Regional
- 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 progress and major accomplishments for field support activities during the first six months of FY 2013.

5.2 Africa Bureau

Summary and Major Accomplishments

During FY 2012, AIDSTAR-One's second workplan from the Africa Bureau was approved by USAID. 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 (ALHIV). The workplan's outcomes focus on identifying gaps in program availability for adolescents as well as identifying opportunities to improve availability and comprehensiveness of adolescent service provision. In addition, the workplan also focuses on providing appropriate technical guidance to improve the quality and scope of programs for ALHIV to transition toward self-care. Major accomplishments in each of these areas during this reporting period include:

- Implementing a training on the *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV* in Nairobi, Kenya in October 2012.
- Piloting the *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV* in Nairobi, Kenya, from October 2012 to March 2013.
- Coordinating with USAID/Mozambique to carry out a pilot activity in Maputo, Mozambique in April 2013.
- Collaborating with UNICEF and PEPFAR stakeholders to create interview and survey tools to identify gaps and opportunities for policies and programs for ALHIV.
- Interviewing UNICEF and PEPFAR stakeholders in Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.
- Disseminating the mapping survey to local government stakeholders and implementing partners in Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.
- Participating in the WHO Experts meeting for the Development of Guidelines on Adolescents and HIV in October 2012.
- Presenting AIDSTAR-One's work and activities at the Inter-Agency Task Team (IATT) on HIV and Young People in November 2012.

Status of Workplan Activities

1. Transition Toolkit to Guide Services and Programs

The *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV* is designed to be used in a modular manner, with the goal of improving transitional services for ALHIV by building adolescents' capacity for self-management. The toolkit targets providers (community care and clinical health care), caregivers/family, and ALHIV in order to strengthen the transition process into adult care, support, and treatment services. The final draft was approved for use in the pilot by the Africa Bureau in FY 2012.

2. Toolkit Pilot to Strengthen Services, Programs, and Technical Skills in Kenya

The toolkit was piloted in Nairobi, Kenya in October 2012. The pilot period began with a one-day training for representatives from the four pilot sites throughout Kenya which participated in the pilot activity. A 'training-of-trainers' format was used, and participants returned to their own sites following the initial training in Nairobi and trained their colleagues on toolkit use within one to two weeks. Short-term technical assistance and supportive supervision was provided by AIDSTAR-One immediately following the training at each site. Finally, an AIDSTAR-One consultant provided technical guidance to implement the toolkit and assess the progress of integration into routine services throughout the pilot period.

3. Toolkit Pilot to Strengthen Services, Programs, and Technical Skills in Mozambique

Ongoing conversations with USAID/Mozambique also took place to identify acceptable dates for the pilot activity; the dates of April 29 to May 3, 2013 have been chosen. Four sites from the Maputo and Gaza provinces have been identified to participate in the pilot activity. A model similar to the one used in the Kenya pilot will be used: short-term technical assistance and supportive supervision will be provided by AIDSTAR-One immediately following the training at each site, and an AIDSTAR-One consultant will provide technical guidance to implement the toolkit and assess the progress of integration into routine services throughout the pilot period.

4. Program Evaluation to Determine Changes and Share Results

In Kenya, evaluation of the toolkit began in April 2013. The evaluation was followed by a workshop for pilot participants, USAID, the CDC, the Ministry of Health, and other stakeholders to discuss the utility of the toolkit, ease of integration, and moving forward with the agenda for ALHIV in Kenya. In Mozambique, the evaluation period is expected to take place in July 2013. A similar workshop will also take place in Maputo, Mozambique following the evaluation of the toolkit. Evaluation results from Kenya and Mozambique will also be analyzed, and will inform both final adaptations to the toolkit and how it may be used in a wide variety of contexts throughout sub-Saharan Africa.

5. Mapping of Adolescent Services

In collaboration with UNICEF and PEPFAR stakeholders, AIDSTAR-One created a telephone survey to identify gaps and opportunities for improving service provision for ALHIV in Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. A shorter online survey was also created as a follow-up to the telephone survey to gather information from government stakeholders and implementing partners. Interviews have taken place with UNICEF stakeholders in all ten countries. Interviews are ongoing with PEPFAR stakeholders, and survey results are being collected from recipients in all ten countries.

6. Webinars for *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV*

AIDSTAR-One submitted for approval a concept note for a series of webinars that will discuss the *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV* so that stakeholders from sub-Saharan African countries can participate in discussions surrounding the use of the toolkit and understand how to adapt it to their specific cultural context. The concept note was approved by the USAID Management Team, and activities are planned to begin in early FY 2013.

7. Collaboration with UNICEF to Create Guidelines for Adolescents Living with HIV

At the request of UNICEF and USAID, AIDSTAR-One staff participated in two meetings held in Harare, Zimbabwe. The first meeting was convened by the World Health Organization (WHO) and was a global meeting of international experts and community leaders to develop guidelines on adolescents and HIV. AIDSTAR-One staff contributed findings from their work to the deliberations and subsequently reviewed the recommendations, which will be published by WHO in 2013.

Immediately following the expert consultation, AIDSTAR-One staff attended the IATT Meeting on HIV and Young People. During this meeting project staff took the opportunity to present products both developed and under development, including a technical brief, the toolkit, and the mapping activity. There was significant interest in all the materials, and IATT members are interested in receiving copies of the toolkit as soon as they are available. They also committed to participating in the mapping activities which will take place in the countries in which they work.

5.3 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 key populations in the LAC region and issues related to programming. AIDSTAR-One has developed technical briefs and case studies on a variety of topics that serve as tools for program managers; has organized a number of consultations that both 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 key populations, and conducted needs assessments to generate information that can guide policies and programs.

Major accomplishments during the reporting period include:

- Prepared and submitted a revised workplan for FY 2013 after a no cost extension was granted.
- Completed assessments with transgender women and health providers in Central America.

- Completed data analysis for Guatemala, Nicaragua, and Panama (data collection was completed in Panama in December) and presented findings and recommendations to national stakeholders in each country in dissemination meetings organized by AIDSTAR-One
- Finalized the assessment report for El Salvador
- Drafted assessment reports for Guatemala, Nicaragua and Panama and circulated them to USAID and implementing partners for feedback.
- Began planning a capacity building strategy for providers to improve health services for transgender women, as a follow-up to the assessment findings.
- Cosponsored a South American consultation in Chile, with the Pan American Health Organization (PAHO), in order to continue developing a regional strategy for comprehensive services and human rights for trans persons in the LAC region.
- Began planning, in collaboration with PAHO, a consultation in Trinidad and Tobago to develop a regional strategy for comprehensive services and human rights for transgender persons in the Caribbean appropriate for the Anglophone and Dutch-speaking Caribbean.

Status of Workplan Activities

1. Assessment With Transgender Women And Health Providers In Central America

Stakeholder buy-in for the assessments was easily obtained in the four countries because of the great need for information about trans communities that could guide governments and civil society in planning and implementing effective programs for this highly marginalized population. From the beginning the assessment was sold as a planning tool that would guide government, civil society, and other key actors to develop actions that would eventually lead to effective programs and policies. In addition to designing and implementing the assessment, AIDSTAR-One saw the need to support the incorporation of findings from the assessments into an actionable strategic plan in each country. In response to this need, AIDSTAR-One organized meetings in each country to present assessment results and provide recommendations to key partners and stakeholders.

The first dissemination/planning meeting took place from September 25-26, 2012, in El Salvador, which is the first assessment site where data collection was completed. MEASURE Evaluation was invited to present its study on men who have sex with men (MSM) in El Salvador, which was implemented around the same time as the assessment with trans women, to provide a more comprehensive snapshot of the context in El Salvador. The first day included 42 representatives from government agencies and other actors involved in national strategic planning, and focused on the policy implications of the assessment results. The second day included 32 participants from nongovernmental organizations representing trans and MSM communities, as well as representatives from the Ministry of Health (MOH) and local universities, and focused on programmatic implications of the results. Each day began with presentations made by the research teams followed by a plenary discussion. In

the afternoon, participants were asked to complete small group exercises. Guides were developed for the work group sessions to facilitate the discussions and keep the participants on track. Selection of participants and composition of small groups during the second day were strategic to promote collaboration across different types of service providers (for example, clinic-based versus prevention outreach) and to ensure timely follow-up on the actions, accords, and partnerships that emerged from the planning meeting. The format and guides were very well received and will be adapted for the other three dissemination meetings.

A similar one-day meeting was organized in Guatemala on December 11, 2012. Thirty-three representatives from government and civil society attended. The meetings in Nicaragua and Panama took place on January 28, 2013 February 20, 2013 respectively. A one-day format was also followed in both countries. Recommendations generated by the work groups were integrated in the final assessment reports.

2. Support of Prevention, Care, and Support Activities for Transgender Communities

2.1 Regional Strategy

At the request of USAID's LAC Bureau, AIDSTAR-One began collaborating with PAHO on the development of the "Blueprint for Comprehensive Services for Trans Communities in Latin America and the Caribbean," a regional strategy to provide comprehensive services and protect the rights of transgender communities in the LAC region. A Central American consultation was held in El Salvador, June 26-28, 2012 to continue building the strategy and develop a plan for implementation.

Two key recommendations came out of the meeting: 1) the need to engage communities of trans men; and 2) the need to organize a similar validation meeting in South America to obtain relevant information from the subregion and generate support from stakeholders. Chile was identified as a potential locale by PAHO, and the Chilean Ministry of Health expressed support for the initiative. The meeting took place November 14-16, 2012, and 30 participants from the ministries of health of and trans organizations from Chile, Brazil, Argentina, Paraguay, Peru, Colombia, Bolivia, Ecuador, Uruguay, and Venezuela were invited. Representatives from donor agencies were also present at the meeting. Although PEPFAR's programs in South America are limited to Peru and Brazil, AIDSTAR-One continued supporting the development of the regional strategy, including participating in the planning and implementation of the meeting in Chile. AIDSTAR-One's support was limited to staff time for two AIDSTAR-One staff to participate in both the planning and the meeting itself, and travel costs for the two AIDSTAR-One staff members and four representatives (two per country) of Peruvian and Brazilian government agencies and trans organizations. PAHO covered the meeting venue costs and the travel and lodging costs of the participants from the remaining eight South American countries. Additional input was collected from meeting participants on integrating human rights into service delivery, health needs of trans men, and increasing the participation of trans populations in the development and monitoring of policies and programs. The experiences from the South American countries complemented the information collected during the Central American consultation held in El Salvador. The

document was edited in December 2012 and circulated among partner organizations during the first quarter of 2013.

Stakeholders from the Anglophone Caribbean expressed interest in contributing to the construction of the regional strategy and supporting its adoption in the sub-region. Because the cultural and legal environment of the Caribbean is significantly different from the rest of the LAC region, a workshop is crucial to validate the blueprint in these countries. PAHO and its partners have proposed a meeting for April 17-19, 2013 in Trinidad and Tobago, where the cultural and legal situation is more welcoming to sexual minorities, including trans people, than most of their Caribbean neighbors.

AIDSTAR-One's experience and knowledge regarding trans communities in the LAC region, obtained through previous work and research, will contribute to the development of the agenda and format of the meeting in Trinidad and Tobago (similar to its role in the previous meetings in El Salvador and Chile). AIDSTAR-One support would include staff time and travel costs for two AIDSTAR-One staff to participate in planning and co-facilitating the meeting. AIDSTAR-One staff will debrief USAID/Washington on the outcomes of the meeting.

2.2 Capacity Building Strategy for Health Providers

Based on the assessment results and a review of existing literature and training resources, AIDSTAR-One is developing a three-step certification process for strengthening health provider skills in working effectively with transgender people. The steps consist of a three-day training, workplace sensitization sessions, and follow-up visits.

Step 1: Training

The three-day training workshop, to be held between April and June 2013, will be guided by a manual that will be developed in collaboration with PAHO and other organizations and that will be reviewed by both AIDSTAR-One and a consultant with significant experience in curricula development. The most appropriate elements of the manual will be selected to create a single curriculum that combines basic key theory with practical application. The training's objectives will include:

- Updating providers on the norms and procedures of primary health services
- Standardizing information and procedures related to transgender health issues
- Strengthening interpersonal skills
- Enhancing the ability of providers to manage their emotions and stress
- Reducing stigma and discrimination within health services
- Teaching providers how to train clinic and administrative staff to be sensitive to trans people and their issues

Pre- and post-tests will be administered to participants to assess their knowledge and attitudes before and after the training.

The draft of the curriculum will be available for review by the end of March 2013. To meet the proposed date (the end of April 2013) for completing the final draft that will be tested in the

trainings, reviewers will be asked to submit their comments by mid-April (a two-week turnaround).

Step 2: Sensitization Sessions in the Workplace

Within one month of attending the workshop, providers will be required to hold sensitization sessions (lasting approximately 45 minutes each) on stigma and discrimination in their clinics. All staff, administrative and clinical, will be encouraged to participate in the sensitization sessions, given that stigma and discrimination against trans persons may take place beyond the consultation with the clinical provider. By conducting the sessions, the trained providers will become agents of change in their workplaces. AIDSTAR-One staff and consultants will provide guidance, a curriculum, and potential resources to the providers for conducting the sessions.

Step 3: Follow-Up Visits

Two follow-up visits with providers will be scheduled, both conducted between one and three months after the initial training (or between April and September of 2013). The follow-up visits will be designed to provide support, encouragement and feedback to newly-trained providers. Visits will be conducted by AIDSTAR-One consultants and selected MOH staff (the latter will be identified in collaboration with MOH authorities), and will offer the opportunity for providers to reinforce new knowledge and apply a checklist to assess application of skills and retention of knowledge (associated with the training). The second follow up visit will also serve to verify if trained providers conducted sensitization sessions for facility staff.

AIDSTAR-One proposes pilot tests of the strategy in El Salvador and Panama as a follow-up to the dissemination meetings. Preliminary discussions were held with the directors of the National AIDS Prevention Programs in each country, who both expressed support for the training. The proposed time frame for the trainings is the end of May to the beginning of June, and the first follow-up visit would take place one month after the training. The second follow-up visit would take place two to three months after the training. Approximately 100 providers will be trained. The number of providers that will be trained per country, geographic and health facility selection, and the dates of the training will be determined in collaboration with the MOH.

In Panama, AIDSTAR-One will work with the CapacityPlus project to organize the training workshops and conduct follow-up visits. CapacityPlus currently supports networks of public and private providers to ensure a continuum of care in selected regions. Support to the networks includes coordinating the planning and implementation of activities, providing training on a variety of HIV and AIDS-related topics, and conducting supportive supervision visits to participating organizations and MOH health facilities. Through the work established with the networks, CapacityPlus can facilitate the recruitment of health providers for AIDSTAR-One's trainings and support the follow-up visits that are part of the strategy.

In El Salvador, logistical support for the trainings will be provided by a local consultant who will also co-facilitate the trainings in both countries. The consultant previously collaborated with AIDSTAR-One in the planning and implementation of the dissemination meeting to present the assessment findings.

5.4 Caribbean

Mid-term Evaluation of the PEPFAR Caribbean Regional Program

The PEPFAR Caribbean Regional Program is based on the *Caribbean Regional HIV and AIDS Partnership Framework 2010–2014: Five-Year Strategic Framework to Support Implementation of Caribbean Regional and National Efforts to Combat HIV and AIDS* signed by 12 participating Caribbean governments and two regional partners. In its third year of implementation, this framework aims to reduce HIV incidence and prevalence in the Caribbean region; build capacity of national governments to develop and maintain sustainable, comprehensive, and effective national AIDS programs; and strengthen effectiveness of regional coordinating agencies and nongovernmental organizations to provide quality cost-effective goods and services to bolster national HIV programs.

In April 2012, the PEPFAR Caribbean Regional Coordinator approached AIDSTAR-One to conduct a midterm evaluation of the Caribbean Regional Program to identify areas that show a strong likelihood of building a sustainable HIV-related infrastructure in the region, areas that need improvement, and factors contributing to or impeding progress. The identification and description of factors promoting country ownership and sustainability were of particular interest.

The evaluation was launched with a one-day meeting on May 9, 2012 in Barbados with the PEPFAR interagency team followed by phone interviews with key technical advisory group members to clarify and focus the evaluation design. From June to August 2012 the four-person evaluation team collected primary qualitative data via document review, semi-structured interviews, and a group data collection session at the June 2012 PEPFAR Caribbean Regional Program Portfolio Review Meeting (25 country counterparts and implementing partners participated in the group data collection session during the Portfolio Review Meeting). The evaluation team conducted semi-structured interviews with 104 persons during field visits to five of the twelve (12) Partnership Framework countries: Antigua and Barbuda, Barbados, Jamaica, the Bahamas, and Trinidad and Tobago. The team conducted phone interviews with 47 additional stakeholders, including representatives from the seven Partnership Framework countries not visited (Belize, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname), the Pan Caribbean Partnership against HIV and AIDS, the Organization of Eastern Caribbean States, Caribbean Regional Program interagency team members, international agencies, and regional and international implementing partners.

The first draft report was submitted to the PEPFAR Caribbean Regional Program Interagency Team on September 21, 2012 for comment. The fourth draft report was approved by the PEPFAR Caribbean Regional Program Coordinator in January 2013. In March 2013 AIDSTAR-One submitted the final report to the AIDSTAR-One COR for approval.

5.5 Central Asia Regional Mission (Kyrgyzstan)

In August 2012 the PEPFAR/Central Asia Region (CAR) asked AIDSTAR-One to conduct a gender assessment in Kyrgyzstan to provide a set of practical recommendations (including a workplan and timeline) for addressing gender-based factors that hinder access to HIV prevention, care, and treatment services by key populations. This was not an assessment of any specific PEPFAR agency's projects, or a thorough organizational assessment of the PEPFAR program in Kyrgyzstan. Rather, it served as a broad assessment of the gender norms and dynamics that affect access to HIV services by key populations in Kyrgyzstan.

The assessment was the first step of a longer process by PEPFAR/CAR to collect and analyze data on how gender norms and inequality affect access to HIV services and programs. Building on this assessment, AIDSTAR-Two conducted similar assessments in Tajikistan and Kazakhstan in 2013 and will develop the regional PEPFAR gender strategy.

Assessment activities were conducted in September and October 2012. The AIDSTAR-One team reviewed key documents before, during, and after the field visit and developed and utilized summaries of each during the data analysis. Documents were provided by PEPFAR/Kyrgyzstan, PEPFAR/CAR, and respondents during or after the interview sessions. The two-person team traveled to Kyrgyzstan from October 15 to 25, 2012 to conduct individual and group interviews in the capital city, Bishkek, and the outskirts of Kant in the north, and in Osh and Jalal-Abad cities in the south. A total of 35 interview sessions were conducted with 60 people from governmental organizations (Ministry of Health, health facilities); PEPFAR agencies (USAID, CDC, Peace Corps, PEPFAR/CAR); other donors; United Nations organizations (the Joint United Nations Programme on HIV/AIDS [UNAIDS], the United Nations Development Programme [UNDP], the United Nations Population Fund [UNFPA], and the United Nations Children's Fund [UNICEF]); nongovernmental organizations; and implementing partners.

The assessment report was approved by the PEPFAR/CAR team in January 2013 and submitted to the AIDSTAR-One COR in March 2013 for approval.

5.6 Honduras

Summary and Major Accomplishments

Beginning in FY 2009, AIDSTAR-One, at the request of USAID/Honduras, provided technical assistance (TA) to the National Health Secretariat and to the National Association of People Living with HIV/AIDS (ASONAPVSI DAH). From October 2012 to March 2013, the focus of AIDSTAR-One's TA to the National Health Secretariat was to support the implementation of the National Strategy for Integrated Care of STI/HIV/AIDS. The TA specifically surrounded Phase 1, Stage 1, or the preparation for implementation of the National Strategy for Integrated Care for STI/HIV/AIDS. AIDSTAR-One also supported the National Health Secretariat's political representative in their role as President of the Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Additionally,

AIDSTAR-One provided TA to ASONAPVSI DAH to strengthen its technical capacity in self-support groups, home visit services and organizational structure.

Major accomplishments during this period include:

- Provided TA to the National Health Secretariat to conclude Phase 1, Stage 1 of the Strategy, which includes the preparation for the pilot implementation of the National Strategy for Integrated Care for STI/HIV/AIDS in Honduras in five prioritized regions (Atlántida and Islas de la Bahía, Francisco Morazán Metropolitan area, San Pedro Sula Metropolitan area, Valle de Sula, and Cortes), for the 18-month pilot period.
- Provided TA to the National Health Secretariat to initiate Phase 1, Stage 2 of the Strategy, which includes the implementation of the pilot operational plans in five regions.
- Assisted the National Health Secretariat by providing TA in budget planning to ensure its USAID-funded activities are aligned with the current pilot phase for the National Strategy.
- Developed a complete draft document and costing tool for the basic package of services for HIV and AIDS, including: health promotion, prevention, care, and support, to address the needs of key populations and the general population.
- Facilitated a workshop to determine the functional services networks in the five prioritized regions.
- Developed a final document for the risk-based counseling norm and a workshop curriculum for the adaptation of risk-based counseling for voluntary counseling and testing (VCT). The curriculum follows a training of trainers (TOT) format.
- Developed final technical guidance and norm for PMTCT. A TOT workshop to explain the guidance and norm was also developed.
- Developed a technical guidance and norm document for the comprehensive adult clinical care, including highly active antiretroviral treatment (HAART) norm.
- Developed a technical guidance and norm document for comprehensive child clinical care, including HAART.
- Provided TOT for National Health Secretariat staff on HIV-related quality improvement activities. Health Secretariat staff held 19 subsequent trainings on-site for integrated care treatment center staff.
- Provided TA to update curricula and facilitate trainings for ASONAPVSI DAH's facilitators of self-support groups and home visiting services.

Status of Workplan Activities

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

AIDSTAR-One is providing TA to the National Health Secretariat in the preparation phase for the implementation of the National Strategy for Integrated Care for HIV/AIDS Services.

Development of the operational framework of the National Strategy

Since July 2012 AIDSTAR-One has worked on the development of the Strategy's Operational Framework. During these reporting months, several meetings with the National AIDS Program technical staff have occurred in order to construct and validate the Operational Guidelines for the National Strategy for Integrated Care of STI/HIV/AIDS. From October 10 to 11, the Technical Ministerial Team of the National Health Secretariat conducted a two-day-long workshop aimed to revise and approve the Operational Guidelines for the National Strategy for Integrated Care of STI/HIV/AIDS. Although the document was approved in that workshop, the National AIDS Program decided to continue revising the document without AIDSTAR-One's TA.

Determine functional networks and capabilities in five geographic areas defined by Stage 1, Phase 2 of the National Strategy for Integrated Care of STI/HIV/AIDS

Since the assessment of HIV and AIDS services in the five prioritized regions, AIDSTAR-One has provided TA to complete the process and develop the framework for the Strategy's Stage 1, Phase 2.

During this reporting period, AIDSTAR-One provided assistance to the Vice Ministry of Services Network to carry out a workshop in order to determine the functional networks for the National Strategy for Integrated Care for STI/HIV/AIDS Stage 1, Phase 2. The workshop was held on March 18 and 19.

Development of a basic package of HIV and AIDS services

AIDSTAR-One provided technical assistance to the National Health Secretariat to complete the basic package of HIV services document. The basic package has been defined for the areas of promotion, prevention, care, and support according to life stage (childhood, adolescence, young adulthood, middle age and old age). Additionally, AIDSTAR-One prepared a costing tool to obtain a comprehensive cost estimate for every activity defined.

Assessment of the five prioritized geographic regions

AIDSTAR-One carried out a comprehensive and transparent process for the assessment of services provided in the five prioritized regions. The assessment identified regional capacities to provide services in the following areas: human resources, supervision, financing, planning, monitoring and evaluation, program coordination, package of services offered, supply management, referral systems, regulation and licensing, quality assurance, information systems and leadership. Information gathered was processed and analyzed. At

the end of the assessment process one global report and five regional reports were presented by the Vice Ministry of Services Networks in the five prioritized regions.

Provide technical assistance for the development of five implementation plans in five geographical areas

During this reporting period AIDSTAR-One provided technical assistance to the National Health Secretariat to initiate the Strategy's Phase 1, Stage 2 which comprises the implementation of the pilot operational plans in five regions.

Preparation for the implementation of regional plans financed by USAID

AIDSTAR-One provided technical assistance during a workshop, organized by the National Health Secretariat, to assist in developing the master plan for the cooperation between the National Health Secretariat and USAID for the implementation of USAID FY 2013 funds assigned to the Health Secretariat. The activities defined in this plan mirror AIDSTAR-One's activities in order to effectively prepare for the Strategy's implementation.

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

Voluntary counseling and testing (VCT) norm

During this reporting period, in order to continue the technical process for the voluntary counseling and testing (VCT) norm, AIDSTAR-One provided technical assistance for the VCT norm validation workshop from January 24 to 25. Participants included technical staff in charge of VCT programming from the five prioritized regions. Inputs from this workshop were incorporated into the final VCT norm.

From March 18 to 20, AIDSTAR-One provided technical assistance to develop curricula and give one TOT for the National Health Secretariat technical staff. The training covered risk-based counseling theory, adult learning theory and presentations. In addition, a substantial portion of the TOT workshop was dedicated to practical work in small groups so that participants were able to immediately apply risk-based counseling theory. Seventeen participants were trained in accordance with PEPFAR standards.

Comprehensive adult clinical care, including HAART norm

During this reporting period, in order to continue the technical process for this norm, AIDSTAR-One provided TA for a validation workshop from January 31 to February 1. Participants included technical staff from the five prioritized regions. Inputs from this workshop were incorporated into the final norm document.

Comprehensive child clinical care, including HAART norm

During this reporting period, in order to continue the technical process for this norm, from February 4 to 5 AIDSTAR-One provided TA for a validation workshop. Participants included technical staff from the five prioritized regions. Inputs from this workshop were incorporated to the final draft of the norm.

Prevention of mother-to-child transmission norm

During this reporting period, in order to continue the technical process for the PMTCT activities, from January 29 to 30 AIDSTAR-One provided TA for a prevention of mother-to-child transmission (PMTCT) validation workshop. Participants included technical staff in charge of the PMTCT programs in the five prioritized regions. Inputs from this workshop were incorporated to the final PMTCT norm document.

From March 18 to 20, AIDSTAR-One provided TA to develop curricula and give one TOT workshop for the National Health Secretariat technical staff in charge of the PMTCT programs in the five prioritized regions. It is expected that the trained technical staff will replicate this workshop in their working regions. Sixteen participants were trained in accordance with PEPFAR standards.

Guidelines for laboratory procedures for HIV rapid testing

AIDSTAR-One provided technical support for the development of an HIV rapid testing manual. The National AIDS Laboratory approved the manual according to their standards at the end of January.

Quality improvement

In order to improve the understanding of what quality improvement is, and how to implement HIV-related quality improvement activities at the clinical site level, AIDSTAR-One provided TA to prepare one TOT for 24 Health Secretariat Staff on quality improvement for comprehensive care unit (CAI) staff. Nineteen on-site trainings were given at the Tegucigalpa, Atlántida and Bay Islands health regions. 108 CAI staff were trained in accordance with PEPFAR standards.

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

Assessment of organizational capacities

On September 22, Dr. Rolando Pinel, Mr. Arturo Kafati, and Ms. Julissa Garcia held a meeting with ASONAPVSI DAH's Board of Directors and Executive Director to present the Organizational Capacities Assessment final document. After this meeting, the Board of Directors decided to appoint key organization members to present these results at the ASONAPVSI DAH national assembly.

Organization of home visit trainings

From October 15 to 19 and October 29 to November 2, AIDSTAR-One facilitated two home visit trainings to ASONAPVSI DAH technical staff in San Pedro Sula and Tegucigalpa respectively. The trainings covered HIV theory and included practice sessions. A total of 34 participants were certified in accordance with PEPFAR standards. These trainings served as the validation process for the final versions of the Home Visit I and the HIV/AIDS Basic Knowledge Manuals.

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 (NGOs) to support activities focused on HIV prevention, treatment, and/or care programs. Twelve grants were signed in December 2011 and continued through November 2012.

During this reporting period AIDSTAR-One monitored each grant in terms of the completion of agreed-upon deliverables. After verification of deliverable completion, the grantee was paid a fixed amount in accordance with the terms of each fixed obligation grant. Grantees also reported to AIDSTAR-One their progress towards various PEPFAR indicators that AIDSTAR-One then reports quarterly to USAID/Dominican Republic.

The work done by the twelve grantees supported by AIDSTAR-One was completed in November 2012, the completion date of their grants. This work consisted of HIV prevention, care, and treatment activities carried out in 13 provinces, 22 municipalities, 27 *bateyes* (sugar cane plantations), and 25 HIV comprehensive health care facilities and public hospitals. Each of the grants included a partnership component whereby grantees partnered with a public hospital or institution to expand the reach of their interventions and helped to strengthen publicly provided HIV-related services. Prioritized populations were people living with HIV (PLHIV), orphans and vulnerable children (OVC) and relatives, male and female commercial sex workers, the Dominican-Haitian population, inhabitants of *bateyes*, men who have sex with men (MSM), and out-of-school young people.

All nine of the PEPFAR targets that the grantees were responsible for were reached or exceeded by November 30, 2012, with one exception (number of HIV-positive persons receiving cotrimoxazole prophylaxis). Each of the twelve grants were completed by November 2012 and final payments were made to each.

2. Technical and Institutional Strengthening

In addition to managing the twelve grants and monitoring completion of their deliverables, AIDSTAR-One also provided direct technical assistance to the twelve grantees. A Technical Assistance Plan was developed based on a situational diagnosis of the twelve grantees and their individual needs. This plan outlined AIDSTAR-One's contributions to help build institutional capacity among the grantees, including economic sustainability strategies.

Most of the technical assistance activities with the grantees took place during the previous reporting period, but during this reporting period one major additional activity took place. AIDSTAR-One organized a national forum on sustainability, with a special focus on the role of NGOs working in health development. The forum took place from December 5 to 7, 2012,

and 120 participants, representing more than 80 NGOs, government institutions, private businesses, and international organizations, participated in the event. In addition to the many presentations, the forum provided an opportunity for participants to discuss various sustainability strategies and to consider successful strategies used around the world.

5.8 Brazil

Summary and Major Accomplishments

USAID/Brazil requested AIDSTAR-One support for creating sustainable access for most-at-risk populations (MARPs) to tuberculosis control and HIV programs in the states of Sao Paulo and Rio de Janeiro, as well as at the national level. 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. AIDSTAR-One/Brazil began operations in October, 2011. In September 2012, AIDSTAR-One/Brazil requested and received approval for an extension with no additional funds through December 31, 2012.

Major accomplishments from October through December 2012 include:

- Undertook capacity building, training and intervention strategy development with key stakeholders in the National Tuberculosis Control Program (PNCT), the Secretary of Health Tuberculosis Control Programs in São Paulo and Rio de Janeiro, Municipal Tuberculosis Control Programs, State Penitentiary Systems, civil society leaders, and other local partners working in tuberculosis(TB) control, HIV, and co-infection.
- Completed a final assessment of ongoing intervention sites in the state of Sao Paulo, implementing the “De Peito Aberto” behavior change communication campaign for more effective TB 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.
- Finalized and presented results of a quantitative assessment of penitentiary campaign impact to the State of São Paulo Penitentiary System Ethics Committee and the State Secretariat of Health. The study used 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.
- Completion of project intervention activities at state, municipal and community levels (Rio de Janeiro and São Paulo).
- Successful completion of communications contract with the local subcontractor (IPE Communications).

- Successful completion of community grants for interventions in São Paulo and Rio de Janeiro.
- Developed a partnership with the Rio de Janeiro Penitentiary System (SEAP) for launching the second wave of the “De Peito Aberto” campaign in one of the largest penitentiaries in Brazil, Bangu Penitentiary, housing over 20,000 inmates. This is the first campaign conducted in SEAP on prevention of TB and HIV co-infection.
- Presented KAPB evaluation results to the state of São Paulo Penitentiary Ethics Committee and the Secretariat of Health. Study results demonstrated significant positive impact in applying social technologies for behavior change for more effective TB control.
- Maintained key relationships, contacts and communications with the PNCT, the São Paulo Secretary of Health TB Control Program, the Rio de Janeiro Secretary of Health TB Control Program, municipal and district level programs, penitentiary System officials and medical staffs, civil society leaders, consultants, and USAID partners.
- Finalized strategies for sustainability and transition at the national level (PNCT) for continuation and expansion of penitentiary system interventions in Rio de Janeiro and Rio Grande do Sul for prevention of TB and HIV co-infection, using the social technology models developed and evaluated by AIDSTAR-One/Brazil and our local counterparts.
- Completed all administrative, logistics and financial activities in the project close-out plan, including closure of the Brasilia office and transfer of all non-expendable property to the Brazilian National TB Control Program, in accordance with the disposition instructions received from USAID.

Status of Workplan Activities

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

During the reporting period, the AIDSTAR-One/Brazil Social Tech Team completed creative strategy requirements for behavior change communication (BCC) directed to HIV/TB co-infection. The creative strategy requirements were determined through the Strategy Assessment, pretest of BCC materials and messages and close collaboration with our counterparts at PNCT, the Secretary of Health São Paulo, and the Secretary of Health Rio de Janeiro (TB Control and HIV/AIDS Programs). This included completion of the communications strategy with the project’s local advertising agency for “second wave campaign” materials. This included themes of preventing HIV/TB co-infection in both ongoing campaign interventions and new interventions in Rio de Janeiro. The creative strategy included results of the previous campaign and a series of focus groups conducted with MARPs and NGO peer-to-peer counselors in São Paulo and Rio de Janeiro. AIDSTAR-One/Brazil created a focused strategy including essential information on TB control and prevention of TB and HIV co-infection, which complements other ongoing communication efforts and is innovative in Brazil.

This creative strategy was approved by the PNCT, the State Secretariat Tuberculosis Control Programs in São Paulo and Rio de Janeiro and the Municipal Tuberculosis Control Programs in São Paulo and Rio de Janeiro. In addition, there was significant input from civil society leaders in TB control and HIV, and the State Penitentiary System Health Departments in São Paulo and Rio de Janeiro. During the reporting period, the BCC strategy continued with full implementation following creative material design approval by our counterparts at the national, state and municipal levels as well as the local USAID mission.

During this period, AIDSTAR-One facilitated and advised on “De Peito Aberto” campaign implementation with four main groups who also worked together on social mobilization. These were: 1) Project Arco Iris, the AIDSTAR-One NGO community grant recipient in Rio de Janeiro, 2) State Secretariat of Health and Municipality of Rio de Janeiro Tuberculosis Control Programs, 3) Forum NGO on Tuberculosis Control Rio de Janeiro, and 4) The SEAP health program.

The campaign implemented by Arco Iris included many highly visible activities, such as the annual Rio de Janeiro lesbian, gay, bisexual, and transgender (LGBT) Parade attended by over 500,000 people, community youth outreach in the large and underserved Manguinas favela and peer-to-peer outreach with many workers and clients in the most popular nightclubs in Rio de Janeiro frequented by LGBT. Arco Iris distributed campaign materials and hosted a series of educational sessions and events. Through the AIDSTAR-One community grant program and related mobilization and epidemiological training, for the first time, Arco Iris was able to quickly build capacity to work in the area of TB control and preventing HIV co-infection.

The State and Municipal Tuberculosis Control Programs implemented the campaign in high priority TB clinics in the cities of Rio de Janeiro and Niteroi. The NGO Forum on Tuberculosis Control conducted peer-to-peer campaign activities in some of the largest favelas in Rio de Janeiro, including Cuplejo de Alemanes. In the Bangu Penitentiary complex, SEAP health facilities distributed communication materials and displayed posters in the prisoner intake facility, health facilities and high traffic areas.

In all, in Rio de Janeiro, over 57,000 communications materials were distributed through peer-to-peer outreach and clinic programs and, conservatively, over 250,000 people at risk were exposed to campaign messages through clinics, educational sessions and large public events.

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

For transition and sustainability at the national level (PNCT), AIDSTAR-One/Brazil Social Tech provided technical assistance to counterparts in creating an internal Social Tech Unit of communications, social mobilization and social research specialists. Also, AIDSTAR-One provided technical assistance in identifying opportunities for professional collaboration and dissemination of promising practices and results.

PNCT, State Secretariat Tuberculosis Control Divisions, and State Penitentiary system health directors and AIDSTAR-One/Brazil completed expansion strategy plans for TB control and prevention of HIV co-infection in the States of Rio de Janeiro and Rio Grande do Sul. In future years, this intervention strategy will focus on an integrated approach for BCC, social mobilization and rapid testing for large prison populations most at risk and surrounding impoverished communities. PNCT intends to seek funding from the Brazilian government and/or other international donors for these future prison and community interventions.

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

During the reporting period, The AIDSTAR-One/Brazil Social Tech Team assured the continuation of the “De Peito Aberto” campaign in intervention sites in nine intervention sites in Guarulhos and Franco da Roche Penitentiary. An additional six intervention sites in Freguesia do O continued and transitioned to using TB campaign materials recently made available by the Municipality of São Paulo and PNCT. The “De Peito Aberto” campaign posters were in place at clinic sites and brochures were actively distributed, within the Franco da Rocha Penitentiary Units and at community TB control campaign events in Guarulhos and the Municipality of São Paulo.

For continued support to the state and municipality of São Paulo, AIDSTAR-One supported two NGO community grants awarded to Rede Paulista and EPAH. Rede Paulista was very effective in social mobilization efforts at the large Franco da Roche Penitentiary, working both with inmates in the prison units and outside the prison with families of prisoners, chiefly on visitation days. Their approach included community theater involving prisoners as actors, carrying messages on prevention of TB and HIV co-infection. Also, they developed a very innovative method of peer-to-peer education with family and friends of prisoners on visitation day, which then carried forward messages of prevention and health seeking behaviors with the prisoners during regular visits. Finally, they supported and helped train inmate health agents who worked with the prison population using “De Peito Aberto” communication materials.

EPAH integrated TB control and HIV co-infection prevention messages within their effective, ongoing peer-to-peer outreach and mobile clinic campaigns (“Quem fazer”). Through this integrated approach, EPAH effectively reached many LGBT and other populations, including youth, at high risk of co-infection. Before AIDSTAR-One’s work, EPAH staff had little knowledge of TB and HIV co-infection. Similarly, Rede Paulista had excellent experience in TB control but limited experience with HIV co-infection issues and penitentiary populations. Through the AIDSTAR-One community grants program, these NGOs built capacity and helped their at-risk community members by working on the issues of TB and HIV co-infection for the first time with excellent results. Through their efforts, over 57,000 communication materials were distributed and over 250,000 people were exposed to the “De Peito Aberto” campaign messages through clinics, events, peer-to-peer education and community outreach.

The AIDSTAR-One/Brazil Social Tech “De Peito Aberto” campaign materials were very much appreciated by the State and Municipality of São Paulo TB Control Programs. These programs reported they had no other communication resources on TB available at the community level during the project period. The state-level intervention sites in Guarulhos and the Franco da Rocha Penitentiary intend to continue the campaign through their own resources.

5.9 India

Summary and Major Accomplishments

During the first half of FY 2013, AIDSTAR-One worked to complete case studies from the previous fiscal year. At the end of FY 2012, there were four remaining case studies in the last stages of production. The case studies document best practices in Karnataka, Andhra Pradesh, and Maharashtra.

The major accomplishments of AIDSTAR-One field support in India during the first half of FY 2013 include:

- Published the completed and approved case study on a positive partnership to accelerate the integration of HIV and tuberculosis services in Karnataka
- Published the completed and approved case study on strengthening HIV/AIDS programs in two Indian states
- Published the completed and approved case study on micro-planning for a community-based system to ensure quality care among people living with HIV in Andhra Pradesh
- Published the completed and approved case study on a community-based initiatives for HIV management among marginalized groups in Maharashtra.

Status of Workplan Activities

AIDSTAR-One’s focus during the first half of FY 2013 was on completing and disseminating the remaining case studies documenting best practices of USAID’s HIV programs in Maharashtra, Karnataka, and Andhra Pradesh.

During the first half of this fiscal year, all four of the remaining case studies have been completed, approved by USAID, and published on the AIDSTAR-One website. The case studies were disseminated to various email lists and cross-posted on various websites. All of the published and disseminated case studies will contribute to the Indian and global knowledge base by focusing on best practices, successful implementation, lessons learned, and recommendations for replication and scale-up for implementers.

5.10 Tanzania

Summary and Major Accomplishments

Beginning in 2009, USAID/Tanzania requested technical assistance from AIDSTAR-One to provide support to natural resource management and economic growth (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 programming for orphans and vulnerable children in non-health sectors.

The following activities were implemented during the reporting period:

- Finalized a case study focused on the African Wildlife Foundation's integration efforts
- Finalized a technical brief comparing the different models of integration employed by the NRM/EG partners
- Completed implementation of a demonstration project with the Jane Goodall Project (JGI).

Status of Workplan Activities

1. Case Studies and Technical Brief

A case study documenting the experiences of the African Wildlife Foundation and the Longido Community Integrated Program in mainstreaming HIV and AIDS into their core conservation activities in the Longido District of Tanzania's Arusha Region was approved by USAID and posted on the project's website during the first quarter of 2013.

A technical brief capturing the diverse experiences of NRM/EG partners in mainstreaming HIV and AIDS into their NRM/EG activities was approved by USAID in February 2013 and posted to the project's website in March. The brief's objectives were: to promote the mainstreaming of HIV programming into non-health sectors, especially the NRM/EG sector; to document the experiences, successes, challenges, and lessons learned of five NRM/EG organizations in Tanzania which have taken different approaches to mainstreaming HIV into their work; and to provide recommendations for effective mainstreaming of HIV programming into NRM/EG activities.

2. PMTCT Demonstration Project with the Jane Goodall Institute

AIDSTAR-One, in collaboration with JGI and Tanzania's Ministry of Health and Social Welfare, implemented a six-month demonstration project on the prevention of mother-to-child transmission (PMTCT) of HIV in ten dispensaries in a rural district in Tanzania's Kigoma Region from March to September 2012. The goal of the demonstration project was to pilot a service delivery model for ensuring a continuum of care in remote communities. The model was intended to improve the competency and motivation of community health workers (CHWs) as a way of increasing access to and uptake of PMTCT services and to strengthen community linkages to facility-based PMTCT services in rural areas.

Ten dispensaries (sites) were randomly selected; seven were designated as intervention sites and the remaining three as control sites. All ten sites were similar in that each had up to five CHWs trained by the Lake Tanganyika Catchment, Reforestation and Education (TACARE) project, which was implemented by JGI from 1995 to 1999 in Kigoma Rural District. The project trained the CHWs to serve as community-based distribution agents of family planning, and later the CHWs received additional group training on providing home-based HIV care.

Community health workers from the seven intervention sites received a five-day basic PMTCT training that emphasized the value of antiretroviral treatment for pregnant women and HIV-exposed infants, male involvement, and HIV risk reduction messaging. This training provided additional tools to help the CHWs to counsel pregnant women on PMTCT, foster male involvement, and establish a link between PMTCT care provided in health facilities and the community. In addition to the training, CHWs in the intervention sites received supplies to facilitate their community work, including solar-powered phones, solar chargers, bicycles, gum boots, reporting forms, and umbrellas. Seventeen indicators on service utilization were established for monitoring the project, and data were collected monthly over a period of six months.

The report will be submitted to USAID for approval in April 2013.

5.11 Nigeria

Summary and Major Accomplishments

With field support funding from USAID/Nigeria, AIDSTAR-One/Nigeria provides technical assistance to the Government of Nigeria (GON) to prevent the medical transmission of HIV and other blood-borne pathogens through improved injection safety (IS) in health facilities. The project works with the GON, the U.S. Government (USG), the Nigeria Country Team, and other PEPFAR partners to expand IS interventions, with a focus on health facilities in Bauchi, Benue, and Sokoto states. In addition, the project continues to monitor IS 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 (SMC) in the two northern focal states and the FCT. A hallmark of the Nigeria program is strong partnerships and collaboration with the GON, as well as other PEPFAR implementing partners. These partnerships encourage country ownership and strengthen the overall health system to better protect health workers, patients, and community members. Some of the major accomplishments during this reporting period included:

- Completed advocacy to the top GON management team at the new scale local government areas (LGAs) in Benue and Cross River states.
- Trained a total of 2,353 medical personnel (1,683 health workers, 638 waste handlers, and 32 logistics officers, including pharmacists, storekeepers, and ward in-charges) in 27 health facilities in three states and the FCT.
- Developed modules to train incinerator operators in the FCT area. In total, 27 incinerator operators were trained.
- Conducted a clinical meeting for 30 senior health personnel (director level) and nine professional hospital staff at the Benue State University Teaching Hospital to improve best practices in IS&HCWM in the state.
- Facilitated the distribution of phlebotomy commodities to implementing partners, including 1,059,000 pieces of vacuum tubes (EDTA, Lithium Heparin, Plain, and Oxalate Fluoride), 419,000 tube holders, and 473,280 needles. In total, 67,500 pairs of disposable gloves were also distributed to health facilities in AIDSTAR-One Nigeria focal states and the FCT to promote infection prevention control (IPC) best practices.
- Initiated plans for the procurement and distribution of seed stock for IS&HCWM commodities, including re-use prevention (RUP) phlebotomy commodities.
- Conducted sensitization meetings with the National Orientation Agency (NOA) staff in Lagos, Benue, and Cross River state in preparation for community outreach activities on injection safety/HCWM to promote oral medication. Community outreach to 48 communities was conducted.
- Collaborated with partners to disseminate the approved National Primary Health Care Development Agency (NPHCDA) HCWM strategic framework and five-year implementation plan targeting primary health care centers.
- Conducted commodity procurement and quantification and product specification for seed stock supplies to implementation sites.
- Finalized geographic information system (GIS) mapping of waste treatment equipment locations in the country to help ensure health facilities meet the minimum package for HCWM.
- Facilitated the inauguration of the State Security Service Hospital Infection Prevention Committee in Abuja.
- Continued supervision of the treatment of USG expired antiretroviral treatment (ART), laboratory reagents, and test kits in collaboration with the Supply Chain Management System.
- Conducted and finalized approvals for the end of project evaluation and follow-up health facility assessments (HFA) in 80 health facilities across the five focal states using the World Health Organization (WHO) Tool C-Revised.
- Developed and presented abstracts for AIDSTAR-One and GON staff for the Infection Control Africa Network regional conference in South Africa.

- Successfully submitted an abstract entitled “Health Care Waste Management in Nigeria—A GIS Approach” to an international GIS in public health conference organized by the Urban and Regional Information Systems Associations to be held June 2013 in Florida.

Status of Workplan Activities

1. Commodity Management

AIDSTAR-One/Nigeria continues to facilitate the integration of injection safety and HCWM commodity logistics into the harmonized health commodities logistics management information system across USG sites and GON partners.

During this reporting period, AIDSTAR-One met with a representative of the Pan African Health Foundation, an indigenous RUP syringe manufacturer, to strengthen collaboration and address challenges, especially in meeting the local demand/supply for RUP syringes, as well as resistance to RUP syringes. The project also linked up federal/state Ministry of Health facilities and organizations directly with IS&HCWM commodities manufacturers and suppliers in order to ensure continuous uptake and availability at service delivery points.

AIDSTAR-One continued to work with the GON and other partners through networking and advocacy activities to ensure and promote the policy directives and the introduction of RUP syringes and the discontinuation of standard disposable syringes in all federal tertiary health facilities, as directed by the Nigeria Federal Ministry of Health.

During this reporting period, AIDSTAR-One facilitated the distribution of phlebotomy commodities to implementing partners including 1,059,000 pieces of vacuum tubes (EDTA, Lithium Heparin, Plain, and Oxalate Fluoride), 419,000 tube holders, and 473,280 needles. In total 67,500 pairs of disposable gloves were also distributed to health facilities in AIDSTAR-One Nigeria focal states and the FCT to promote IPC best practices.

AIDSTAR-One concluded commodities projection/quantification as well as product specification and initiated the procurement process for safe injection, HCWM, and phlebotomy commodities for new focal sites.

The project is collaborating, and will continue to network with, the relevant implementing partners and the GON in promoting a bundling policy among injection safety stakeholders and other implementing partners to ensure that all supplies of injectable drugs are delivered with matching quantities of safe injection equipment and sharps collection boxes.

1. Training and Capacity Building

The project trained a total of 2,353 medical personnel in 27 health facilities in three states and the FCT (1,683 health workers, 638 waste handlers, and 32 logistics officers including pharmacists, storekeepers, and ward in-charges). In addition, 27 incinerator operators were trained.

A clinical meeting was conducted for 39 senior health personnel at the director's level at Benue State University Teaching Hospital Markurdi to improve on best practices in injection safety and HCWM in the state. Furthermore, the project continues to inaugurate and offer technical support to IPC committees in focal health facilities and in other implementing partner sites across the country.

2. Behavior Change Communication and Advocacy

During this reporting period, AIDSTAR-One/Nigeria carried out sensitization meetings with the National Orientation Agency in Lagos, Benue and Cross River states. This was in preparation for community outreach activities on IS&HCWM in the focal local government areas (LGAs) of these states. As a follow-up to the sensitization meetings, community dialogues were held in four communities of four focal LGAs in Benue state. Participants from the communities were traditional and religious leaders and other key community leaders. AIDSTAR-One facilitators were present to provide support for the NOA officials particularly to answer medical questions. Three key issues were discussed: promoting oral medications with the message, "Injections are not better than tablets; don't insist on injections"; promoting the safety of all necessary injections with the message, "Ensure one new needle and syringe for every injection"; and safe HCWM with the message, "Guard against indiscriminate (improper) disposal of health care waste in your community." Similar community outreach activities will be carried out in focal LGAs in Cross River and Lagos states.

AIDSTAR-One/Nigeria held community discussions on SMC in 48 communities in the focal LGAs in Bauchi and Sokoto states. The next step was engaging the "Wanzamais," traditional circumcisers. In Sokoto state, in collaboration with the NOA, meetings were held with the "Sarkin Wanzamai", or chief circumciser, of the various communities in the six LGAs. The meetings were to present them with facts regarding SMC, the dangers if it is not done safely, and to work together to see how traditional circumcision can be done safely. The following were discussed: one knife per child per session; cleaning the instruments, hand hygiene, management of complications such as bleeding, and how the Wanzamais can protect themselves with the use of gloves. In some of the LGAs, the Wanzamais promised to strengthen their association and meet regularly to discuss SMC and share experiences and help one another with useful information and skills.

The project reprinted leaflets which promote oral medication and the safety of injections for use during community outreach activities. Other information, education, and communication (IEC) materials (posters and leaflets) were distributed to new scale up sites in Benue and Cross River states where training is being conducted. In addition, IEC materials promoting oral medication, proper management of used needles, waste segregation, HCWM steps, and

storage of commodities were distributed at health facilities receiving injection safety 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, the head of the Hospital Services Department at the Federal Ministry of Health, and NPHCDA, among others, to encourage political support for continued IS&HCWM interventions. This ongoing advocacy has resulted in increased government ownership of budgets and programming.

3. Health Care Waste Management

A meeting was held with the Director of Planning Research and Statistics of the Health and Human Services Secretariat (HHSS) FCT to discuss one of the findings during supportive supervision at the General Hospital Nyanya, a high-volume hospital located in a densely populated area of the FCT. The authorities earmarked installing a high-temperature incinerator without emission controls in the facility. The project explained the potential dangers involved with the installation of an incinerator in this urban facility, citing the environmental and health impact to the patients, staff, and the community. AIDSTAR-One was asked to bring this issue to the attention of the Secretary of the HHSS. This was done and resulted in the relocation of the incinerator to Karshi General Hospital, located in a peri-urban, less densely populated area.

Representatives from the HHSS, Abuja Environmental Protection Board (AEPB), Hospitals Management Board (HMB), HPRS, Private Hospitals Regulatory and Monitoring Committee (PHRMC), the FCT Primary Healthcare Board, and the private sector were brought together for a workshop to develop a concept paper for the FCT model HCWM.

The meeting was followed by a field visit to Lagos state by selected stakeholders to observe the collaboration between the Lagos State Waste Management Authority (LAWMA) and the state's Health Facilities Monitoring and Accreditation Agency (HEFAMAA) in managing HCWM in the state. Through their collaboration, LAWMA transports waste for treatment and disposal using private sector providers (PSP), while the HEFAMAA ensures compliance by health facilities. The visit to LAWMA included presentations on their programmatic activities, HEFAMAA collaboration, and PSP operators' involvement. The exchange also included a field visit to facilities served by LAWMA and a visit to the LAWMA transfer loading and waste treatment plant in Oshodi. Participants reviewed the visit at a meeting and proposed a strategy for implementing a similar system in the FCT.

In the FCT, AIDSTAR-One/Nigeria facilitated a visit for the representatives to the National Institute for Pharmaceutical Research and Development, where a high-temperature rotary kiln incinerator (150 kilograms per hour) with emission controls was installed. The group also visited the Abuja Environmental Protection Board (AEPB) dump site to ascertain what happens to waste transported by the AEPB from hospitals.

As part of the efforts to improve adherence to achieving the minimum package for HCWM at AIDSTAR-One focal sites, a generic HCWM plan for health facilities was developed. This was shared with 10 health facilities in Lagos State and two in the FCT. They have adapted it to their specific facility needs and have developed their facility-based HCWM plans. The generic plan will be shared with other focal health facilities next quarter.

AIDSTAR-One/Nigeria participated actively in the dissemination of the findings of the baseline assessment of injection safety and HCWM status in selected primary, secondary, and tertiary health facilities in 15 states and the FCT by the United Nations Health 4 (UNH4), comprised of UNICEF, the World Health Organization, the United Nations Population Fund (UNFPA), and funded by the Canadian International Development Agency. The 15 states included 5 AIDSTAR-One focal states and the FCT. This assessment was an activity contained in the NPHCDA strategic HCWM plan and was sponsored by UNICEF. AIDSTAR-One provided technical assistance (TA) to the assessment team on the review of the checklist used. The presentation showed gaps in the areas of awareness creation, training and capacity building, budgeting for HCWM, segregation, storage, and treatment and disposal of health care waste. At the presentation, AIDSTAR-One gave a presentation entitled “Improving Injection safety and HCWM in our Health Systems.”

4. Monitoring and Evaluation

The End of Project report was shared with USAID/Nigeria for further action, and the lessons learned were used to structure the current workplan.

The 2012 follow-up HFA report was finalized and approved for dissemination. AIDSTAR-One/Nigeria also finalized the GIS mapping of waste treatment equipment locations in the country to help ensure that health facilities meet the minimum package for HCWM.

Supportive supervision continued in the existing focal sites and training is ongoing in the new scale-up of LGAs in Benue and Cross River states.

5.12 Ethiopia

Summary and Major Accomplishments—Injection Safety

AIDSTAR-One/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 into the wider IPC framework and through close collaboration with the Federal Ministry of Health (FMOH). During this reporting period, the project continued to work closely with the U.S. Government team in Ethiopia to

implement interventions in the existing public and private health facilities in the regions of Amhara and Tigray and in the city of Addis Ababa. Major accomplishments during this reporting period included:

- Trained 82 university instructors and graduating nursing students to fill the training need gap in Gondar University. Training was given to support the overall effort of promoting appropriate infection prevention and patient safety (IP&PS) practices.
- Developed pre-service capacity building plans with each university, including joint coaching. The joint plan will last for nine months and will help to institutionalize the pre-service education initiative in each university.
- Established agreements with three private health science colleges to expand the pre-service capacity building initiative on a cost sharing basis.
- Supported the Food, Medicine and Health Care Administration and Control Authority of Ethiopia (FMHACA) in the development of IP&PS and other medical equipment lists and specifications. Development of these materials will help the agency to regulate quality of equipment.
- Developed a draft concept note for a health care waste management (HCWM) public-private partnership (PPP) in Addis Ababa.

Status of Workplan Activities—Injection Safety

1. Training and Capacity Building

Introduction of FY 2013 Strategy in Amhara and Tigray Regions

AIDSTAR-One Ethiopia has introduced its FY2013 plan to Tigray and Amhara Regional Health Bureaus (RHBs). In addition AIDSTAR-One/Ethiopia oriented 11 zonal health departments in the Amhara region. Fifty-four (54) existing health centers, jointly selected by AIDSTAR-One/Ethiopia and the RHBs, will receive intensive mentoring and capacity building support from AIDSTAR-One/Ethiopia during the next nine months. In addition, catchment review meetings and experience sharing visits are planned to further consolidate achieved successes.

Development of Joint Plan with Targeted Universities

As part of its phase-out strategy, AIDSTAR-One/Ethiopia developed a joint capacity building plan with each of the ten targeted universities. A plan that covers a nine-month period will ensure that all the previous capacity building efforts reach the end beneficiaries (students). In addition, AIDSTAR-One/Ethiopia will ensure the pre-service initiative is fully institutionalized and owned by each university. The plan will be implemented through structured and monitored coaching, review meetings, and provision of teaching aids. Each university will lead the implementation of their plan with technical assistance from AIDSTAR-One/Ethiopia.

Gap Filling Training Conducted

AIDSTAR-One/Ethiopia trained 82 health workers from Gondar University in IP&PS. The training was provided as gap filling for newly hired health science college instructors and graduating nursing students who had not originally benefited from the improved curriculum. The training fully utilized the university staff's training resources to demonstrate their capacity of managing similar trainings with minimum cost.

Expansion of Pre-Service Capacity Building to Three Private Colleges

AIDSTAR-One Ethiopia reached consensus to expand the pre-service capacity building initiative to three private colleges: Central University College in Addis Ababa, Alkan University College in Dessie, and Sheba University Colleges in Mekelle. Unlike the public universities, implementation of the initiatives in private colleges will be undertaken using a cost sharing approach. AIDSTAR-One/Ethiopia will sponsor a training-of-trainers and the colleges will roll out the trainings at their own cost. AIDSTAR-One/Ethiopia will continue providing technical assistance during content integration and syllabus standardization while the colleges will take the responsibility of managing the workshop logistics and furnishing their skill labs.

2. Policy Environment

Continued Technical Assistance to the FMOH/Medical Services Directorate

AIDSTAR-One/Ethiopia has continued to provide technical assistance to the FMOH through the Infection Prevention and Patient Safety (IP&PS) technical working group (TWG). As a secretary of the national IP&PS TWG, AIDSTAR-One/Ethiopia has actively participated in the last six TWG meetings and provided technical assistance in promoting critical IP&PS issues. As part of this support, AIDSTAR-One/Ethiopia prepared a document to rationalize the importance of developing a national IP&PS strategy. Representing the TWG, AIDSTAR-One/Ethiopia successfully presented and defended the rationale to the Vice Minister of Health, thus securing approval. Other assistance to the FMOH included revising the National HCWM guide, and building the national IP&PS trainer pool.

Support to FMAHACA to develop National IP&PS and Equipment Listings and Specifications

AIDSTAR-One/Ethiopia worked closely with the federal Food, Medicine and Health Care Administration and Control Authority (FMHACA) to standardize and maintain quality IP&PS commodities for the past three years. As part of this effort, the project supported the development of medical equipment listings and specifications during this reporting period. This document will be used to regulate the quality of imported, as well as locally manufactured, equipment. Fifty participants representing teaching hospitals, RHBs, professional associations, and other federal offices participated and offered feedback on the document at a consultative workshop was conducted in March 2013 in Addis Ababa. At the end of the workshop, final documents that incorporated all the comments were produced. During his closing remarks, the FMHCA deputy director, Ato Dawit Dikaso, assured that formal procedures to make the document legally binding would be begun immediately.

HCWM PPP Concept Note

AIDSTAR-One Ethiopia conducted initial discussions on the necessities and possible modalities of a health care waste management PPP with the Addis Ababa RHB and FMHACA. Both organizations appreciated the initiative and expressed their willingness to work closely with AIDSTAR-One and other stakeholders to realize the initiative.

AIDSTAR-One/Ethiopia has drafted the concept note, which will be finalized and submitted to the Addis Ababa RHB in April.

3. Documentation

AIDSTAR-One/Ethiopia finalized the development of three documents during the reporting period; two are available for dissemination and one is pending.

AIDSTAR-One provides supportive supervision including observation, discussion, support, and guidance of IPC program management, standard practices, equipment, supplies, and infrastructure. Based on the national IPC guidelines, a standard supportive supervision checklist that addresses a comprehensive IPC program was developed and used for three rounds of data collection. A report, *Improving Infection Prevention and Control in Ethiopia through Supportive Supervision of Health Facilities*, summarizes the results of the assessment. It was approved by the USAID Management Team and posted in November 2012.

The IPC commodity assessment report identified the types of IPC commodities needed, their level of priority, and assessed the commodity types (specification) and quantities needed by different levels of health facilities. The report, *Assessment of Infection Prevention and Patient Safety Commodities in Ethiopia*, summarizes the findings. It was approved by the USAID Management Team and posted in November 2012.

The National Infection Prevention and Control and Patient Safety (IPC&PS) Training Resource Package, enriched by experts and stakeholders in the field, was also finalized during this reporting period. This training resource will be adopted by the FMOH as an official document. The package contains IPC&PS participant and facilitator manuals that will be used by government agencies and nongovernmental organizations in the health sector to train health workers and waste handlers. The materials, which have been approved by USAID/Ethiopia, are pending a branding waiver. They will be printed and provided to the FMOH for distribution.

5.13 Uganda

Summary and Major Accomplishments

AIDSTAR-One/Uganda continued to support improved health care waste management (HCWM) practices, including the establishment of a sustainable, centralized waste treatment and disposal facility in eastern Uganda. Activities implemented during the reporting period included: installing the procured incinerator at the bio-waste treatment and disposal plant operated by Green Label Services Limited (GLSL) in Iganga district; operationalizing the plant; training the incinerator operators; providing technical assistance (TA) to GLSL for the collection, transport, and disposal of health care waste (HCW); conducting a baseline assessment of HCWM practices in three of the six project districts; designing a leachate treatment facility and landfill with GLSL; developing an electronic HCWM information system for GLSL; conducting technical supportive supervision and review meetings; training health workers; participating in district operational planning meetings; developing guidelines for managing safe male circumcision (SMC) waste; and designing a pilot for the retrieval and disposal of expired/used long-lasting insecticidal nets (LLINs).

Major accomplishments in the reporting period include:

- Successfully installed and operationalized an INCINER8 A8000 high temperature incinerator. Five GLSL employees were trained in incinerator operations and maintenance. The trainees included two technicians, one engineer, one manager, and one incinerator operator.
- An assessment of HCWM practices was conducted in three project districts (Mbale, Bugiri and Iganga) in order to establish a baseline before intervention. Information generated was used to modify project plans. A follow-up assessment will be conducted in the third quarter of FY 2013.
- AIDSTAR-One/Uganda provided TA to GLSL engineers in designing a leachate treatment facility and landfill at the Iganga site. The designs have been submitted to the National Environment Authority for approval. Once approved, the plans will be used as the basis for constructing modern leachate treatment facilities and landfills.
- An electronic waste management information system is being finalized and will be posted online (www.healthwaste.org). The system will be used for recording volumes of waste collected from sites served by GLSL.
- A stakeholders meeting was held to provide a forum for experience sharing and to reach consensus on how to establish a system for managing waste from SMC procedures. Draft guidelines were developed for review by the Ministry of Health (MOH). The guidelines will be used by all U.S. Government (USG)-implementing partners providing SMC services in Uganda.
- AIDSTAR-One/Uganda, through discussions with USAID/Uganda, secured additional grants for the six project focus districts to support the collection and disposal of waste generated.
- Technical supportive supervision was provided to 213 health facilities in the six project districts.

Status of Workplan Activities

1. Installation of the incinerator

AIDSTAR-One continued to provide technical assistance to GLSL, the waste handling private service provider that was contracted through a public-private partnership to manage waste generated from project districts. During this reporting period, the INCINER8 A8000 incinerator was delivered to the GLSL bio-waste plant in Iganga district and installed. Functionality testing of the equipment was conducted by local engineers. Following successful installation and testing of the equipment, five GLSL employees were trained in incinerator operation. The trainees included two technicians, one engineer, one manager, and one incinerator operator. Topics covered during the training included: testing the equipment for functional status prior to loading the equipment; warming up the equipment; loading the incinerator; cooling down the incinerator; cleaning the incinerator and the management of the resulting ash; and using personal protective equipment. Other safety measures covered included: how to use a fire extinguisher and hydro systems to manage fire emergencies, how to evacuate the premises, and how to switch off the equipment in case of an emergency; infection prevention and control measures; routine preventive maintenance of the equipment; troubleshooting; and how to record incinerated waste volumes.

GLSL collected a total of 36,370 kilograms of waste during this reporting period (March 2013 volumes are pending). A total of 241 health facilities in six districts currently benefit from the centralized waste disposal facility.

2. Collection of baseline data in three districts (Mbale, Bugiri, and Iganga) and baseline record review of GLSL waste collection

A team of ten data collectors was trained on how to capture data on HCWM practices using a standardized data collection form. Teams of three were deployed to each of the three districts to collect baseline data on current HCWM practices. The data collection exercise was conducted over a period of five days. All collected data was checked for completeness prior to leaving the field. Forms were cleaned, entered into a statistical program, and analyzed. The major findings included:

- The proportion of health facilities reporting available HCWM guidelines was low even though national guidelines are available at the central level.
- Assignment of HCWM as a duty of care is essential to promoting a safe working environment for health workers. Baseline assessment findings showed that a majority of the health facilities have a waste management focal person.
- Baseline assessment results showed that very few health facilities have achieved full training coverage for all health workers. It is essential that all health workers understand that inadequate waste management creates harm and reduces the overall benefits of health care.
- Needle stick injuries and exposure to blood or bodily fluids do occur. AIDSTAR-One will continue to encourage facility managers to continuously assess circumstances leading to needle stick injuries and exposure to blood/bodily fluids in order to identify the persisting risk factors.
- Access to post-exposure prophylaxis is still less than optimal and should be improved to protect workers after accidental occupational injuries.
- Stock outs of needles and syringes pose a risk of exposure to blood borne pathogens through re-use of injection devices. The prevalence of stock outs for 2 milliliter and 5 milliliter syringes at assessed facilities was high.
- Waste segregation is a serious challenge, and lack of waste bins and color-coded bin liners contribute to this problem. For effective segregation, staff must be provided with color-coded, labeled bins and bin liners.
- At more than half of the service delivery areas observed, the service providers were using safety boxes to dispose of sharps waste.
- Unsafe practices for final waste disposal are common, including dumping in unsupervised areas or burning on open ground, dumping sharps in unprotected pits, and low temperature incineration or burning of infectious waste in shallow pits.
- Although transportation of sharps and pharmaceutical waste offsite for disposal is occurring at some sites, this practice could be strengthened.

3. Technical Assistance for the Design of a Landfill and Leachate Treatment Facility

In November 2012, AIDSTAR-One/Uganda provided TA to GLSL in designing components of landfills and lagoons, including costing of items and processes. According to the developed designs, the premises have the capacity to accommodate two landfills, two primary leachate treatment facilities (lagoons), and two secondary leachate treatment facilities (reed beds). It is estimated that the landfills can be used for a period of 14 years. Each primary leachate treatment facility has a holding time of 11 days adequate for the leachate to absorb adequate amounts of oxygen rendering the leachate toxic free before discharging it in the environment.

4. Development of an Electronic Waste Management Information System

AIDSTAR-One/Uganda designed an electronic system for capturing data on volumes of waste, by risk category, collected from the project districts. The system will be web-based for easy access by stakeholders. Stakeholders will be able to retrieve information easily and the system will simplify the process of generating data required by GLSL when generating invoices for submission to the Strengthening Decentralization for Sustainability (SDS) project, a USAID-funded program that supports local governments to improve social service delivery. Additionally, the data will expedite data verification exercises routinely conducted by SDS prior to submitting payment.

5. Technical HCWM Supportive Supervision

Technical supportive supervision visits were conducted in all the six project districts; Kamuli, Iganga, Bugiri, Mbale, Sironko and Kapchorwa. The purpose of the visits was to improve waste segregation by health workers. During the visits, problem solving support was provided to health facility HCWM focal persons and individual health workers were mentored to improve their practices.

One challenge is the lack of adequate space for temporary storage of waste that is protected from rain at some health centers. AIDSTAR-One/Uganda continues to work district leaders to encourage construction of appropriate storage space in all health sub-districts.

6. Private Sector HCWM Training

A total of 50 private sector health workers and waste handlers were trained in HCWM during the reporting period. Five GLSL employees and 45 private service providers in Mbale district were also trained. AIDSTAR-One/Uganda will continue trainings in the third quarter of FY 2013.

7. Additional Funding for 10 Expansion Districts

Through discussions with USAID/Uganda and SDS AIDSTAR-One/Uganda secured additional grants to support the collection and disposal of waste generated in 10 additional districts including: Busia, Bukwo, Namaingo, Namutumba, Kaliro, Pallisa, Budaka, Bududa, Butaleja, and Mayuge.

8. Developing Safe Male Circumcision Guidelines

A stakeholders meeting was held in February 2013 to provide a forum for experience sharing and to reach consensus on the establishment of a system for managing waste generated from SMC procedures. The meeting reviewed current HCWM practices among SMC implementing partners and collected partners' views on feasible/acceptable waste treatment and disposal methods that can be used to mitigate risks of transmission of blood borne pathogens while protecting the environment. Participants included MoH officials, representatives from USG implementing partners, representatives from health training institutions, regional referral hospitals and district leadership.

Themes that were discussed included MOH guidance on SMC; implementing partner experience in managing SMMC waste; district experiences in working with SMC implementing partners; experiences of private waste handling service providers in collecting, transporting, treating and disposing of health care waste; flow processes for waste streams; and costing waste management activities. Consensus was reached on how waste from SMC will be managed. A meeting report with the full proceedings was developed and shared with attendees and stakeholders.

Consensus on how SMC waste should be managed was reached and AIDSTAR-One developed draft national SMC guidelines. The guidelines will be reviewed by the MOH and finalized. AIDSTAR-One/Uganda is also developing a geographical information system (GIS) mapping of all USAID implementing partner SMC sites. The GIS map will be finalized and provided to the MOH and other stakeholders.

9. Development of Concept Note for Retrieval and Disposal of Expired Long Lasting Insecticide Treated Nets

AIDSTAR-One/Uganda organized stakeholder meetings with the Malaria Control Programme (MCP), the National Environment Management Authority, the MOH Pharmacy Division, District Health Officers from Busia and Soroti districts, and the World Vision LLIN distribution focal person. AIDSTAR-One developed a concept note detailing how expired/unusable LLINs will be retrieved, temporarily stored, and transported to the GLSL bio-waste plant for processing. The shredded LLINs will then be handed over to plastic recycling companies. The retrieval activity will be coordinated with World Vision's distribution activities to coincide with the MCP's World Malaria Day activities in April.

10. Stakeholder Collaboration

AIDSTAR-One/Uganda supported the Uganda National Expanded Program on Immunization (UNEPI) in the development of HCWM plans in preparation for introducing new vaccines [pneumococcal, rotavirus, and human papillomavirus (HPV)] within the routine program. Most of the new vaccines are injectable formulations that are packed in glass vials. The developed

HCWM plans prioritize safe collection, transportation, and disposal of filled safety boxes as well as retrieval of glass waste from health facilities.

AIDSTAR-One also supported the MOH pharmacy section to quantify and generate distribution lists for color-coded waste bins. All government health facilities nationwide received waste bins based on the distribution lists and are now able to segregate their waste before handing it over to the waste handling service provider. The availability of color-coded waste bins is essential for appropriate waste segregation at point of generation and health care worker safety.

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 Zambian 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. This work continued through November 2012, the completion date of the approved workplan, and resumed in March 2013 after USAID/Zambia invited AIDSTAR-One to continue providing support to ZPRS through the remainder of FY 2013. A workplan for this continued work was submitted and approved in March.

Major accomplishments during this reporting period include:

- Provided rapid and accurate updates to essential functions so that semi-annual and annual performance reporting data collection could be completed on an accelerated schedule
- Submitted and received approval for new workplan for the period March-September 2013.

Status of Workplan Activities

The following activities were completed during this reporting period.

1. FY 2011 Annual and FY 2012 Semi-Annual Performance Reporting Data Collection Activities

ZPRS collected FY 2012 data from the end of September to early November 2012.

Activities:

- Updated the Excel service facility template worksheet and the Access Consolidation System for data collection
- 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
- Began updating ZPRS for April FY13 reporting period.

2. Workplan Submission and Approval

The original workplan and mission funding for AIDSTAR-One activities in Zambia ended in November 2012. In February 2013 USAID/Zambia expressed interest in resuming AIDSTAR-One work on ZPRS and invited AIDSTAR-One to submit a workplan and budget. These were submitted and approved in March 2013. The new workplan, to be implemented from March through September 2013, will provide two types of system support: 1) ongoing support for PEPFAR-related data collection and reporting for FY 2013; and 2) consulting and technical assistance for migrating the ZPRS system data into the USAID/Zambia new mission-wide system by the end of September 2013.

ANNEX 1: PERFORMANCE MONITORING

For this reporting period, only indicators with updated results are included in this annex.

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.

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

Result April 2013: 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. In FY 2012, web development was focused on enhancing usability of specific technical resources and improving the ability to share them through email and social media networks. In FY 2013, web development is focused on expanding the body of technical resources on the website and fine-tuning functionality to continually improve user experience.

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

Result April 2013: 29

Target: 21

Summary: As of April 2013, 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:

- Enhancing the Reach & Effectiveness of MSM -Targeted Combination HIV Prevention Interventions

SR 1.1.5: Total number of unique pageviews by focus area

Result April 2013: 126,952 Cumulative: 681,191 Target: 110,000

Summary: As AIDSTAR-One publishes more content on the website, the number of unique pageviews³ continues to increase (see Table 8). The number of unique pageviews between October 1, 2012 and April 30, 2013, was 126,952.

In total, the AIDSTAR-One website has received over 680,000 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).

Table 1. Number of unique pageviews by focus area

Focus Area	FY 2009	FY 2010 (Oct.-Feb.)*	FY 2011 (Nov.15-Sept. 30)**	FY 2012	FY 2013 (Q1-Q2)	Cumulative
Prevention	5,081	8,416	59,145	80,711	38,918	192,271
Treatment	1,798	3,034	10,019	14,494	8,048	37,393
Care and Support	164	385	5,095	10,950	5,087	21,681
HTC	215	388	5,948	10,100	3,352	20,003
PMTCT	600	723	7,774	11,679	7,135	27,911
OVC	395	287	3,619	6,257	3,218	13,776
Gender	680	931	7,553	19,906	8,532	37,602

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 2013 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 2013: 217 Target: 18

Summary: Approximately 12 percent of all visits to the AIDSTAR-One website during the first half of FY 2013 were referred by external websites.⁴ In total, 217 websites that link to the

³ Unique pageviews are the number of visits during which the specified page was viewed at least once.

⁴ Search engines such as Google and Yahoo are not considered websites.

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

Note: The majority of technical products take more than 12 months to produce on average. An additional 63 products are currently pending USAID approval (7) or are in development (56).

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 2013: 6 Cumulative: 6 Target: 5

Summary: Six pilot interventions are in various stages of implementation in seven countries.

1. Alcohol-related HIV risk in Namibia

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 continued a program of activities to reduce alcohol-related HIV risk in a peri-urban community of Windhoek, Namibia through FY 2012 and conducted endline data collection towards the end of the fiscal year. The final demonstration project report is available on the AIDSTAR-One website.

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

AIDSTAR-One, in collaboration with the Jane Goodall Institute and the Ministry of Health and Social Welfare, implemented a demonstration project on prevention of mother-to-child transmission (PMTCT) of HIV in ten dispensaries in a rural district in Tanzania's Kigoma Region. The goal of the demonstration project was to pilot a service delivery model for ensuring a continuum of care in remote communities. The model was intended to improve the competency and motivation of community health workers as a way of increasing access to and uptake of PMTCT services and strengthening community linkages to facility-based PMTCT services in rural areas.

3. WASH curriculum pilot in Ethiopia and Kenya

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 was conducted in FY 2012. Following the impact assessments, AIDSTAR-One organized launches to share the curriculum and assessment results and to explore how the curriculum may be useful to a larger audience in Ethiopia and Kenya. In

Ethiopia, a total of 26 attendees participated in the December 6, 2012 launch including representatives from USAID, CDC, WHO, the World Bank, the International Rescue Committee, Save the Children, GOAL Ethiopia, and the Ethiopia Federal Ministry of Health and Regional Health Bureaus. Approximately 60 participants attended the February 14 launch in Kenya, including representatives from the Ministry of Health as well as representatives from Jhpiego, Mount Kenya University, APHIA Plus, the Regional AIDS Training Network, AMREF, Haki Water, the Christian Health Association of Kenya, and the Kenya Medical Training College as well as the media.

4. *Pilot tools to increase the use of co-trimoxazole among PLHIV in Uganda*

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 were piloted in Northern Uganda and an assessment of the tools' acceptability and feasibility of integration was conducted in FY 2012. A webinar was hosted in March 2013 to provide an overview of the co-trimoxazole materials and the pilot process and assessment results. The objective of the webinar was to highlight the materials and their potential for improving awareness, education, and prescription of co-trimoxazole as well as to discuss how they might be adapted for other country settings.

5. *Mental health and HIV integration pilot in Zimbabwe*

AIDSTAR-One carried out a trip to Zimbabwe from April 9 to 13, 2012, to lay the groundwork for the mental health and HIV integration pilot activity and to gather additional information for the *Situational Analysis: There is No Health without Mental Health: Mental Health and HIV Service Integration in Zimbabwe* report, which has been completed and posted on the AIDSTAR-One website. To begin the pilot activity, AIDSTAR-One traveled to Zimbabwe and delivered a mental health training of trainers and follow-on supportive supervision July from 1 to 14, 2012. The training of trainers was attended by nine pilot HIV care and treatment sites, after which attendees of the pilot training trained their colleagues and community-based organizations within their catchment area on the pilot activities. An evaluation of the mental health and HIV integration pilot activity took place in December 2012. Findings from the pilot activity have informed a follow-on activity for mental health and HIV integration at the community level in which the materials and protocols from the initial pilot activity will be scaled up to address mental health and HIV integration within pilot communities. The follow-on pilot activity training of trainers is scheduled for April 2013. Lessons learned from this activity will inform a standard operating procedure which will be posted along with the training materials on the AIDSTAR-One website when finalized.

Technical Area	Title	Date	Location	Participants
Gender	Looking at GBV Across the Lifespan With a Focus on Sexual Violence	Mar. 19, 2013	Washington, DC	122
TOTAL PARTICIPANTS				181

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 2013: 13 Cumulative: 15 Target: 8

Summary: AIDSTAR-One provided field support-funded TA or conducted assessments for the Africa Bureau (Kenya, Mozambique), the LAC Bureau, Central Asia Regional Mission (Kyrgyzstan), the PEPFAR Caribbean Regional Program, Tanzania, and Zambia during this reporting period.

As reported in SR 3.1.1, AIDSTAR-One provided 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, the provision of grants to nongovernmental organizations, and support of national injection safety/health care waste management (HCWM) programs.

The countries where AIDSTAR-One provided field-support funded implementation support during this reporting period include Brazil, the Dominican Republic, Ethiopia, Honduras, India, Nigeria, and Uganda. By the end of the reporting period, the AIDSTAR-One offices in India, Brazil, and the Dominican Republic had closed and the office in Honduras is nearly closed.

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

Results April 2013: 3 Target: 100%

Summary: AIDSTAR-One/Honduras provided TA to the Health Secretariat in order to implement quality assurance and quality improvement interventions through 25 quality improvement trainings, carried out with Health Secretariat staff from eight ARV clinics from five prioritized regions. Trained participants will work with other service staff to develop and implement sixteen (16) quality assurance plans in their HIV and AIDS services nationwide.

AIDSTAR-One/Nigeria and AIDSTAR-One/Ethiopia provided supportive supervision by visiting focal health facilities to assess their compliance with injection safety and HCWM, providing feedback for continuous quality improvement.

ANNEX 2: AIDSTAR-ONE PUBLICATIONS

Completed publications as of March 31, 2013 (available at: www.aidstar-one.com)

Prevention

Case Studies

- [Targeted Outreach Project: Scaling Up HIV Programming in Burma by Mobilizing Sex Workers](#)
- [Uniting to Build HIV Prevention for Drug Users: The Georgian Harm Reduction Network](#)
- [Rwanda's Mixed Epidemic: Results-based Strategy Refocuses Prevention Priorities](#)
- [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](#): 39 monthly updates
- [HIV Prevention Knowledge Base](#): 29 topics posted
- [Asia Regional Workshop on HIV Prevention, Care and Treatment for Men who have Sex with Men and Transgendered Persons--HIV Prevention, Care, and Treatment for MSM and TG: A Review of Evidence-Based Findings and Best Practices](#)
- [Reducing Alcohol-Related HIV Risk in Katutura, Namibia: Results from a Multi-Level Intervention](#)
- [Emerging Issues in Today's HIV Response: Debate Seven--Funding Allocations for HIV/AIDS](#)
- [Africa Regional Workshop on HIV Prevention, Care and Treatment for Men who have Sex with Men in Africa--Report on a PEPFAR Technical Consultation Held in Johannesburg, South Africa, February 12-14, 2012](#)
- Podcast: ["Reaching Transgender and MSM Populations through Social Media"](#)
- Spotlight on Prevention: [Ready, Set, Rectal Microbicides: An Update on Rectal Microbicide Research and Advocacy](#)
- Spotlight on Prevention: [Reinvigorating Condoms as an HIV Prevention Tool](#)
- [Skills-Building Workshop: Key Findings for Guiding Programming For MARPs In Mixed Epidemic Settings](#)
- Spotlight on Prevention: [Eliminating Pediatric HIV/AIDS: What It Will Take and What It Will Bring](#)
- [Addressing the Impact of Alcohol on the Prevention, Care, and Treatment of HIV in Southern and Eastern Africa: Research, Programming, and Next Steps—Report on a PEPFAR Technical Consultation Held in Windhoek, Namibia, April 12–14, 2011](#)
- [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

- [Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Nigeria Pilot Report](#)
- [Pediatric Treatment Disclosure Materials Booklet 1: How to Keep Healthy](#)
- [Pediatric Treatment Disclosure Materials Booklet 2: Knowing About Myself](#)
- [Pediatric Treatment Disclosure Materials Booklet 3: Living a Life of Health](#)
- [Rapid Assessment of Pediatric HIV Treatment in Zambia](#)
- [Rapid Assessment of Pediatric HIV Treatment in Nigeria](#)
- [HIV Treatment in Complex Emergencies](#)

- [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 2012)
- [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

Case Study

- [ProVIC “Champion Communities”: PMTCT of HIV in the Democratic Republic of Congo](#) (also available in French)

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

- [Assessment of the Integration of PMTCT within MNCH Services at Health Facilities in Tanzania](#)
- [Increasing Coverage, Access and Utilization of PMTCT](#)
- [Risk of HIV Transmission During Breastfeeding: A Table of Research Findings](#)

HIV Testing and Counseling

Case Studies

- [Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand](#) (also available in Spanish and Thai)
- [“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

- [Linkages and Retention in Pre-ART Care: Best Practices & Experiences from 13 Countries](#)
- [Pilot Co-trimoxazole Tools Assessment, Gulu, Uganda](#)
- AIDS 2012 Satellite Report: [Where the Tide Will Turn-How is Community Level Participation Most Effective in Turning the Tide?](#)
- [Technical Report: Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Ethiopia](#)
- [Technical Report: Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Kenya](#)
- [Situational Analysis: “There is no Health without Mental Health”: Mental Health and HIV Service Integration in Zimbabwe](#)
- [Meeting the HIV; Maternal, Newborn, and Child Health; and Social Support Needs of Mothers and Their Young Children. Field-Driven Learning Meeting, Addis Ababa, Ethiopia, November 8 to 10, 2011](#)
- [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

- [Swaziland Action Group Against Abuse \(SWAGAA\) \(also available in French\)](#)
- [Civil Society and Government Unite to Respond to Gender-based Violence in Ecuador \(Also available in Spanish\)](#)
- [Public Sector Response to Gender-based Violence in Vietnam \(also available in French\)](#)
- [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 \(also available in French and Portuguese\)](#)
- [Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador \(also available in Spanish and French\)](#)
- [“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 \(also available in French\)](#)
- [Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru \(also available in French and Spanish\)](#)
- [Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá’s Lesbian, Gay, Bisexual, and Transgender Community Center \(also available in French and Spanish\)](#)
- [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

- [Reducing Gender Inequality as a Structural Driver of HIV: Evidence, Challenges, and Recommendations \(DONE, but will not be posted\)](#)
- [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

- [*Gender Assessment: Access to HIV Services by Key Populations in Kyrgyzstan*](#)
- [*The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs*](#)
- [*PEPFAR Expert Meeting on Clinical Post-Rape Care for Children in Primary Health Care Centers that Provide HIV Care. Washington DC, April 26, 2012 Summary Report*](#)
- [*Analysis of Services to Address Gender-based Violence in Three Countries*](#) (Also available in Spanish, French, & Portuguese)
- 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*](#) (Also available in French, Spanish, and Portuguese)
- [*Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs*](#) (also available in Spanish, French, Portuguese, and Swahili)
- [*Findings Report: Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations*](#) (Also available in Spanish, French, and Portuguese)
- [*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 Briefs

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

Other Technical Reports and Tools

- [*The Debilitating Cycle of HIV, Food Insecurity, and Malnutrition*](#)
- [*Community-Based Early Childhood Development Centers for Reaching OVC: Considerations & Challenges*](#)
- [*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:

Case Studies

- [*Community Conversations among the Maasai: Mainstreaming HIV/AIDS in Natural Resource Management*](#)
- [*The Jane Goodall Institute in Tanzania: Mainstreaming HIV Programming into Natural Resource Management and Economic Growth Activities*](#)

Technical Briefs

- [*Mainstreaming HIV Programming into NRM and EG Activities in Tanzania*](#)
- [*Transitioning of Care and Other Services for Adolescents Living with HIV in Sub-Saharan Africa*](#)
- [*Foundation for the Future: Meeting the Psychosocial Needs of Children Living with HIV in Africa*](#)

Other Technical Reports and Tools

- Success Story: [Training Health Workers in Successful Waste Management in Mbale, Uganda](#)
- Success Story: [Recycling Plastics Health Care Waste in Central Uganda](#)
- Success Story: [Leveraging Resources for Sustainable Health Care Waste Management in Uganda](#)
- Success Story: [Protecting Health Workers against Hepatitis B in Uganda](#)
- [Improving Infection Prevention and Control in Ethiopia through Supportive Supervision of Health Facilities](#)
- [Assessment of Infection Prevention and Patient Safety Commodities in Ethiopia](#)
- Fact Sheet: [Health Care Waste Management in Uganda](#)
- Issue Brief: [Public-Private Partnerships for a Centralized Waste Disposal Treatment Plant in Eastern Uganda](#)
- [Transitioning Care, Support, and Treatment Services for Adolescents Living with HIV: Regional Technical Consultation Report, February 7–10, 2012, Gaborone, Botswana](#)
- [Community Perceptions of PMTCT Services and Safe Male Circumcision in Six Focal States in Nigeria](#)
- [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: [Policy Analysis and Advocacy Decision Model for Services for People Who Inject Drugs](#)

- 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

- [Strengthening HIV/AIDS Programs in Two Indian States](#)
- [Community-based Initiatives for HIV Program Management among Most-at-risk Populations](#)
- [A Positive Partnership: Integrating HIV and Tuberculosis Services in Karnataka, India](#)
- [District Comprehensive Approach for HIV Prevention and Continuum of Care in Maharashtra, India](#)
- [Linking Resources for Antiretroviral Adherence](#)
- [Integrating HIV Care: Improving Programs, Improving the Lives of People Living with HIV](#)
- [Micro-planning in Anhdra Pradesh: Ensuring Quality HIV Care for Individuals & Communities](#)
- [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 the Caribbean and Mexico:

Case Studies

- [HIV in the Land of Baseball and Bachata](#) (also available in Spanish)
- [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 Briefs

- [*Vivir más tiempo con VIH en América Latina y el Caribe*](#) (only available in Spanish)
- [*Uso de drogas y transmisión del VIH en América Latina*](#) (Substance use and HIV)
- [*Men Who Have Sex with Men and HIV in the Anglophone Caribbean*](#)

Other Technical Reports and Tools

- [*Diagnóstico de Necesidades de Salud y Servicios Disponibles para Mujeres Trans de El Salvador*](#) (only available in Spanish)
- [*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*](#)
- [*Midterm Evaluation Report: PEPFAR Caribbean Regional Program*](#) (Complete, but only submitted to the DEC)

Publications in Development

Prevention

- HIV Prevention Knowledge Base Topic Update: Structural Prevention Overview (in development)
- 5 STRIVE Structural Position papers (4 in layout; 1 undergoing revision)
- STRIVE Structural Prevention Resource toolkit (undergoing revision)
- Case Study: *Matching Supply with Demand: Scaling Up Voluntary Medical Male Circumcision in Tanzania and Zimbabwe* (awaiting USAID Management Team Approval)
- Program Review: *The Changing Face of HIV Prevention Programs in Burkina Faso and Togo: Opportunities and Challenges of Providing HIV Prevention Programs and Services for Most-at-Risk Populations in Burkina Faso and Togo* (undergoing final revisions)
- Meeting Report: *Substance Abuse and HIV in Latin America* (in development)
- Meeting Report: MSM & TG Technology Tech Consult (to be written following event)
- Meeting Report: MSM & TG LAC event (in development)

Treatment and PMTCT

- Assessment of PMTCT Scale-up, Nigeria report (in development)
- Case Study: Emergency planning for continuation of HIV services, Côte d'Ivoire (in development)
- Report on treatment failure in children, Zimbabwe (to be developed)

- Case Study: The Community Register Project--Improving Access to PMTCT Services in Zambia (in review)
- PMTCT demonstration project report, Tanzania (in development)
- Case study: Integration and social supports for young children and mothers, Zambia (with TWG for review)
- Models of care for the integrated delivery of NCDs and HIV care and treatment (to be developed)
- Capacity assessment tool (being piloted)
- Pediatric disclosure materials, Xhosa and Portuguese translations (finalizing)
- Teen Talk & translations in Xhosa, French, Portuguese (to be translated)
- Pediatric toolkit (modules being programmed)

HIV Testing and Counseling

- Home-based HIV testing and counseling handbook (to be translated)
- Rapid assessment of availability of over-the-counter HIV tests in Namibia (in development)

Orphans and Vulnerable Children

- Parenting literature review: Psychosocial support, evidence and recommendations (in review, awaiting approval)
- Granting assessment literature review (in development)
- Reports on post-rape care activity, Lesotho and Mozambique (to be developed)
- Literature reviews, post-rape care activity, Lesotho and Mozambique (in development)
- Technical brief: ECD and disability (to be developed)
- Case Study: Swinging to New Heights, Nigeria (approved by USAID, making final changes)

Gender

- South-to-South TA Pilot Exchange assessment (in KM copyedit)
- Translations of PRC Tech Considerations (French, Swahili, Spanish, Portuguese) (in progress)
- Meeting Report: Strengthening Gender Programming in PEPFAR, South Africa (in KM copyedit)

Care and Support

- Final Report: Mental Health (in KM copyedit)
- Mental Health Standard Operating Procedures (to be developed)
- Mental Health Training (in development)

Field Support (by region)

Africa:

- Toolkit for transition of care and other services for adolescents living with HIV (in review)
- ALHIV toolkit pilot report (to be developed)
- ALHIV pilot evaluation report
- PMTCT Demo Project Report, Kigoma (in review with USAID/TZ)
- Africa Bureau Mapping activity for 10 countries

Latin America and the Caribbean, and Mexico:

- Transgender populations assessment, Guatemala (to be developed)
- Transgender populations assessment, Panama (to be developed)
- Transgender populations assessment, Nicaragua (to be developed)
- Report: LAC Training (Spanish)

Injection Safety

- Facilitator and participant training guides: Infection prevention and patient safety training resource package (approved, waiting on branding waiver)
- Injection safety health care waste management success story, Ethiopia (in review)
- Nigeria HFA Follow-up Report (in KM layout)
- Uganda HCWM Assessment Report (in KM copyedit)
- Nigeria GIS Report (in KM copyedit)

ANNEX 3: FINANCIAL/LEVEL OF EFFORT STATUS REPORT

Technical Area	Workplan Budget	Cumulative Obligations	Actual Expenses FY08 - FY11	Actual Expenses FY12	Actual Expenses FY 13			Cumulative Expenses	Obligations Less Expenses	% Obligations Spent	% Workplan Spent	Months Remaining
					Q1	Q2	Total					
CENTRAL FUNDS												
PMTCT	674,243	1,397,414	723,171	542,760	71,033	37,797	108,830	1,374,760	22,654	98%	97%	1
GP&Y	1,389,594	4,838,683	3,449,089	947,250	169,196	78,244	247,439	4,643,778	194,905	96%	86%	3
MARP's	948,296	4,261,916	3,313,620	770,064	47,313	44,767	92,081	4,175,766	86,150	98%	91%	4
Prevention (GHA)	0	750,000	750,000	0	0	0	0	750,000	(0)	100%	0%	0
VMMC	147,574	147,575	0	140,288	5,028	3,104	8,132	148,420	(845)	101%	101%	0
CARE & SUPPORT	862,506	3,155,852	2,293,346	493,910	86,374	119,624	205,998	2,993,254	162,598	95%	81%	4
OVC	904,182	1,958,507	1,054,325	464,376	235,970	63,018	298,988	1,817,688	140,819	93%	84%	3
HIV COUNSELING & TESTING	450,556	2,600,958	2,150,402	268,435	34,562	114,931	149,493	2,568,330	32,628	99%	93%	1
ADULT TREATMENT	296,650	3,200,000	2,903,350	198,608	60,393	24,641	85,034	3,186,993	13,007	100%	96%	1
PEDIATRIC TREATMENT	900,070	995,114	95,044	602,736	121,328	55,480	176,807	874,587	120,527	88%	87%	4
STRATEGIC INFORMATION	0	630,000	630,000	0	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	0	1,360,000	0	100%	0%	0
GENDER	689,141	3,181,013	2,491,782	382,453	191,269	103,422	294,692	3,168,926	12,087	100%	98%	0
KM	152,861	190,000	37,139	10,377	3,605	60,689	64,294	111,810	78,190	59%	49%	19
APCA Support	102,306	250,000	147,694	82,465	19,841	0	19,841	250,000	0	100%	100%	0
HIV Care and Support Conf.	0	50,000	50,000	0	0	0	0	50,000	(0)	100%	0%	0
SUBTOTAL CENTRAL FUNDS	7,517,979	28,967,032	21,448,962	4,903,722	1,045,912	705,717	1,751,629	28,104,312	862,719	97%	89%	2
MISSION FUNDS												
Central Asia Region (Kyrgyzstan)	53,430	164,000	110,570	2,206	49,544	1,680	51,224	164,000	(0)	100%	100%	0
Honduras	1,976,911	3,483,458	1,606,547	1,369,434	507,476	100,001	607,477	3,583,458	(100,000)	103%	100%	0
Guatemala	0	70,000	70,000	0	0	0	0	70,000	0	100%	0%	0
Central America Program	0	60,000	60,000	0	0	0	0	60,000	0	100%	0%	0
LAC Bureau	1,134,340	1,582,400	448,060	498,502	148,973	140,616	289,590	1,236,151	346,249	78%	69%	8
AFR Bureau	771,362	1,146,263	374,901	255,376	68,666	74,129	142,795	773,073	373,190	67%	52%	17
E&E Bureau	20,867	50,000	29,133	20,652	0	85	85	49,871	129	100%	99%	0
Ethiopia	3,544,113	6,890,011	3,345,898	1,746,932	241,331	241,507	482,839	5,575,669	1,314,342	81%	63%	11
Nigeria	5,727,577	6,225,000	3,197,423	2,337,300	269,966	548,549	818,515	6,353,238	(128,238)	102%	55%	15
Uganda	1,594,596	2,162,500	567,904	427,797	61,501	212,276	273,777	1,269,477	893,023	59%	44%	23
Mexico	0	52,000	52,000	0	0	0	0	52,000	(0)	100%	0%	0
India	1,136,000	2,250,000	1,114,000	1,135,910	80	0	80	2,249,990	10	100%	100%	0
Swaziland	0	500,000	500,000	0	0	0	0	500,000	0	100%	0%	0
Tanzania	367,109	710,000	342,891	331,912	33,878	1,407	35,285	710,089	(89)	100%	100%	0
Zambia	83,419	150,000	66,581	45,407	28,248	8,011	36,259	148,247	1,753	99%	98%	0
Dominican Republic	2,964,611	3,200,000	235,389	2,145,758	194,429	624,424	818,854	3,200,001	(1)	100%	100%	0
Brazil	1,108,516	1,110,000	1,484	928,943	179,573	0	179,573	1,110,000	(0)	100%	100%	0
Caribbean	250,000	200,000	0	159,561	86,317	4,123	90,439	250,000	(50,000)	125%	100%	0
SUBTOTAL MISSION FUNDS	20,732,850	30,005,632	12,122,781	11,405,691	1,869,983	1,956,809	3,826,791	27,355,264	2,650,368	91%	73%	6
TOTAL	28,250,829	58,972,664	33,571,744	16,309,413	2,915,894	2,662,526	5,578,420	55,459,576	3,513,088	94%	77%	5

Level of Effort(LOE)	FY 08-11 Actual	Actual LOE FY 12				FY12 Total	ACTUAL LOE FY13		Actual Cumulative	Contract Ceiling	Balance
		Q1	Q2	Q3	Q4		Q1	Q2			
CENTRAL FUNDS											
PMTCCT	680	65	109	123	166	463	108	7	1,258		
GP&Y	3,405	236	206	261	246	949	202	78	4,634		
MARP's	3,272	157	233	182	192	764	54	50	4,140		
Prevention (GHA)	740	0	0	0	0	0	0	0	741		
VMMC	0	74	11	53	32	171	16	(1)	186		
CARE & SUPPORT	2,279	116	140	181	178	616	218	123	3,236		
OVC	1,077	51	43	67	101	262	198	44	1,581		
HIV COUNSELING & TESTING	2,169	90	134	119	87	430	46	72	2,718		
ADULT TREATMENT	2,929	35	73	93	60	261	55	27	3,272		
PEDIATRIC TREATMENT	233	142	133	149	54	478	98	46	855		
STRATEGIC INFO	1,108	0	0	0	0	0	0	0	1,108		
OTHER	1,422	0	0	0	0	0	0	0	1,422		
GENDER	2,375	73	42	69	59	243	151	34	2,803		
KM	25	0	2	2	0	4	-1	85	113		
APCA Support		1	3	24	1	29	24	1	54		
TOTAL CENTRAL FUNDS	21,714	1,040	1,131	1,324	1,176	4,670	1,169	565	28,118	10,991	
MISSION FUNDS											
Central Asia Region (Kyrgyzstan)	280	4	1	1	1	6	39	0	325		
Honduras	3,054	501	863	899	1,140	3,403	421	246	7,124		
Guatemala	301	0	0	0	0	0	0	0	301		
Central America Program	16	0	0	0	0	0	0	0	16		
LAC Bureau	521	124	144	107	177	552	106	200	1,379		
AFR Bureau	503	81	129	60	34	305	43	87	938		
E&E Bureau	30	3	5	1	3	12	0	0	42		
Ethiopia	10,266	1,257	2,155	782	1,113	5,307	587	168	16,328		
Nigeria	3,909	1,229	887	1,097	1,109	4,321	674	652	9,556		
Uganda	1,763	219	277	327	261	1,085	94	149	3,091		
Mexico	52	0	0	0	0	0	0	0	52		
India	1,285	300	346	778	2,354	3,778	-23	0	5,039		
Swaziland	15,317	0	0	0	0	0	0	0	15,317		
Tanzania	546	104	137	133	37	411	49	3	1,010		
Zambia	66	20	1	26	1	48	19	1	133		
Dominican Republic	166	406	451	575	556	1,989	231	202	2,588		
Brazil	1	137	305	250	254	946	138	64	1,149		
Caribbean	0	0	0	26	66	91	86	16	194		
TOTAL MISSION FUNDS	38,073	4,384	5,699	5,063	7,106	22,253	2,465	1,789	64,580	39,772	
TOTAL	59,787	5,424	6,830	6,386	8,282	26,923	3,634	2,354	92,698	50,763	

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