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# AIDSTAR-ONE 2012 ANNUAL SURVEY REPORT

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

**MAY 2012**

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**AIDS Support and Technical Assistance Resources Project**

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**AIDSTAR-One**

John Snow, Inc.  
1616 Fort Myer Drive, 16th Floor  
Arlington, VA 22209 USA  
Phone: 703-528-7474  
Fax: 703-528-7480  
E-mail: [info@aidstar-one.com](mailto:info@aidstar-one.com)  
Internet: [aidstar-one.com](http://aidstar-one.com)

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# ACRONYMS

MOH	Ministry of Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
TA	technical assistance
USAID	U.S. Agency for International Development
USG	U.S. Government

# EXECUTIVE SUMMARY

In February 2012, AIDSTAR-One conducted its third annual online survey of website users, AIDSTAR-One sponsored conference attendees, and recipients of technical assistance. The final response rate, based on a sampling of 4,037 emails, was 12 percent—a strong response.

Responses from nearly 500 AIDSTAR-One users were analyzed providing rich feedback on how AIDSTAR-One resources are being used. Web analytics provide the project with information on what online resources are being accessed and from where, while these survey results demonstrate that the AIDSTAR-One resources accessed are shaping program design and implementation, informing policy and guidelines development, guiding research, and helping to create and improve training and curricula around the world.

Nearly all web visitors surveyed would recommend the AIDSTAR-One website to a colleague, and nearly two-thirds report they would be highly likely to recommend the website. Web usefulness satisfaction increased 74 percent since baseline, a 6 percent increase over 2011. Over 80 percent of AIDSTAR-One–supported conference attendees indicated high satisfaction with the materials, information, and the conference experience overall. In addition, 80 percent of technical assistance recipients surveyed indicated high satisfaction with the assistance provided.

Results continue to indicate the project is reaching its intended audience—program designers, policymakers, and U.S. Government personnel who work or focus their work in Africa—with high-quality, up-to-date resources. AIDSTAR-One has attracted a group of power users who are highly satisfied with both web content and functionality. Users report using AIDSTAR-One web resources for program design and training improvement, and use the website as a comprehensive resource for report and proposal writing. In fact, users report high value of the website and many users shared requests for additional content.

AIDSTAR-One provides the field with up-to-date resources that shape program design around the world. In its last year, AIDSTAR-One should continue reaching out to new audiences with these valued resources. The project should continue dissemination to social media and external listservs to target HIV program managers and policymakers to access the site to utilize the materials to inform their work combating HIV around the world.

## **Key Highlights:**

- Almost all web users (97%) reported that they would be likely/highly likely to recommend the website to a colleague.
- Approximately three-quarters of web users surveyed (73%) reported sharing an AIDSTAR-One publication, tool, or web resource with a colleague.
- Over 60 percent of web users reported high or very high satisfaction with AIDSTAR-One web content, and the most frequent web users reported higher

web content satisfaction (78% high to very high). AIDSTAR-One is providing this group of power visitors with information and resources that keep them coming back to the site.

- High usefulness satisfaction rates have increased 74 percent over baseline—over 70 percent of web users, over 80 percent of conference attendees, and 80 percent of recipients of technical assistance reported high to very high usefulness satisfaction.
- Resources were commonly used in designing programs; to develop or improve training; and to write reports, proposals, and articles. Resources most used or adapted for use were the HIV Prevention Updates and the Prevention Knowledge Base.
- Over 80 percent of web users surveyed reported using the HIV Prevention Update compared to 49 percent of web users surveyed in 2011.
- Forty countries along with the Caribbean and Eastern Caribbean regions used AIDSTAR-One resources to formulate policy or develop guidelines.

Access more compelling feedback on how survey respondents use AIDSTAR-One web resources, technical assistance, and technical consultation participation to shape their HIV programs, policies, and initiatives in the annexes section of this report.

# INTRODUCTION

AIDSTAR-One provides technical assistance (TA) to the U.S. Agency for International Development (USAID) and U.S. Government (USG) country teams to build effective, well-managed, and sustainable HIV programs, and to promote new leadership in the global campaign against HIV. Specifically, the project aims to:

- Synthesize and disseminate information on effective program approaches that prevent, provide care for, and treat HIV
- Provide short- and long-term TA to support the implementation of USG-funded HIV programs and activities
- Improve the quality and sustainability of HIV prevention, care, and treatment programs via information sharing, conferences, and technical exchanges.

To accomplish these goals, AIDSTAR-One designed and launched a website ([www.AIDSTAR-One.com](http://www.AIDSTAR-One.com)) in March 2009. In 2010, the website was redesigned and tested for usability. The AIDSTAR-One website continues to serve as the project's primary knowledge management platform for dissemination of HIV-related technical resources and documentation. Each of the seven focus areas have expanded as new content is developed and approved through each U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Technical Working Group.

# PURPOSE OF THE SURVEY

AIDSTAR-One conducted the third of a series of annual surveys to assess the effectiveness of the project in reaching and providing information to its targeted audiences—web users, TA recipients, and conference attendees—and to determine the relevance or usefulness of the information provided by the project and how the target audience is using AIDSTAR-One resources.

The survey was designed to answer a number of questions that contribute to AIDSTAR-One's ability to improve its resources and better address the needs of its target audience. The results of this survey provide the project with information about who is using the website, the relevancy of AIDSTAR-One resources to their work, and how web users, conference attendees, and TA recipients have used AIDSTAR-One products and information.<sup>1</sup> Data collected in January 2010 established baseline information on key project outcomes: relevancy and use. Results from this year's survey allow for comparison with baseline and 2011 data for evaluation of user trends and satisfaction over time. The survey is only one source of data the project employs to determine impact. Other sources of information, such as web traffic analysis and usability studies, are conducted and provide continual feedback on outcomes. In particular, traffic to the website continues to be monitored regularly and analyzed to improve reach.

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<sup>1</sup> Use and usability (relevance) respond to the key outcome indicators that AIDSTAR-One is responsible for reporting on annually (see R 1.1; R 1.2; and SR 1.2.2 in the AIDSTAR-One Project Management Plan).

# METHODS

The survey was conducted using Constant Contact online surveys. Annex V includes the questionnaire. Response rates for online surveys are known to be low—a review of literature on the topic suggests that rates can vary between less than 10 percent to 20 percent. To increase response rates, AIDSTAR-One took the following steps recommended in the literature (Cook, Heath, and Thompson 2000; Dillman, Tortor, and Bowker 1998; Solomon 2001):

- An advance email was sent introducing the survey and its purpose
- Survey email invites were personalized with the name of the conference attended/description of TA provided
- Email reminders were sent to users who had not responded
- The survey was promoted through social media via AIDSTAR-One's Facebook and Twitter pages
- A survey link was posted on the AIDSTAR-One website
- A full Spanish translation of the survey was offered.

A series of questions elicited information from web users, TA recipients, and conference attendees about the relevance of AIDSTAR-One's products and resources to their work and how they have used the information. Questions related to respondents' background were also asked (e.g., organization affiliation, job position, country, etc.), which served to segment the respondents into categories of interest. Most respondents answered 1-2 of three sections of the questionnaire that applied to them (e.g., website use, technical assistance receipt, or conference attendance) and the background section. The questions took approximately 10 to 15 minutes to complete.

## Sampling

A link to the survey was sent via email to 4,037 people (nearly double the 2011 sampling frame), and included all AIDSTAR-One email subscribers (3,416), conference attendees (529), and recipients of TA (108). Conference attendees and TA recipients received personalized emails that included the name of the conference attended or a description of TA provided. Conference attendees and TA recipients were able to respond to web use questions if they indicated use of the AIDSTAR-One website.

The survey preview email was sent out on January 25. The survey was online from February 1 through March 2, 2012. A link to the survey was available on the AIDSTAR-One website, and the survey link was also posted on AIDSTAR-One's Facebook and Twitter accounts. The questionnaire was hosted by Constant Contact, AIDSTAR-One's email marketing service that manages its email subscriber list. Utilizing the online survey feature allowed for a seamless process; emails could be generated to remind those who had not yet taken the survey, and AIDSTAR-One was able to track how many responses were received daily.

**Analysis**

The quantitative data was transferred from the survey software to SPSS (PASW 18.1) for analysis. The data was segmented by user category, region, organization type, and job position, and web user data was segmented by frequency of website use. A number of statistical techniques (including composite scores and cross tabulations) were used. Responses to open-ended questions were manually coded by response type.

# RESULTS

This section presents overall findings: the survey response rate and respondent background characteristics, their overall satisfaction rating of AIDSTAR-One resources, and how they have used AIDSTAR-One resources in their work.

## Response Rate

The initial response rate was 16 percent (654 respondents). However, 163 questionnaires were incomplete and were removed from the final dataset. The final response rate was 12 percent (491 respondents). This is an increase over the 2011 response rate of 9 percent (196 respondents)—the number of respondents more than doubled (151% increase) compared to 2011.

## Institutional Affiliation and Job Position

Approximately half of the respondents (49%) work in program management or implementation. Nearly 13 percent indicated their role is research based or academic. Over 11 percent work in monitoring and evaluation. Approximately 10 percent are service providers/clinicians.

The majority of respondents reported being affiliated with nongovernmental organizations and other implementing partners (49%) or USG personnel such as USAID and the Centers for Disease Control and Prevention (14%). These two groups are the main target audience for the project. Researchers, students, and representatives of ministries of health (MOHs) and other government ministries were also represented (Table 1).

**Table 1. Organizational Affiliation of Respondents**

	<b>Web User (n = 314)</b>	<b>Conference (n = 89)</b>	<b>TA (n = 70)</b>	<b>Total (n = 453)</b>
<b>Organization Type</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
USG	12	29	19	<b>14</b>
Implementing partners	52	36	40	<b>49</b>
Foreign government (MOH)	12	21	24	<b>14</b>
Academic/research/consultant	18	11	16	<b>19</b>
Other	6	2	1	<b>4</b>

Note: Some respondents fell into more than one category, total sample size = 491.

## Geographic Location

Africa is the region where the majority of respondents are based (57%). Twenty-six percent are based in the United States and six percent in Latin America/Caribbean. Six percent of respondents work in Asia, four percent in Europe, and two percent are based in Oceania (Table 2).

**Table 2. Respondent Location**

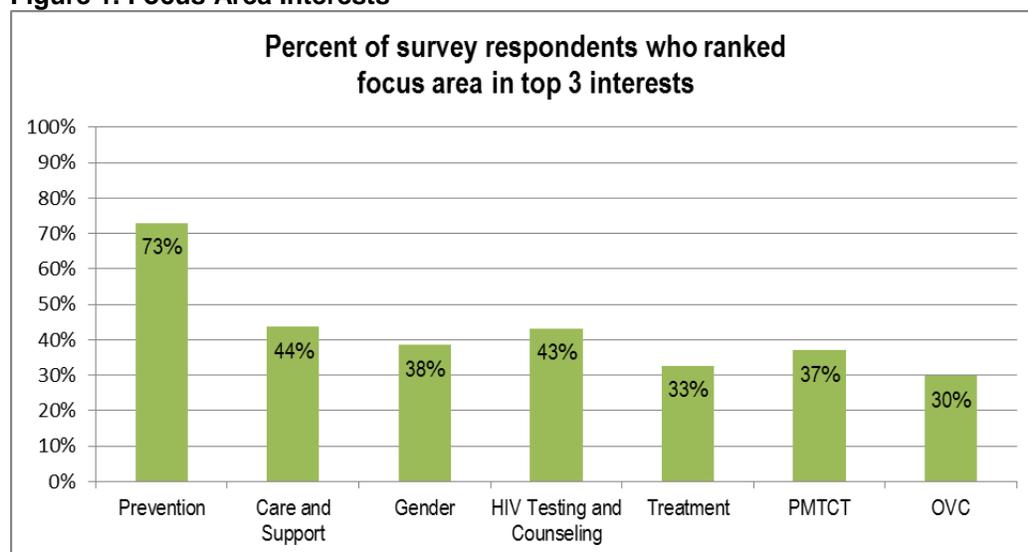
	<b>Web User (n = 312)</b>	<b>Conference (n = 86)</b>	<b>TA (n = 69)</b>	<b>Total (n = 449)</b>
<b>Region</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
Africa	58	58	74	<b>57</b>
United States	26	27	11	<b>26</b>
Latin America/Caribbean	6	5	9	<b>6</b>
Asia	5	7	6	<b>6</b>
Europe	4	—	—	<b>4</b>
Oceania	1	3	—	<b>2</b>

Note: Some respondents fell into more than one category, total sample size = 491.

### Focus Area Interests

Over 70 percent of respondents ranked prevention in their top three focus area interests. Approximately 44 percent ranked care and support and 43 percent ranked HIV testing and counseling in their top three (Figure 1).

**Figure 1. Focus Area Interests**



### Usefulness of AIDSTAR-One Online Resources

To gauge how useful information on the website is to visitors, a composite index used in the baseline survey analysis was reconstructed combining three separate variables: if users were able to find relevant information on the site, if the site was useful to them in their work, and how likely they would recommend the site to others.

Combining the responses provides a stronger index on overall usefulness and satisfaction than the individual questions (score on the index could range from 4 to 12). Cronbach's statistic for internal consistency of the index was performed and found to be acceptable ( $\alpha = 0.713$ ). The scores reported in Table 3 were coded high (10 to 12 points), moderate (8 to 9 points), and low (4 to 7 points).

**Table 3. Web Visitors Who Found Information Useful**

Usefulness Satisfaction Composite	Web Users		
	2010 (%)	2011 (%)	2012 (%)
High usefulness satisfaction	42	69	73
Moderate usefulness satisfaction	50	30	23
Low usefulness satisfaction	8	2	4

Note: In 2012, 338 web users provided their satisfaction scale responses compared to 133 in 2011.

Over 70 percent of web users gave the site high ratings for usefulness. This is a significant increase in high satisfaction compared to baseline (42%) as well as an increase over 2011 (69%). Very few users (4%) reported low usefulness satisfaction.

Web respondents were also able to provide qualitative feedback on the usefulness of the AIDSTAR-One website. Respondents repeatedly reported obtaining up-to-date, high-quality information and best practices that they find useful for increasing their knowledge and informing programs (Box 1 highlights examples of respondent feedback). Annex 1 includes the full list of responses provided by surveyed web users.

**Box 1. Examples of Users' Comments on the Usefulness of the AIDSTAR-One Website**

- "Cutting edge and best/good practice information."
- "Helpful in providing concise updates on approaches to program development and technical advances."
- "I can't write out any paper or presentation without visiting the website as I have found out this site is one of the most up to date I have encountered."
- "Has enabled me share knowledge with colleagues and gain knowledge which I would not have had from other sources."
- "The AIDSTAR-One website has had tremendous impact on our work as we get very valuable shared experiences from the website, which help us in our work on HIV."
- "Information has certainly enriched the quality of the work planned, presented and programmes implemented. It is well written and comprehensive in detail."
- "It has provided me with most current information for better HIV project design and services delivery."
- "I get technical information that I use to guide my programme design and development."

**Use of AIDSTAR-One Online Resources**

A key project outcome is whether web visitors use or adapt for use AIDSTAR-One website resources. Almost all respondents reported using at least one type<sup>2</sup> of AIDSTAR-One resource (4% of web users reported using no AIDSTAR-One resources).

Respondents were asked to indicate what types of products or resources they used most often (Table 4). Products cited as being used or adapted most often were the HIV Prevention Update (84%) and the HIV Prevention Knowledge Base (59%). Although the Promising Practices database is no longer updated by the project, 21 percent of web

<sup>2</sup> Types of resources include: case studies, technical briefs, HIV Prevention Updates, HIV Prevention Knowledge Base topic pages, conference materials, national strategic plans, and national HIV treatment guidelines.

users surveyed reported using or adapting a Promising Practice—an increase over 2011 (14%).

**Table 4. Use of AIDSTAR-One Resources by Web Users**

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

Web users were asked to report how they use AIDSTAR-One information and resources. Web users surveyed who reported using AIDSTAR-One resources (*n* = 321) emphasized their importance for informing programs/program design (45%), writing reports and articles (44%), and development or improvement of training (37%; see Table 5).

**Table 5. Use of AIDSTAR-One Web Resources**

<b>Use of Web Resources</b>	<b>No.</b>	<b>% (n =321)</b>
Inform programs/program design	146	45
Write reports/proposals/articles	140	44
Develop or improve training	120	37
Inform service delivery	112	35
Inform public awareness campaigns	83	26
Guide research agendas	65	20
Inform policy	65	20
Inform curriculum development	56	17

Specific examples of the ways information obtained on the website is being used testifies to the fact that the resources are reaching program implementers in the field who are adapting and using them. Box 2 highlights examples of user feedback on use of AIDSTAR-One web resources. Annex II includes the full list of examples of use provided by survey respondents.

## Box 2. Examples of Use of AIDSTAR-One Web Resources

- “Incorporated information regarding alcohol use and abuse into prevention curricula.”
- “The use of the document: Decentralizing ART Services at Primary Health Care Facilities is being used for the background of Treatment 2.0 Pilot Project in Vietnam.”
- “I have used the VMMC Case studies and research and articles to develop a proposal to look at the influence of message framing on decision making and uptake of VMMC among traditionally non-circumcising communities in Nyanza province, Kenya.”
- “Informed development of guidelines for major international organization on stigma prevention at national level, and on community involvement in reduction of maternal and child mortality in the context of HIV and AIDS.”
- “We have printed some materials as handouts in our training sessions and the participants really appreciated them. We even put some on CD ROMS for them to use in their group assignments.”
- “Being an implementing partner for National PPP-PMTCT program in 2 states, our organization involves in capacity building of various stakeholders and thus the AIDSTAR publications help immensely towards that goal.”
- “Currently, one of our projects is about to start piloting home-based testing and counseling. The recent case study from Kenya has been very informative in the process.”

## Web Content Satisfaction

To gauge user satisfaction with web content, a composite index was created combining three separate satisfaction variables: quality of web content, variety of web content, and timeliness of web content.

Combining the responses provides a stronger index on overall satisfaction than the individual questions (score on the index could range from 4 to 12). Cronbach’s statistic for internal consistency of the index was performed and found to be acceptable ( $\alpha = 0.737$ ). The scores reported in Table 6 were coded very high (12 points), high (10 to 11 points), moderate (8 to 9 points), and low (6 to 7 points).

**Table 6. Satisfaction with AIDSTAR-One Web Content by Frequency of Visits to the Website**

Content Satisfaction Composite	Frequency of Visits			Total (%) (n = 329)
	Frequent (%)	Moderate (%)	New (%)	
Very high	27	20	19	23
High	46	36	33	41
Moderate	26	42	48	35
Low	1	2	—	1

Over 60 percent of web users reported high or very high satisfaction with AIDSTAR-One web content. Another 35 percent reported moderate web content satisfaction. Very few users (1%) reported low web content satisfaction.

More frequent web users reported higher web content satisfaction—73 percent of users that visit the site weekly or more frequently reported high or very high web content satisfaction. AIDSTAR-One is providing this group of power users with information and resources that keep them coming back to the site.

### Suggestions for Additional AIDSTAR-One Web Content

Respondents were asked for suggestions for additional content that they would like to see on the AIDSTAR-One website. Suggestions were divided into broad themes including: specific requests for information in specific technical areas and countries; requests for materials in other languages; requests for full text journal article access; and navigation/web feedback.

A total of 30 users offered feedback expressing satisfaction with current content with no suggestions for additional content. Examples of the suggestions by theme are shown in Box 3. Annex IV provides a complete list of user suggestions for additional web content.

<b>Box 3. Examples of Users' Suggestions for Additional Web Content</b>	
<i>Specific requests for information in diverse technical areas</i>	<ul style="list-style-type: none"> <li>• "More case studies on Interconnection between Gender and HIV."</li> <li>• "More on communication strategies for VMMC."</li> </ul>
<i>Journal articles/full text</i>	<ul style="list-style-type: none"> <li>• "Publicized articles should be in full text to include the methodologies and results. This will help us as we look at recommendations whether we can replicate or not."</li> </ul>
<i>Additional language requests</i>	<ul style="list-style-type: none"> <li>• "Very useful in developing training guidelines, and presenting information in summary form. I wish there was a Spanish translation!"</li> </ul>
<i>No suggestions</i>	<ul style="list-style-type: none"> <li>• "It is easy to navigate and I always end up finding more reports while I am downloading one. So I would say it works well."</li> </ul>

### Web Functionality Satisfaction

To gauge user satisfaction with web functionality, a composite index was created combining three functionality variables: website navigation, download speeds, and search function.

Combining the responses provides a stronger index on overall usefulness and satisfaction than the individual questions (score on the index could range from 4 to 12). Cronbach's statistic for internal consistency of the index was performed and found to be acceptable ( $\alpha = 0.756$ ). The scores reported in Table 7 were coded very high (12 points), high (10 to 11 points), moderate (8 to 9 points), and low (5 to 7 points).

**Table 7. Satisfaction with AIDSTAR-One Web Functionality by Frequency of Visits**

Web Functionality Satisfaction	Frequency of Visits			Total % (n = 311)
	Frequent (%)	Moderate (%)	New (%)	
Very high	14	11	20	14
High	38	26	13	30
Moderate	44	55	62	50
Low	4	8	4	6

Forty-four percent of web users reported high or very high satisfaction with AIDSTAR-One web functionality. Half of users surveyed reported moderate functionality satisfaction. Very few users (6%) reported low web functionality satisfaction.

Functionality is an issue that faces all websites—constant attention to monitoring with feedback from multiple sources, including web statistics, usability studies, and surveys, has led to continued improvement of the AIDSTAR-One website including:

- Development of a breadcrumb bar to orient users to their location within the site
- Visual signposts and navigation aids to orient users to content within the Prevention Knowledge Base
- Improved page tagging to improve the search function.

## CONFERENCE ATTENDEES

One hundred and four respondents reported attending one or more of the 11 AIDSTAR-One supported conferences that have been held since October 2010.<sup>3</sup> Nearly 60 percent of conference attendee respondents were from Africa (58%).

### Usefulness of AIDSTAR-One–Supported Conferences

A composite score for usefulness of AIDSTAR-One–supported conference information/material was created using the same formulation and similar questionnaire items as the web user usefulness satisfaction composite: how useful or relevant the conference was to a respondent’s work; their overall satisfaction with the conference; and likelihood of recommending an AIDSTAR-One supported conference to a colleague. Internal consistency for the composite was good ( $\alpha = 0.813$ ).

Results on the usefulness composite by high, moderate, and low scores are shown in Table 8 for conference attendees. Respondents who attended an AIDSTAR-One–supported conference rate the experience highly, over 80 percent indicated high satisfaction with the materials, information, and the conference experience overall. Examples from respondents on conference usefulness are included in Annex 1.

**Table 8. Conference Usefulness Satisfaction Composite**

Usefulness Satisfaction Composite	Conference Attendees		
	2010 (%)	2011 (%)	2012 (%)
High satisfaction	74	77	81
Moderate satisfaction	26	18	16
Low satisfaction	—	5	4

<sup>3</sup> The conferences held were the HIV, MNCH and Social Support Needs of Mothers and Their Young Children ( $n = 12$ ); Gender-Based Violence TAG Consultation, June 2011 ( $n = 4$ ); PEPFAR Africa Regional Meeting on Reducing Alcohol-associated HIV Sexual Risk Behavior ( $n = 13$ ); PEPFAR Mini-Workshop: Intersection Between Alcohol and HIV in Southern and Eastern Africa Region ( $n = 4$ ); Rapid Testing, Rapid Results ( $n = 13$ ); LAC Prevention Summit ( $n = 3$ ); Meeting on Integration of FP/HIV/MNCH ( $n = 14$ ); PEPFAR HIV Prevention in Mixed Epidemics ( $n = 11$ ); Field-Driven Learning Meeting: Linkages to and Retention in HIV Care and Support Programs ( $n = 6$ ); Gender-Based Violence TAG Consultation, Dec. 2010 ( $n = 3$ ); and Regional Training on Size Estimation of Most-at-Risk Populations in Trinidad ( $n = 3$ ).

AIDSTAR-One posts meeting reports and presentations from conferences on the website. Over 40 percent of attendees surveyed reported accessing the presentations or summary report on the website.

**Use of AIDSTAR-One–Supported Conference Information/Material**

Conference attendees were also asked to report how they have used AIDSTAR-One–supported conference information. Table 9 reports uses of AIDSTAR-One–supported conference information and resources by conference attendees surveyed. Forty-six percent of those surveyed cited using conference information to inform program design, and 36 percent cited using AIDSTAR-One–supported conference information to improve service delivery.

**Table 9. Use of AIDSTAR-One–Supported Conference Information/Materials**

<b>Use of Conference Resources</b>	<b>Percent</b>
Inform programs/program design	46
Improve service delivery	36
Write reports, proposals, articles	32
Develop or improve training	30
Inform policy	20
Inform public awareness campaigns	16
Guide research agendas	13
Inform curriculum development	11

In addition, 86 percent of conference attendees reported sharing information or materials from the AIDSTAR-One supported conference with a colleague who did not attend.

Box 4 highlights a few of the examples of use of AIDSTAR-One–supported conference materials and information. Annex II includes the full list of examples provided by survey respondents.

#### **Box 4. How AIDSTAR-One–Supported Conference Information is Being Used in the Field**

- “After attending a regional workshop on the two test algorithm, our organization was able to adapt and make a quick transition when selected as one of the sites to trial the national roll out program.”
- “We have been able to incorporate excessive alcohol abuse and link to HIV infection as part of a comprehensive Behaviour Change Campaign.”
- “The prevention Summit has led to a heightened focus on MARPS and I think AIDSTAR-One was very instrumental in moving the Caribbean PEPFAR team to this focus.”
- “Understanding how other countries are addressing the specific needs of key populations in a mixed epidemic has helped to hone our strategies to be more efficient and effective. Best practices and lessons learned from navigating hostile policy environments vis a vis MARPs have also been very useful to our program.”
- “Rapid test and result was a big issue in Myanmar. After the consultation we had clear idea about rapid test and result so that we got a chance to talk with policy maker and also put the rapid test in our program. Now most of the places rapid test method is on going.”
- “Has made me identify gaps in child counseling, especially for children with HIV and AIDs. So far once an infant is HIV positive, we refer to ART and it ends there. Now I think of what happens to the child, socially and how I can help them live a normal life like any other child.”
- “The Conference in Maputo was an eye opener and lessons learned about M&E in other countries like Malawi and also the PIMA had helped our organization to improve in M&E and also lobby for the PIMA, already being piloted in the country.”

## **TECHNICAL ASSISTANCE RECIPIENTS**

Seventy-nine survey respondents reported receiving or overseeing AIDSTAR-One TA during the past year. The number of TA recipients surveyed increased significantly as compared with the number surveyed at baseline and in 2011 and included implementing partners (40%) and foreign government/MOH (24%) in addition to USG Mission personnel (19%; see Table 1).

### **Usefulness of AIDSTAR-One Technical Assistance**

A composite score for usefulness of TA was created using a similar formulation as the web user and conference attendee usefulness satisfaction composites: how useful or relevant the TA was, overall satisfaction with the TA, and recommendation of AIDSTAR-One TA to a colleague or similar organization. Internal consistency for the composite was good (Cronbach’s  $\alpha = 0.882$ ).

Results on the usefulness satisfaction composite by high, moderate, and low scores are shown in Table 10 for TA recipients. Eighty percent of recipients surveyed reported high satisfaction with the TA provided by AIDSTAR-One.

**Table 10. Technical Assistance Usefulness Satisfaction Composite**

Usefulness Satisfaction Composite	TA Recipients	
	2011 (%) (n = 24)	2012 (%) (n = 79)
High satisfaction	82	80
Moderate satisfaction	18	18
Low satisfaction	—	2

**Use of AIDSTAR-One Technical Assistance**

Recipients of technical assistance were asked to report how they have used AIDSTAR-One TA. Table 11 reports all uses of AIDSTAR-One TA by TA recipients surveyed. Over 40 percent reported that AIDSTAR-One TA helped to develop/inform training (43%) and inform program design (42%).

**Table 11. Uses of AIDSTAR-One Technical Assistance**

Use of TA	Percent
Develop or improve training	43
Inform programs/program design	42
Service delivery	39
Write reports, proposals, articles	28
Inform public awareness campaigns	27
Inform policy	23
Guide research agendas	20
Inform curriculum development	20

Box 5 highlights feedback provided by AIDSTAR-One TA recipients surveyed. Annex 1 and II includes the full list of feedback related to AIDSTAR-One TA use and usefulness.

**Box 5. Feedback from AIDSTAR-One Technical Assistance Recipients**

- “AIDSTAR-One has been very helpful to our Organization in documentation and report writing. Before your support we used to ignore to document some activities. Being able to have documented evidence that can be used to advocate for legal change in our region constituted a major win for us. Thereafter many parties became more engaged and willing to participate.”
- “I have received training and I train health workers in hospital/health facilities on health care waste management. This hospital is now a role model for HCWM.”
- “It helped us realize our capabilities and we have learnt a great deal from AIDSTAR as a grant recipient.”
- “The technical assistance provided by AIDSTAR-One has an impact, in that it covers the neglected or the area in which government gave it less attention. For example, WASH in health institution, WASH for PLWHA, maintenance of incinerators in health facilities for proper health facility waste disposal (including the ash pit), placenta pit construction. These may seem small, but it is very crucial.”

# CONCLUSION

The annual survey provided feedback from AIDSTAR-One users about who they are, what they are most interested in, as well as how useful AIDSTAR-One resources are and how those resources are used. The survey results confirmed that the project is reaching its target audience. Respondents identified themselves as program managers and technical advisors (49%), working for implementing partners (49%), or USG staff (14%). The number of national partners surveyed from MOHs or other government ministries increased to 14 percent from 4 percent at baseline and 12 percent in 2011. This suggests that the project is increasingly providing national experts and stakeholders with updated technical guidance on HIV and information on innovative practices and programs.

Survey respondents reported that the AIDSTAR-One website contains useful resources with up-to-date information. Nearly all web users surveyed (95%) would recommend the AIDSTAR-One website to a colleague. Web satisfaction is increasing—high to very high usefulness satisfaction rates increased 74 percent over baseline.

Over 80 percent of AIDSTAR-One–supported conference attendees indicated high satisfaction with the materials, information, and the conference experience overall. Forty-six percent of those surveyed cited using conference information to inform program design, and 36 percent cited using AIDSTAR-One–supported conference information to improve service delivery. Eighty percent of TA recipients surveyed indicated high satisfaction with the TA received. Over 40 percent reported that AIDSTAR-One TA helped to develop/inform training (43%) and inform program design (42%).

HIV prevention is the focus area of most interest to users surveyed and is the most robust focus area on the AIDSTAR-One website. The HIV Prevention Knowledge Base and the HIV Prevention Update are two of the most visited resources on the AIDSTAR-One website, and survey respondents confirmed that these resources are the two that they most use.

Africa is the geographic area of greatest interest in the sample, and it is the region where the majority of the respondents are based (57%). Most respondents identified Africa, particularly Eastern and Southern Africa, as the region for which they were most likely to be seeking information. Content on the website reflects this need.

Web visitors were segmented according to the frequency of their visits to the site. Users who reported visiting the site on a weekly basis or more frequently are satisfied with their ability to find what they are looking for on the website. They are aware of and report using resources available on the AIDSTAR-One website; they are the “power users.” Nearly 80 percent of power users report high or very high web content satisfaction and over 60 percent report high or very high web functionality satisfaction. They know what they want and how to find it on the website. AIDSTAR-One is providing this group of loyal visitors with information and regular updates that keep them coming

back to the site. Of respondents who come to the site less frequently, 61 percent gave high ratings for usefulness satisfaction, as compared to nearly 90 percent of power users who visit weekly and 83 percent of those who visit monthly. Thirty-seven percent of occasional web visitors reported high to very high overall web functionality satisfaction (site navigation, download speeds, and search function) compared to over 62 percent of power users.

Survey respondents are satisfied with the ease of site navigation (93% satisfaction). Website navigation improvements continued in 2011, including development of a breadcrumb bar and visual signposts such as an HIV Prevention Knowledge Base icon, and improved page tagging to optimize the search function. The functionality and efficiency of the site, including search function (93% satisfaction), continue to be monitored.

Data from Google Analytics web traffic monitoring demonstrate that new visitors interact with the AIDSTAR-One website differently than returning visitors. In 2011, new visitors spent less time on the site—averaging 2 minutes, 51 seconds, as compared to 10 minutes, 29 seconds, for returning visitors—and viewed an average of 2.5 pages per visit compared to an average of 4.5 pages per visit for returning visitors. Respondents surveyed who reported visiting the AIDSTAR-One website only once report lower web content satisfaction but likely did not spend enough time on the website to familiarize themselves with what resources are available.

Overall, reported satisfaction with the AIDSTAR-One website, AIDSTAR-One TA, and AIDSTAR-One-supported conferences is high; however, like all online surveys, the sample is self-selected and may not be representative (Best et al. 2001; Cook, Heath, and Thompson 2000). Web analytics provide a more complete picture of web use. AIDSTAR-One will continue to monitor web traffic, including length and depth of visits, top content, traffic sources, and search keywords. In addition, conference feedback continues to be gathered through a customizable attendee survey.

## REFERENCES

- Best, S. J., B. Krueger, C. Hubbard, and A. Smith. 2001. An Assessment of the Generalizability of Internet Surveys. *Social Science Review* 19:131–145.
- Cook, C., R. Heath, and R. Thompson. 2000. A Meta-analysis of Response Rates in Web or Internet-based Surveys. *Educational and Psychological Measurement* 60:821–836.
- Dillman, D. A., Tortora, R. D., and D. Bowker. 1998. Principles for constructing web surveys. *SESRC Technical Report* 98-50.
- Solomon, D. J. 2001. Conducting Web-Based Surveys. *Practical Assessment, Research & Evaluation* 7:1–6.

# ANNEX I. Usefulness or Relevance of AIDSTAR-One Products, Conferences, and Technical Assistance

Direct feedback from survey respondents include the following comments as submitted via the survey:

## 1. Usefulness/relevance—AIDSTAR-One website

### a. Useful/effective

- The information in the publications is useful as they are up-to-date.
- Cutting edge and best/good practice information
- Website really very useful
- They are very useful tools
- Very effective
- I have been able to get latest HIV/AIDS related information. This has indeed been helpful and useful.
- Very useful and up-to-date resources. Have improved my technical soundness in HIV Programming
- I appreciate your initiative. Keep up the good work! Could I get the release/articles on my email continuously?
- The website has been very helpful since currently I am a student doing a research in PMTCT
- All very good and very useful
- is most useful especial to my area of interest (Key populations/MRPs)
- I find the information is well presented in detail and offers opportunities to analyse own practice and use some of best practices to improve programmes and impact on beneficiaries.
- They are very useful as most of the information is recent, and most of the authors are knowledgeable.
- I have found them useful and very informative
- It has been very effective in my program implementation and more so sending me emails on what is new on the site has kept me with up-to-date information.
- Some of the resources are useful for programme design
- Helpful in providing concise updates on approaches to program development and technical advances.
- I was able to get useful information. Well-presented and detailed
- Relevant info.
- Useful examples/case studies
- When doing some search on issues of HIV i always find referring to AIDSTAR-One website useful, it is easy to use.
- It is very useful
- Information has certainly enriched the quality of the work planned, presented and programmes implemented. It is well written and comprehensive in detail.
- Useful site for technical updates
- It has been useful to link and inform everyone who undertook workshops, trainings and left contacts for dissemination of information on a regular basis.

- The information provided on the AIDSTAR-One website really does help to give information on a wide range of topics, and the guides from other countries are very useful.
- It made it easy for us to see the tools and documents that supported us on our day to day issues and development or adaptation of tools
- It made work easier because it provided the relevant information that is required
- the technical content cuts out the frills of non-essential information
- The site enriches our perspectives and is quite useful.
- With their information and with my story radio programs, it is of good use to go to AIDSTAR,s to collect background for my programs
- AIDSTAR-One is a very useful resource.
- The information shared is always useful in providing technical support to other stakeholders.
- The GBV technical updates and presentations were useful for a best practices GBV prevention workshop that I organized for PEPFAR prevention partners in Tanzania.
- We are academically oriented so getting reports on various issues/various countries is very useful. The technical reports part is most useful for us.

b. Increasing HIV knowledge

- Most of the time I use AIDSTAR-One online to enhance my knowledge on HIV/AIDS issues. To gain knowledge on how to manage clients living with HIV.
- The publications are very informative
- Keeping myself informed/updated in the field.
- Increase my own knowledge and awareness of what is happening in the world of HIV/AIDS as i do not work directly in HIV/AIDS
- I used the information productively because it also helped me use it as a source of info. Thus a baseline availed to support my views and the program design.
- The more I read from AIDSTAR-one web, the more knowledgeable I become.
- I am very impressed by the publications which I ad for my personal professional updating [which indirectly impacts on my work designing HIV programs for USAID and for implementing partners and evaluating PEPFAR programs for USAID.
- Prevention programs are initiated sometimes with minimum background knowledge especially in poor resource settings. As the program progresses needs and challenges emerge. AIDSTAR tools including the trainings guidelines have been very instrumental to us in supporting the new areas of need. Additionally we have benefited from program briefs and best practices that enable to program to embrace new directions. The combination prevention model is one example.
- These publications have helped me in using the least expensive equipment to implement basic requirements in various sites around me and the communities I serve. they have given me insight into sharing with others a lot of information during trainings. It is a good thing I use this website as it enlightens me, I will continue to do so.
- Built knowledge on mental health.
- For information and knowledge
- Read articles about HIV interventions and planning.
- Getting new updates on HIV prevention and treatment.
- I created a resource library folder that i refer to as I have need to.
- I have personally used it to grow my own knowledge on certain topics.
- I have used prevention updates to keep abreast in the field.

- I have used the tools personally to update my knowledge on the evidence that is available in prevention and treatment. (I am HIV positive)
- I have being updated on the latest information on PMTCT and what others researchers have come up with.
- The resources have also helped to improve my knowledge generally about HIV/AIDS
- I used three case studies in an undergraduate course titled, 'Contemporary Issues in Global Health'. Students liked the case studies.
- Keep updated on HIV/AIDS trends especially in PMTCT
- Updates on HIV prevention eg. HAART as prevention
- Reviewed and learnt from articles on approaches to HIV/AIDS prevention strategies
- I have often used AIDSTAR-One for technical information about HIV prevention strategies and interventions.
- I wanted to find out how prevention can be effective and measured through intervention and we found AIDSTAR prevention topics very useful to prepare our discussion. Including using ART for prevention.
- AIDSTAR-One helped me organize my team and at today date, although I am here in US, my organization is able to work very well. They always consult me because I have unlimited access to internet and one of my main source is AIDSTAR-One
- AIDSTAR-One provides information on recent development in HIV programming.
- AIDSTAR-ONE resources form a part of our Knowledge Management Initiative in East Africa. The M&E Officer of AIDSTAR-ONE regularly contributes to our website ([www.kanco.org](http://www.kanco.org)) and to our e-forum (PartnersKenya).
- For example, some days ago there was an issue regarding what PHDP was all about. I referred to AIDSTAR- One and there is was. Hence whenever, I have issue that I do not know where to look for your website is my rescue.
- AIDSTAR-ONE is a prompt website that that has been bringing a positive impact in my job. The updates, the meeting reports and all HIV info are helping me to quickly update myself while I have been sitting in my desk. The consultative meeting on the mixed epidemic which recently facilitated by your office helped me (as a national HIV and Advisor) where the world needs to focus on future intervention.
- AIDSTAR-One has improved my general understanding about HIV/AIDS
- exchange of knowledge
- has made me to have a wider knowledge about AIDS
- Has added to my knowledge base
- Has enabled me share knowledge with colleagues and gain knowledge which I would not have had from other sources.
- We distribute the information to our consortium members and e-forum members and visitors to our site.
- am not a professional medical practitioner but but I know what is basically involved in the medical field and coupled with my knowledge and skills I have managed to realize great impact for on my self and my work.
- I am more aware of the international work being done which I did not know about. In some ways I do not replicate what is already being done but focus on what are the next steps suggested from the current work. The reports, etc. always give us idea about how to proceed in future and identifies the needs of national and international community.
- I am a student with the Open Access Education Initiative and I use AIDSTAR a great deal and I have referred many colleagues to it.
- It has really increased my knowledge on HIV/AIDS prevention and treatment.
- I use the website for general background information. It has been quite useful for me.

- I have seen that the site has a wealth of resources, guides and policy guides for every country.
- Just factual knowledge
- Many thanks for your job to provide HIV information
- I got information on HIV prevention and care which I passed onto the patients.
- IT HAS GIVEN ME MORE UPDATE ON HIV
- Reference is made to AIDSTAR-ONE in our OVC programming and also share with colleagues at e-forum discussion groups.
- The news letters that I have been receiving have helped because after reading, i disseminate the message to other people to also benefit and spread the message.
- The lists of resources are detailed and have allowed me to refer colleagues to resources of their interest.
- Some interventions are new and some seem controversial or contradict our own target activities however, keeping an open mind and accepting the fact that HIV, STI and human behavioural interventions are very dynamic and change continually. Besides, we need to keep abreast of changes on the global front.
- please continue to provide such kind of materials.
- Through this information website, we are made aware of upcoming events, receive latest updates and research findings which are very useful. We are also notified of sites to research and gain more information.
- The website helps me to know the updates of on-going research and different findings from other research.
- The website has helped me to know what other programs in other countries are doing through sharing of their stories.
- have received updates on how to handle HIV/AIDS prevention at the community level, since we started training community health workers on level 1 services.
- The AIDSTAR-One website has had tremendous impact on our work as we get very valuable shared experiences from the website, which help us in our work on HIV.
- I have been sharing information with the HIV focal point person and it has helped update the messages given to the clientele
- I have also read their work and broadened my understanding of what is happening in Southern Africa.
- We get more information, insight, strategy program and story on the field working.
- I have been able to refer and obtain information for students at college and secondary schools.
- The website helps with capacity building
- Improved technical capacity to design, implement and monitor programs.
- I use the resources on the site to prepare monthly technical updates to the consortium members as a way to build local capacity to make evidence-informed decisions about HIV programming. I have also encouraged colleagues to sign up for the email updates.
- I think that the support provided through the information is very important for the development of project activities. Especially for the preparation of information materials and the preparation of guidelines for training health personnel. Also to share with the health personnel are trained.
- The knowledge gained through the reading of reports and findings provided has a lot of impact on service delivery by providing latest information to acquaint myself and expand the knowledge of those affected and infected as well the service providers in health care delivery system. Male circumcision as one of the preventative methods has been understood by health care uses and strategy is been used .Although we still need to

reinforced the preventative methods such as regular and consistence use of condoms. PMTCT programme in Namibia is doing well it's because of early diagnosis and treatment as well as prophylaxis given as early as possible during pregnancy.

c. Up-to-date resources

- In fact I can't write out any paper or presentation without visiting the website as I have found out this site is one of the most up to date I have encountered.
- Help to keep me up-to-date with what is happening in the area of prevention. Provides useful case studies and links to helpful websites/organisations.
- I am able to show that I am up to date on important events in the HIV/AIDS field with my client at the Office of HIV/AIDS.
- Globally up to date.
- I just find the resources very informative and up to date.
- It has provided me with most current information for better HIV project design and services delivery.
- It has help to keep our staff up to date with latest information and practice in HIV prevention.
- It gives latest information on issues.
- The content is relevant and current keeping up with changing trends and issues
- Sharing of latest research
- New and updated information on this website has greatly assisted us to keep track of changes in HIV prevention and HTC.

d. General positive feedback

- They are really good.
- Will always recommend the website anytime to others. Thanks.
- Documents found in AIDSTAR-ONE are very exciting
- Excellent support!
- AIDSTAR-One provides technical documents with a concrete scientific basis that supports our work.
- Encouraging website
- Good work.
- Very nice publications. Satisfactory.
- This is a wonderful website with information that makes me feel empowered to share issues on HIV with courage and expertise.
- Please keep this website. The materials are useful and up-to-date
- Thank you!
- Thank you.
- I also pass on to CORE Group PVO members of the HIV/AIDS WG and sometimes the SMRH working group most of the documents I have accessed.
- I also download stuff to share and that I might use at a later date in one way or another.
- Holistic as a resource tool
- Wonderful case studies
- I use this site a reference so I can better mentor local physicians. Certainly this has helped a lot as well as my colleagues.
- Keep up the update and the good work you are doing for the world.
- Thanks a million!
- All documents published on the AIDSTAR-one website are in line with my guidelines for prevention and treatment.

- Thanks
  - Reinforces the fact that Prevention of HIV is vital and the success stories in PMTCT are motivating to our team
  - I am able to click on the resource and get the material needed. thank you.
- e. New users
- I only joined recently and I am surprised that your website has so much information which is important in my line of work
  - Honestly I have not using AIDSTAR quite often and I feel I must improve on that immediately since it is a good resource.
  - Still a bit new to it. Mostly use it to update my knowledge base and have an idea of the various things/events currently going on in HIV/AIDS
  - I'm new to AIDSTAR, and have not used reports beyond just reading and appreciating new information.

## **2. Usefulness/relevance—conferences**

- The gathering of very high level people in the field with the appropriated information
- I have been more ready to agree with rapid POC testing for HIV.
- I learnt a lot of lessons which when implemented with respect to our own context will have a positive impact on my work and the service I render to mothers and their infants but I am still to implement it requires decision making and availability of funds. The one big thing I will like to strengthen is community involvement and participation.
- It has helped to confirm the latest evidence in the technical area.
- Improved the way I look at approaching community PMTCT within the framework of integration.
- It has helped to confirm the latest evidence in the technical area.
- It has shaped dialogue and written products we have produced on the integration issue.
- It kept me up-to-date with programing and guidelines on prevention.
- It was very useful to understand the various types of HIV epidemics and I used that knowledge in designing new programs

## **3. Usefulness/relevance—AIDSTAR-One technical assistance**

- Efficient in planning, effective communication, gives guidelines of operation, follow up programs, gives feed back
- Useful and highly appreciated because it helps a lot during trainings, awareness campaigns as well as curriculum adoption and development.
- The relevance of the TA makes it easy to use in various circumstances
- The support we received with developing our strategic plan from Melissa and Kum kum was superb
- Useful and highly recommended
- Very effective
- The methodology used by AIDSTAR-One is very useful and also it puts a bench mark to conduct other similar types of trainings.
- The TA AIDSTAR One provided has strengthened the organization in relation to the quality of the services the organization provides to people with HIV in Honduras as well as training and the design of curricula to ensure quality of processes and the governance of the organization.
- Staff motivation improved, behavioral change and capacity development

- The information is very enriching and it cuts across as per usage because you can use it for planning, implementation research work and or training development leave aside the public awareness campaigns
- The regular visits I make to your office and the annual workshop concerning health care waste management has helped me a lot.
- The TA should not be focusing on only one thing - mainstreaming. Other things like how to facilitate OVC support should also be included in the TA
- They have shortage of human resource to reach to all sights during the infection prevention training
- They participated in feeling gaps our health care facility; most importantly in health care waste management.
- Unfortunately the organisation I worked for closed at country level at the end of 2011 before I could apply what I had learnt from this wonderful forum. I will definitely apply the lessons learnt in the service delivery and development of training documents for the future programs I intend to work on.

# ANNEX II. Use of AIDSTAR-One Resources/Materials

Direct feedback from survey respondents include the following comments as submitted via the survey:

## 1. Use—website

### a. Program design

- Developing program BCC strategies
- I learned about the IMAGE study on the AIDSTAR-One website, and used this reference material to design a prevention intervention that builds gender discussions onto savings groups in Zambia.
- Developing training curriculum and project design , community awareness on prevention of HIV among the MARPS
- Designing HIV manual
- it has help in design our Home based counseling and testing program
- I have used the HIV prevention messages to improve on the daily activities, programs and enriched other staff on the new trends in HIV programing and updates
- For project development
- The use of the document: Decentralizing ART Services at Primary Health Care Facilities is being used for the background of Treatment 2.0 Pilot Project in Vietnam.
- Helped with Co-trimoxazole/Isoniazid Job Aid design
- I been able to design relevant programmes using the standard guidelines from AIDSTAR
- I have been using the skills to share with my organization the modern program designs
- We designed an HIV prevention intervention called Household Dialogues, we used the AIDSTAR publications as resources in the design of the intervention.
- When I read the information I share it with our technical team to inform our programing.
- Case studies on the use of Edutainment for HIV prevention among Youth. We borrowed heavily form the Southern Africa case studies
- Referenced AIDSTAR-One material during development of program description
- Shared AIDSTAR-One case studies and had discussions with colleagues to see how can we adapt them to our situation.
- We used the guidelines on workplace program to inform design of workplace programs.
- Copying of the kind of MARPs interventions to be used for the same, uses of some examples and updated programs used in the MARPs sensitizations and the like.
- Currently, one of our projects is about to start piloting home-based testing and counseling. The recent case study from Kenya has been very informative in the process.
- Design and Development of communications support for progamme/project Piloting Treatment as Prevention
- I do share technical resource update with colleagues and this has been useful to inform program interventions.
- I read through the case studies and projects happening in projects in other countries. This has helped me to shape my programs as well by learning from others success and best practices.
- We have also used resources from AIDSTAR-One for develop/ design and HIV/AIDS Project which is now being implemented.

- The resources have been useful in designing programs and curriculums for HIV prevention by highlighting latest trends e.g. multiple concurrent partnerships, male circumcision , etc.
- This is helping in our programming as it helps us understand the concepts behind the prevention measures we are undertaking
- Use best practices for program and research designs
- We have used AIDSTAR-ONE publications and tools to improve the project design of Better World Cameroon's Orphanage for HIV AIDS patients in Cameroon.
- We implement HBTC and the AIDSTAR-One website has helped me understand in-depth how best to implement community involvement, data tools, staffing, etc.
- We have used AIDSTAR-One resources to guide us in developing our program strategies
- AIDSTAR-One resources on HIV prevention among key populations especially MSM have been very useful to the HIV/AIDS Prevention Program in my organization. These resources enable us to keep up with the latest in research and service delivery. They help to shape our program strategy.
- As we have been on the time of revisiting our MARPS strategy your consultative meeting report or other on MARPS are giving us a clue on how we go about for our future intervention
- We found the publications and the posters extremely useful during the training programme on safe injection practice in the use of AD Syringes and Safety Boxes & Medical Waste Incinerators at University of Nigeria Teaching Hospital, ENUGU. Similar programme was repeated with Edo State Govt. hospital recently.
- Utilized gender-based violence materials for a program strategic plan
- Technical advisors present information during Technical working group meetings and see how this can help in improving programming, also adapting some interventions and see how best they can be replicated in our situation.
- AIDSTAR resources have been very useful for me in design of new programs, capacity building and monitoring of project activities.
- I have been able to design evidence based programs.
- I get technical information that i use to guide my programme design and development.
- It has improved the program designing, planning and Evaluation of the program.
- AIDSTAR-One has helped me and my team on how to strategize on working with youths and children. what sort of approaches that I can use and most importantly is getting the whole community to participate in ensuring the sustainability of the activities in the communities.
- Have been useful on how to scale up safe male circumcision as part of HIV prevention strategies.

b. Training/curricula development

- Training of health workers and improvement of service delivery.
- The publication is important in the prevention and control of HIV in my organisation. We use the content for training of HIV programme implementers.
- Used to update info for training and awareness campaigns.
- Always refer to the information especially the updates in as far as new innovations in HIV prevention is concerned. These updates help us in developing communication materials, campaigns and in our community outreaches or public awareness activities
- Used the information for developing training modules, it was very useful.

- My organisation has used AIDSTAR to help on health education. Update on HIV/AIDS treatments.
- Used the information for developing training modules, it was very useful.
- Capacity building of health and non-health workers within the facility.
- Combination prevention article as a handout during trainings
- When we were training CHWs under new health system in Kenya, that is community health strategy.
- We have printed some materials as handouts in our training sessions and the participants really appreciated them. We even put some on CD ROMS for them to use in their group assignments.
- Incorporated information regarding alcohol use and abuse into prevention curricula
- As a technical advisor on MARPs health issues I use very often the AIDSTAR-One site for guidance and update on best practices and vision on HIV arena. It's part of my tasks to develop training curricula so need to develop communication skills among health provider creating friendly services for MARPs non-discriminating and integrated attendance and care.
- Demonstration of hand washing procedures, health education on how handwash is a barrier to disease transmission.
- Development of training curriculum
- For refreshing and re-orienting health workers
- For the training of students on supervised industrial working experience and waste handlers.
- For training purposes as well as to access condensed and up-to-date information on HIV prevention issues.
- I use all the information as a training guide and also to inform various programmes within my organisation
- Delivery of training to outreach workers
- In meeting with Health workers we do share with Health workers latest information on HIV and guideline on HIV/AIDS
- I have used the information to review and update teaching materials, circulate to implementing partners, use during trainings as part of continued professional development.
- Training and research program
- Enriching training sessions for HIV resource persons
- We used the guidelines on psychosocial support for OVC and technical briefs to inform training.
- I have used the MCP, alcohol and HIV publications for development of a training curriculum for peer educators.
- I have used the research and latest prevention updates in my peer education program and my trainings.
- I use the resources of the Web site to support the training sessions and a resource for health personnel trained.
- I share case studies and new developments with other member staff. We borrow some knowledge for our trainings and help us keep in know of what is happening in the world about HIV/AIDS. This has been very effective in my program and activity implementation.
- I work in South America and we were required to keep abreast of HIV updates, hence my supervisor shared this site with us and we have used articles from here as references for trainings we did.

- We have used the tools to improve our training curriculum.
  - More organization used AIDSTAR updates to stay current about prevention issues- and these issues make it into our training events and curriculum materials
  - Used prevention information when training PLHIV groups in prevention
  - We have used the information for preparation of training materials, updates, and other presentations.
  - Being an implementing partner for National PPP-PMTCT program in 2 states, our organization involves in capacity building of various stakeholders and thus the AIDSTAR publications help immensely towards that goal.
  - Organization and implementation of an HIV&AIDS mainstreaming (integration) workshop.
  - Technical reference for continuous staff capacity improvement
  - For continuing medical education of counselors of integrated counseling and testing centers, in Kangra (Himachal Pradesh, North India, we use the resources on the AIDSTAR-One website.
  - Training tool are used for TOT, Step-down training
  - To update the physicians on recent developments.
  - Used AIDSTAR material for training purposes.
- c. Inform policy development
- Have used the publications and tools to help the education sector in developing strategic plan and policies for a comprehensive education sector response to HIV and AIDS. Also looking at updating life skills support materials using current information from the portal.
  - Informed development of guidelines for major international organization on stigma prevention at national level, and on community involvement in reduction of maternal and child mortality in the context of HIV and AIDS
  - It has been used in development of guidelines in area of VCT and PMTCT awareness in my community and areas around.
  - We have used AIDSTAR-One materials in the development of the HCT policy; HCT implementation plan; HCT campaign
- d. Service delivery
- The resources have been helpful in service delivery and also in information sharing
  - We implemented the ideas of hand washing in the facility and also entire community we are doing good so far. Thanks.
  - Mainly to improve and sharpen my skills for service delivery, especially in HIV prevention.
  - I convinced the board members to reinforce adaptation of lessons learnt from cases studies for improved service delivery to our Organization but also for scaling up of our activities.
  - Service delivery improvement through updates
  - Improved service delivery through use of WASH small doable actions.
  - Educate clients on HIV prevention
  - I have also shared the materials in my workmates attached to patient support centers.
  - Service delivery, updates to health care providers and other workers, sensitization of the public, designing of training programme.
  - I'm public health officer working in a health center in resource limited rural areas of southern Oromia region, Ethiopia. I share every single item on HIV, Malaria and Tb with the staff so that we improve health care delivery to the community.

- We have used publications of AIDSTAR-One to enhance our HIV/AIDS work in the rural communities we serve because most of the publications opens wider scope to us in HIV service delivery.
  - To improve my counseling skill on communicating with client on new update about HIV prevention.
  - I attended training on the WASH project and made use of the knowledge by setting up 3 hand washing facilities per school in 4 informal schools in Kibera. I have also managed to have 2 women groups of 20 members each to attend continuous education sessions on water and sanitation once every week and the facility has seen reduction in diarrhea cases
  - Teaching the community on safer sex, ABC, food and nutritional for people leaving with HIV. providing care.
  - Get important statistics and buying into national goals as we conduct our community interventions in HIV and prevention. This includes training of key community volunteers and project front liners in various skills sets to enhance service delivery
- e. Inform research
- To update on the HIV prevention and to write the research proposals.
  - I have used the website to gather literature for my study. There are many articles on prevention which are also very helpful with the work I am doing at a CT program manager.
  - Development and implementation of the integrated biological and behavioural surveillance survey among men who have sex with men
  - Development of research protocols
  - For information sharing and references for research
  - Promising practices has been a useful resource as well during formative research and it is unfortunate that it has been discontinued.
  - When I do research on issues relevant to HIV and AIDS, I normally go into your website for guidance and updated research on specific issues such as man support towards prevention and other info that helps with my program process
  - For my PHD research, the website is so much help to me!
  - It has helped me in writing my dissertation on Utilization of PMTCT services.
  - Shared published studies from the database when planning research and interventions especially similar studies/interventions
  - The last update on HIV testing and counseling was very useful for a research proposal I was writing.
  - Helping to design research framework and proposals
  - We used the AIDSTAR website to verify our own research.
  - Used information on HIV and alcohol, MCP, and mass media and HIV prevention from your site to support concept for two studies now underway in Botswana.
  - The publications are useful when planning and looking at new research we are able to adapt new strategies that we think can work or be applied in our set up.
  - To guide work on a research project in terms of methods
- f. Develop reports/proposals
- I have used the VMMC Case studies and research and articles to develop a proposal to look at the influence of message framing on decision making and uptake of VMMC among traditionally non-circumcising communities in Nyanza province, Kenya

- Combination prevention info was helpful in guiding our strategic planning and business development.
- The publications have been a source of reference for project design, writing technical briefs etc.
- Used materials to design a Behavior change communication program, write research reports, develop curriculums, and during training.
- Developed a proposal on alcohol use among young people in Sub Saharan Africa.
- In writing responses to RFA/RFP
- Have used them as references to support proposals for new ideas for study.
- Writing proposal and getting data
- While writing a proposal for our project, I used the website in the literature review...and it gave our proposal good shape
- proposal development
- I have used your publication while designing the project proposals on providing services to on sex workers in Kampala City and on HIV services for couples. One project on sex workers has been funded.
- Literature searches in proposals
- Used AIDSTAR materials to write a research proposal which focuses on male circumcision for HIV prevention.
- In development of proposals to source funding
- We used AIDSTAR articles and technical briefs to successfully write a proposal on combination prevention - it was a new area of intervention for our organization but we were able to develop a proposal using the articles and related links - very appropriate and up to date and were able to make an evidence-based bid.
- Have cited them in reports/articles
- For writing the discussion part of the research paper, like HIV testing among most at risk.
- We use AIDSTAR materials to support technical report writing
- I have used the materials as references in my writings
- I used it to write my dissertation during my masters degree
- Write a manuscript for publication.
- Recently used article (technical brief and case study) to develop a presentation and lead a discussion on Mental Health and HIV
- I have used it to enrich my reports more so I work with Pharmacies Council of Nigeria where we regulate pharmacy profession. Some of the online resources are in the development of the pharmacy undergraduate curriculum.
- To write articles and or term papers for my course work
- We have used a number of AIDSTAR resources as reference guides.
- Used information to develop presentation for my work group on Alcohol and HIV
- We regularly summarise items from the AIDSTAR website
- Weaving in information and references into my writing
- Primarily as a good source of key data and/or literature for a range of activities related to strategy, policy and programming.
- Used to support technical report writing
- Materials have greatly assisted me doing my reports.
- Used publications/information on new prevention technologies for developing a discussion paper on treatment as prevention.

g. Inform public awareness campaigns/advocacy

- Advocacy tools used to solicit support from out Law makers, Policy Makers and Community leader
- To give examples while developing an advocacy document for injection safety
- Specifically for Public awareness campaigns and Non-Aids New Generation project (Abstinence and Fidelity as the only way to Stop HIV-AIDS).
- We use publications on HIV/AIDS for awareness campaign, on the prevention of HIV/AIDS infections.
- Public awareness campaigns.
- Community involvement.

h. Information sharing

- Sharing case studies with our affiliates working on HIV prevention among MARPS.
- I am HQ based and pass information to the field.
- I have translated parts of the GBV guide into Spanish to help personnel of a well-established HIV prevention program understand the link between their work and the prevention of GBV which they will undertake in the upcoming months.
- I have shared with the staff I work with and implementing partners on update on HIV prevention. I have shared many publications. Most of the information was used to design and implement our HIV AIDS care and support project.
- I distribute information on HIV prevention to CBOs in the DC metro area
- I primarily share tools and resources with program implementers in the field.
- I share the update with colleagues and relatives about the updates on HIV prevention
- I've shared prevention updates with implementing partners to help them improve a USAID-funded HIV prevention project, as part of a project course-correction.
- We at KANCO ([www.kanco.org](http://www.kanco.org)) provide links on our website to AIDSTAR-ONE publications - so visitors to our site can read about the developments in the field of HIV/AIDS
- Updating non-health personnel on key issues
- I share with TASO staff updates on treatment for prevention and research findings to inform our programs. I give presentations at workshops with AIDSTAR information. It informs our newsletters with stakeholders. Use for updates also to inform our website. And to disseminate the information at our notice boards and at visitors waiting room.
- Share the resources with technical colleagues
- Our organization has been using publications to pass the new acquired information to the staff and the community in staff meetings and organized educational community meetings. We also print the new information and share with others who are not able to access internet.
- My organization, stigmaless band, has really got knowledge from AIDSTAR publications and we have used it to write good songs about HIV prevention and as we speak we have a full album and we are planning to stage it in AIDS 2012.

**2. Use—technical consultations/conferences**

- From that meeting in Ethiopia, we have been able to strengthen integration efforts in Uganda through cascading the information shared during the meeting with other technical officers that supervise and work with in the MOH.
- From the technical consultation in Windhoek, Namibia have been able to use the information materials come up with the training curriculum in alcohol in relation to TB it

also widened my knowledge on training PLWHA, youth, have been able to use for training people in Uganda.

- The prevention Summit has led to a heightened focus on MARPS and I think AIDSTAR-One was very instrumental in moving the Caribbean PEPFAR team to this focus.
- After sharing the information attained at the consultative meeting with the community leaders, pregnant mothers in the program we have seen an increase of husbands escorting their wives for antenatal and PPTCT services and seeking more information on PPTCT services. The program is well accepted in the community.
- After the consultation on March 2011 we presented the feedback to the FP/HIV Technical working group which also prepared a report to submit to the Chief Medical Officer so that the integration of FP/HIV/MNCH should be a country wide and develop a curriculum for it.
- Has made me identify gaps in child counseling, especially for children with HIV and AIDs. So far once an infant is HIV positive, we refer to ART and it ends there. Now I think of what happens to the child, socially and how I can help them live a normal life like any other child.
- I have been more ready to agree with rapid POC testing for HIV.
- I learnt a lot of lessons which when implemented with respect to our own context will have a positive impact on my work and the service I render to mothers and their infants but I am still to implement it requires decision making and availability of funds. The one big thing I will like to strengthen is community involvement and participation.
- Improved the way I look at approaching community PMTCT within the framework of integration.
- Information presented by other countries on specific program of intervention such as the community based alcohol interventions has help me in designing a community based alcohol intervention group for the community I work with.
- It has helped to confirm the latest evidence in the technical area.
- It has shaped dialogue and written products we have produced on the integration issue.
- It kept me up-to-date with programing and guidelines on prevention.
- It was shared with the National AIDS Commission with partners in Belize.
- It was very useful to understand the various types of HIV epidemics and I used that knowledge in designing new programs
- More emphasis is placed to reaching MARPS and ensuring that they have an input in our decision making
- Reinforce knowledge shared at the conference, need to look at research and work done in the region and how best that can be tailored into the services we provide.
- The gathering of very high level people in the field with the appropriated information
- Trying to sell the idea of circumcision to new mothers as a means of prevention for their male newborns.
- Understanding how other countries are addressing the specific needs of key populations in a mixed epidemic has helped to hone our strategies to be more efficient and effective. Best practices and lessons learned from navigating hostile policy environments vis a vis MARPs have also been very useful to our program.
- Used for advocacy with host government.
- We had Senior Level Management meeting on rapid test and our program moved to rapid test. We shared all the conference documents with policy makers and now most of the organizations are using rapid test.

- The Conference in Maputo was an eye opener and lessons learned about M&E in other countries like Malawi and also the PIMA had helped our organization to improve in M&E and also lobby for the PIMA, already being piloted in the country.
- It was a good consultation but the difficult is integrating FP/HIV because PEPFAR money does not support FP commodities and FP commodities depend on Global Fund and in my country there was a delay of Global Fund to the country so most of the time there were no FP Commodities.
- I have made propositions and in the nearest future I will be using the information presented at the consultation meeting to strengthen our PMTCT/EID integrated program by enhancing community involvement. Community education, sensitization and use of community support groups and community relay agents and health workers to educate, follow-up, track defaulters and thereby increasing service uptake and reducing loss to follow-up. Use lessons learned from SA, Zambia, Ethiopia, etc.
- After attending a regional workshop on the two test algorithm, our organization was able to adapt and make a quick transition when selected as one of the sites to trial the national roll out program.
- Am doing service delivery, so the information has broadened my view of the mother and child services that ought to be given to them, especially the social needs after the age of 18 months.
- Basic principals in health care waste management
- For the development of the policy guidelines for virtual elimination of MTCT in Uganda.
- We have been able to incorporate excessive alcohol abuse and link to HIV infection as part of a comprehensive Behaviour Change Campaign.
- Program support to PMTCT integration to maternal, neonatal and child services.
- Rapid test and result was a big issue in Myanmar. After the consultation we had clear idea about rapid test and result so that we got a chance to talk with policy maker and also put the rapid test in our program. Now most of the places rapid test method is on going.
- Shared with programmers to include in program designs.
- Technical information gathered was useful in quiding program design.
- The information presented at the AIDSTAR-One technical consultation has helped the organization improve the design of the program on PPTCT. At the same time realizing the importance of integrating the programs in PPTCT and the future planning and what can be done on future plans of the children born from positive mothers such as early childhood development programs and skills training for older orphans. The program also taught on the importance of involving male counterparts in PPTCT programs.
- We hope more attend from AIDSTAR to community or development in my country (Indonesia).
- We used the information to provide training for service providers in HIV Counseling and testing.

### **3. Use—technical assistance**

- AIDSTAR-One has helped us in the management of our waste; that is they donated color coded dustbins to the institute and has helped us in the improvement of our health care waste management. It has helped in the training of our staff. They have also offered us technical supervision at the institute.
- Capacity building in terms of Health Workers on Proper Injection Safety practices and Waste Segregation. This is a very effective and relevant training.

- AIDSTAR-One provided TA to organize the Caribbean region first HIV and AIDS prevention summit in the Bahamas and was excellent in leading the team and having a successful outcome.
- AIDSTAR TA informed my work especially service delivery.
- Specifically on creation of a common understanding of the service needs for a continuum of HIV, MNCH and social support services from pregnancy through primary school for mothers living with HIV and their children and sharing of promising practices that address challenges in designing, implementing, monitoring, and evaluating integrated services for these target populations.
- HIV testing and counseling
- It was used mostly in development of training curriculum for health workers.
- Conducted Assessment of NACS program implemented by URC in Uganda
- Trained health care providers in public HFs to implement HCWM practices. Share with the staff and communities on use of safe waste disposal methods. Infection control practices. Sterilization and autoclaving use. Use of personal Protection Equipment in cases of dealing with highly communicable diseases. Conduct drills for PPEs and safe occupational health procedures.
- We are developing an Occupational health and safety manual.
- AIDSTAR-One conducted evaluation of PMTCT services in selected facilities in the country in Oct - Nov 2011. Results are expected to be shared on 21st Feb 2012. Recommendations will be used to improve the service in the country.
- AIDSTAR-One has been very helpful to our Organization in documentation and report writing. Before your support we used to ignore to document some activities. Being able to have documented evidence that can be used to advocate for legal change in our region constituted a major win for us. Thereafter many parties became more engaged and willing to participate.
- By providing evidence based information about infection use waste and important in the designing of the program.
- Continued research and development of the MAK types of Incinerator.
- The impact achieved through the TA AIDSTAR-One provided to the organization may be reflected in the quality of training that was provided to field staff and the design of manuals that are used as reference or guide. This has an impact because this contributes to the PLHIV in Honduras to improve their quality of life through improving adherence to medication, control of drug side effects, and have spaces where they can talk their emotions and feelings related to HIV/AIDS.
- Creation of the proposal for the implementation of the Comprehensive Approach Strategy for STI and HIV/AIDS in the Context of Health Sector Reform to be implemented in five regional departments of Health considered pilot areas to implement the Strategy.
- I have been able to develop a gender training plan.
- I have received training and I train health workers in hospital/health facilities on health care waste management. This hospital is now a role model for HCWM.
- I train the community on HIV/AIDS – some of the information given in the TA has been very handy.
- I used the presentation for refined MARPs planning, MARPs mapping, as well as on how to write a useful report specifically on HIV Prevention, Care and treatment. (treatment as prevention)
- If completed, the PITC will help us to scale-up our PMTCT programs
- In terms of injection safety and healthcare waste management, there's been capacity building, knowledge sharing and motivation.

- It has improve my confidence, enhance my performance, improve my skills and for my facility, there is behavioral change and safety consciousness.
- It has enhanced performance among health workers and community based volunteers. Its also provide useful information which we refer to on a daily basis.
- It helped in educating health care workers in Nigerian facilities to understand infection control and health care waste management.
- It helped to integrate water and sanitation activities in prevention and care of HIV/AIDS
- It helped us realize our capabilities and we have learnt a great deal from AIDSTAR as a grant recipient
- My staff is aware of the new developments and have firsthand information. This has helped them handle cases and programme activities very well.
- Put on record the successes, challenges and outcomes of the program as lessons learned for future expansion.
- Segregation Materials vis-a-viz safety boxes, colour coded bin liners are seen in most Health facilities at all levels in Lagos State.
- There is also the State Tertiary Facility (LASUTH) that has a pharmacy that produces Alcohol Based Rub for proper hand hygiene.
- There is a general improvement of injection safety practices in the Health Facilities in the State.
- Segregation of health care waste has been achieved thus leading to protection of health care waste handlers and improved management of infectious health waste which is dangerous to the entire community.
- The best HBTC model in informal settlements.
- The small doable actions are of help to the facilities and the community in improving the lives of people living with HIV/Aids.
- Also in infection prevention for care givers both in HBC and facility level.
- The technical assistance provided by AIDSTAR-One has an impact, in that it covers the neglected or the area in which government gave it less attention. For example, WASH in health institution, WASH for PLWHA, maintenance of incinerators in health facilities for proper health facility waste disposal (including the ash pit), placenta pit construction. These may seem small, but it is very crucial.
- As a result of this TA many professionals gained their knowledge on infection prevention, many PLWHA will be benefit from the trained professionals and so on.
- The usage of safety boxes, reduction of needle stick injury & availability of personal protective equipment & maintenance of incinerators are some of the improvements
- They put great effort in maintaining our incinerator, provided us with color coded waste bins so that we can segregate the hospital waste. and also they supplied us with personal protective equipment. They involved deeply in staff training on infection prevention and incorporation of IP in to the health curricula.
- The TA was useful and relevant in program related area for HIV/AIDS, STIs and VCT.
- After the attendance of one of the workshops, I have been able to organize training and workshop program on medical waste management for waste handlers, hospital personnel and medical students.
- Comprehensive approach to STI and HIV / AIDS in the context of health sector reform in Honduras.
- From the meetings shared from national team. I have shared with over 100 hF staff. Housekeeping improved at HF's, waste bins have been provided and hand washing and other operating procedures are being done by service providers. CMEs are conducted and HCW management is included.

- The information has been useful in following up required actions such as getting support for waste disposal.
- We are now using color coded polythene papers to line the dustbins.
- We are now a model on HBTC.
- Significant contribution from the professional manner in which technical assistance was delivered.
- Reduction of unnecessary injection uses, Improvement in Injection Safety Practices, Segregation Materials now available at most Health Facilities in the State at all levels.
- It is worth mentioning that the technical staff of AS1 are professional and always willing to give their contributions for the good of the organization.
- The TA has had a positive impact and this in two ways: they have made a scientific nature and processes such as the diagnosis of the services offered and this was done based on the redefinition of the concepts of Health Visiting and then move on review of the Profiles of staff assigned for this purpose, subsequently developed educational content and training of staff ensuring quality and warm intervention to improve the quality of life of people with HIV and also makes the process are of professional quality and well as the way of governance by the Board.

## ANNEX III. Use of AIDSTAR-One Resources in Formulating Policy or Developing Guidelines

In what country did your organization use AIDSTAR-One resources to formulate policy or developing guidelines for interventions?

- |                  |                      |
|------------------|----------------------|
| 1. Barbados      | 23. Maldives         |
| 2. Botswana      | 24. Mexico           |
| 3. Namibia       | 25. Mozambique       |
| 4. Cameroon      | 26. Djibouti         |
| 5. Côte d'Ivoire | 27. Namibia          |
| 6. Chad          | 28. Nepal            |
| 7. China         | 29. Nigeria          |
| 8. Colombia      | 30. Papua New Guinea |
| 9. El Salvador   | 31. South Sudan      |
| 10. Ethiopia     | 32. South Africa     |
| 11. Gabon        | 33. Swaziland        |
| 12. Ghana        | 34. Tanzania         |
| 13. Guatemala    | 35. Uganda           |
| 14. Guyana       | 36. Ukraine          |
| 15. Honduras     | 37. United States    |
| 16. Indonesia    | 38. Vietnam          |
| 17. Jamaica      | 39. Zambia           |
| 18. Kenya        | 40. Zimbabwe         |
| 19. Nigeria      |                      |
| 20. Lesotho      |                      |
| 21. Liberia      |                      |
| 22. Malawi       |                      |

(In addition to these 40 countries:  
Caribbean and Eastern Caribbean  
regions)

**Direct feedback from survey respondents include the following comments as submitted via the survey:**

- For the development of the policy guidelines for virtual elimination of MTCT in Uganda
- After attending the workshop Rapid Testing, Rapid Result, our organization was in a better position to roll out this new algorithm in-country. This occurred our sites were selected as pilot sites to trial the initial roll out before the whole country.
- Training manual was developed and trainings were conducted.
- AIDSTAR-One resources were used as resources to help in determining the best approaches and standards for a sex workers HIV prevention program. The outcome was that the standards included a strong element of referral for services which echoes combination model of prevention.
- As an organization we have used AIDSTAR-One resources to formulate implementation guidelines for the PMTCT Project
- AIDSTAR-One internet publications and website tools were used to formulate policy for God is Great Orphanage a social enterprise project and developed curriculum of the Better World Cameroon that develops, promotes, and facilitates greening, climate change action, food security, and sustainable natural resource use, including Permaculture.

- AIDSTAR-One materials were used as reference on what works on HIV and AIDS for young people, including current evidence on interventions, developing advocacy messages to convince the decision-makers.
- AIDSTAR-One resources helped us to better define the minimum package of interventions for MSM and CSW within the context of the HIV/AIDS Prevention Program. We were able to support our proposals with evidence from publications on the website.
- We have used information from AIDSTAR-One to guide us in key areas for Positive Prevention interventions.
- AIDSTAR-One resources were used to refer as for right based programme in enhancing child participation in our programs. And this became the Organizational policy or guideline as per programming.
- AIDSTAR-One resources served as a technical resource for development of a training on HIV, gender and gender-based violence.
- As a useful reference, part of the evidence or tools taken into consideration when developing interventions
- As reference materials, in development process of the national strategic plan. Especially the treatment and care section.
- Before the consultative meeting, the PPTCT program had a challenge in the area of involving males in the PPTCT program. Now with information gained from the meeting, other guidelines which will help in involving males in PPTCT issues such as encouraging women to bring their spouses when booked for testing and during their antenatal visits.
- Benchmark against PEPFAR framework
- Both guidelines and policy were developed based on information provided by AIDSTAR-One, and its been very helpful.
- In Botswana we used AIDSTAR resources to develop guidelines for programming HIV prevention among young women.
- In Namibia: Supplementary information for addressing Multiple Concurrent Partners
- By giving inputs from the information gain through reading AIDSTAR-ONE information during settings held to formulate policies, plan of actions and development of guidelines.
- Case studies and updates, research materials were all baselines that molded what works in the Kenyan scenario
- Designing our prevention program in most at risk populations (MSM, CSW and their clients including LDTD)
- Developing an intervention on multiple concurrent partnerships
- Developing guidelines - AIDSTAR-One was one of the important sources for extensive literature review before writing guidelines for Global Fund and for WHO on involvement of community systems in maternal, neonatal and child health prevention and care programming in communities most at risk from HIV.
- Development of guidelines on Infection Control and Health Care Waste Management.
- Development of workplace programmes
- During the development of IP guideline at federal ministry of health level
- Evidence-base for global AIDS policy.
- For University RH and HIV and AIDS intervention, for Multiple Concurrent partnership (MCP) One Love campaign,
- Formulation of national HIV&AIDS prevention Strategy
- GBV guideline
- Guidelines for Gender programmes and combination prevention.
- HCT policy and prevention strategy
- Health sector strengthening; impact evaluation.

- Helped inform the development of the national HIV prevention strategy.
- I am the Senior Technical Advisor on a nationwide HIV care and prevention grant, and I used AIDSTAR-One website to get ideas and information to feed into our project's prevention strategy paper, which guides prevention interventions that are implemented by six consortium members.
- I used AIDSTAR materials as a guide in formulating Prevention activities for the AIDSRELIEF program in Nigeria
- In case of Infection prevention, WASH, and HCWM.
- In preparing concept note and proposals for funding.
- Inform policy makers of evidence based interventions
- Information and knowledge gain were used in the terms of reference for healthcare waste management committee and we about to use information from AIDSTAR-One for the setting up of infection control committee and the production of hand rub for hand hygiene.
- information obtained in AIDSTAR helped in formulation of related HIV policy issues
- It has guided our occupational health and safety manual / policy
- It helped us develop country office prevention strategy for MARPS
- It was used for guiding the policy development especially in the area of VCT Programme.
- Mainstreaming of HIV&AIDS in the Non-HealthSectors for NRM/EG partners in Tanzania and Mainstreaming of HIV&AIDS in the logistics and Transport sectors in Uganda.
- My organization is developing a guideline base on AIDSTAR materials.
- Organizational HIV/AIDS related guidelines, strategies and polices were developed.
- Our company was encouraged to reach out to recommended medical establishments in our AD popularization campaign and marketing.
- PMTCT Guidelines, HIV testing and Counseling Guidelines
- Provided colour coded and posters waste bins to assist in waste management
- Strategic information that helped to support evidence informed approaches
- Rapid Testing Guide
- Resources available under AIDSTAR One have been used as reference material to ensure that current knowledge on HIV prevention informs the designs of interventions
- Resources used in redefining interventions of an AIDSTAR-One/USAIDfunded alcohol pilot study project in Namibia, implemented by SFH
- Resources were used as reference materials in developing HIV/AIDS Work Place Policy, and informing of proposals
- Staffing for results exercise benefited from technical guidance in development of operational guidelines that governed the functioning of the team.
- Technical Guidelines support evidence production.
- Technical Materials were used to design some of our prevention programs
- Technical support to LAWMA on procurement of ECODAS Hydroclave/Shredder System commissioned on 29/9/2011.
- Construction of a Storage Space for filled Safety Boxes in General Hospital Ibeju-Lekki.
- Distribution of Injection Safety/Health Care Waste Management Commodities to selected LGAs.
- Coordinated Logistics Training for officials at various
- The guidelines contained in the Program Guide for Integrating GBV Prevention are the proposed guidelines for the 2012 integration of GBV prevention outreach into current HIV prevention outreach.

- the newsletter points us to relevant research, new evidence, best practices and lessons learned
- the report on rapid test meeting in Bangkok, April of 2010 + the document on decentralization of care.
- The resources were used to inform the development of guideline for implementation of a project which aims at improving the care and support for children affected by HIV/AIDS. The project focuses on promoting access to PMTCT and pediatric HIV/AIDS services.
- We also used resources to strengthen the integration of HIV/AIDS into our MCH project
- The resources were used to organise a stakeholders workshop on waste management which was a forum for sharing information and streamlining guidelines for use of the proposed incinerator.
- These were used in guiding on HIV prevention modules and skills required to foster HIV prevention
- This is used by the specific unit coordinator when he/she is requested to develop plan of action, monitoring and evaluation and the like by the Programme Manager or any other officer of higher hierarchy.
- This was used to assist with the development of a strategy for MSM & legal reform work in the region
- To be informed the National treatment and prevention policy & to prepare New proposals as a guideline.
- Use of locally available materials in implementation of small doable activities at facility level.
- used data from resources to formulate policy
- Used for updating BCC tools for community outreaches that aligned to current trends.
- Used to develop guidelines/ training manuals as a resource material (provision of current information)
- Was very critical in our HIV/AIDS Advocacy agenda in Uganda and at organizational level especially; HIV/AIDS Human rights and the HIV/AIDS bill process.
- Informed our input into the Uganda national budget priorities e.g. commitment to treatment for prevention and PMTCT,HCT Targets
- We are adapting the home based counseling and testing guideline developed by the support of AIDSTAR-One for use in our specific context.
- We developed Gender programme training guidelines and lessons.
- We developed our own guidelines and used the AID\_STAR-One resources to see if we were on the right track in the running of CB HTC
- We developed standard operations procedures for our care and support programs using AIDSTAR-One materials.
- We looked at possibilities to link and inter-relate the HIV/AIDS prevention work and service delivery with FP/RH service delivery.
- We often use them as reference material; they also have helped to formulate good practice programming standards and write up a good practice guide on prevention for our entire organisation.
- We referred to some of the AIDSTAR publications when designing the Household Dialogues HIV Prevention Intervention.
- We used AIDSTAR-One resources with regard to the technical specifications for HIV prevention best practices to inform a SADC literature review.
- We used literature on combination prevention to input in our HIV workplace policy.
- We used published copies of strategic plans for HIV/AIDS programs to strengthen and improve the periodic review of the strategic plan of the national HIV/AIDS program

- We used resources while developing services delivery guidelines for couples.
- We used some of the information shared from the workshop to include in the guidelines
- We used some guidelines for MARPs programming especially gender-based violence in preparing instructional manuals for local NGOs and peer educators.
- We used the frameworks to guide
- We used the provided initiated testing and counselling guidelines and related information to fashion our PITC sites
- We used the results for studies cited in the resources and well as some of the observations and recommendations cited to inform and justify some of the policy decisions
- While we developed minimum package of services for MARPs
- Working on HIV/AIDS prevention with the fisher community in four beaches in Maseno and Kombewa divisions using behavior change communication strategies, a process that involves working with communities to promote and sustain positive behaviors towards HIV prevention. We have used the resources to guidelines for our interventions in advocacy, stigma.

# ANNEX IV. Suggestions for Additional AIDSTAR-One Web Content

Direct feedback from survey respondents include the following comments as submitted via the survey:

## Journal articles/full text

- access to full text articles sited need to be more accessible
- access to journal articles
- Free Access to prevention articles (full).
- It would be a great addition to public health knowledge if you can add articles of systematic review especially Cochrane reviews.
- Make resources that are in journals also be available to those from resource limited countries
- The biggest problem in our view is that many of the publications listed e.g. in the Prevention Update are not open access. If that could be changed and the full articles could be displayed - that would allow us to access many more of the publications and share with our partners across the world.
- Publicized articles should be in full text to include the methodologies and results. This will help us as we look at the recommendations whether we can replicate or not

## Audio/visual

- Add illustration pictures.
- Add more audio and video content to ease understand if possible
- Can we encourage users to post their activity pictures?
- Use pictures to illustrate the message that is portrayed

## Integration or cross-cutting

- I would love to see more programs that are integrating other HIV related issues such as Nutrition shared on the web-site. The link between Nutrition and HIV is critical and hence I feel there is need to integrate aspects that promote wellness in HIV management and programing.
- Advocacy and resource mobilization for HIV&AIDS, integration of health services and health systems strengthening.
- More materials on HIV cross cutting issues such as alcohol misuse, GBV and MCP
- Strengthen HIV and disability resources, HIV and Gender resources, and Systems strengthening in HIV programming

## Links to other sites/other dissemination

- Eventually develop a link tool connecting your efforts to many other key websites in the field.
- Does AIDSTAR include messages in other list-serves alerting subscribers when important resources have been added to website? To be honest, I often forget about the website.

## Navigation/web feedback

- I'm not particularly internet savvy and I find the website hard to navigate. I would suggest an easier approach to finding resources. Maybe more pictures? Clearer links. Its hard.

- I would suggest having a bit less information on the home page- it can make it a bit confusing when looking for information.
- Improvement in navigation and search functions.
- Conference documents and presentations could be organized with tabs or dropdowns rather than all on one page, where it is confusing to sort through.
- I am not keen on how it is organised. It's not always to call something Promising Practice or a Focus Area - they are not self-explanatory.
- Work on the navigation.
- The main page is very busy, not very welcoming.
- Well all the contents are easily accessible, less where connectivity is a challenge
- Inclusion of many PDF documents for accessibility and usage
- It could be good to have PDF forms of the technical updates and other resource.
- The content is appropriate and should be in the PDF format for easy download.
- PDF is better

### **User input**

- include more articles from readers
- group discussion
- There should a kind of quarterly meeting or workshop between the members and the organizers
- creating a networking link so share or have open online discussion
- Critical reflections, materials showing more diverse points of view/perspectives.

### **Country or region specific**

- More case studies, results and lessons learned from HIV/AIDS prevention work on Eastern Europe.
- Including the stories from Tanzania
- More US-specific resources and search tools
- More information on National Response by African Countries will increase the quality of information provided for audience for the region.
- Reports on English speaking Caribbean
- Please improve up-to-date data from countries.
- Should cover information and more HIV/AIDS innovations From Africa
- Should include in more updates from sub-Saharan Africa.

### **Languages**

- Chinese, Vietnamese, Thai....
- I wish there was information in Spanish
- All materials available in more than just English.
- To add other languages like French.
- Very useful in developing training guides, and presenting information in summary form. I wish there was a Spanish translation. Thank you so much!!!!

### **Updates/timeliness**

- The updates should be regular
- There is need to improve the frequency of updates
- Update articles and publications
- Updated information should be automatically sending to the members immediately after approval by the authority.

- Regular update especially on African contexts

### **Topic specific requests**

- More case studies on Interconnection between Gender and HIV
- More on communication strategies for VMMC
- As the focus has now moved towards biomedical HIV prevention interventions, it would help if AIDSTAR published more of what works in behavioral and structural interventions. This would help balance the interventions being implemented in HIV prevention, and give a good base for those implementing non biomedical interventions.
- Community mobilization tools (it might be already there)
- Include health reporting tutorials for people like me who aspire to be health reporters
- include more content on training methods especially VIPP training method
- Include STI syndromic case management guidelines
- MARPs Health related Issues such as: guidelines on STI screening; training modules; gender based violence; gender and sexuality training materials; condom logistics; specific Information, education and communication materials for HIV prevention among female sex workers, men who have sex with men and injectable drug users; capacity building modules.
- I need more children friendly materials. Would you share this?
- If you can add more case studies on community involvement in HIV care and treatment, plus more on HIV/AIDS prevention at the community level.
- The war against HIV is commendable but some attention should be given to other disease conditions that result in deaths due to loss/ low immunity as a result of the virus.
- Facts and figures of prevention and infection updates should be included.
- I am bias, so let my submission be thus appreciated. Sometimes I wish more should be done for healthcare waste management and occupational hazards in healthcare facilities.
- latest issues on PMTCT should be updated on time
- Demonstration of hand washing procedures, health education on how hand wash is a barrier to disease transmission.
- Educating couples on what to do if they to have a baby and drugs to take while pregnant.
- More case studies on Social Determinants of Health and Integration of Health Services
- My organisation work in about 60 countries worldwide on disability. Among the sectors we implement HIV, SRH and GBV for persons with disabilities. 15-18% of the world live with a disability. They constitute the biggest minority... Would like to see more on HIV/SRH/GBV and disability on your site.
- Pay more attention to case studies and field reports
- Could there be more on pharmacovigilance. For example, how to differentiate between drug reactions and ongoing illness. Also what to do about the more common problems.
- Please give information on how to tackle side effects of ARV's. Most information is based on prevention, treatment etc, but what about its side effects? n where to get help about it and what doctors or organization can help who are affected by side effects?
- Sex work intervention (and some other most at risk populations).
- Workplace, employer issues
- Recently I turned to the website to look for information about HIV and youth (specifically looking for levels of HIV testing among youth) and was surprised to find very limited information about HIV and youth.

- The only exception to my satisfaction with website content was the case study series on gender integration. These dealt with transgender, MSM identity issues more than with male/female gender norms and exploration of male/female identity.
- Templates for program designing. Clear guidelines and strategies for implementing cultural sensitive programs like VMMC strategic means of harnessing cultural practices which seem to promote health seeking behaviors like traditional circumcision. We also need to encourage cultural understanding for strategic implementation processes.
- Success stories should always be highlighted in order to encourage people along the lines of Safe Injection Practice.
- need more training program
- since I am a coordinator of the PMTCT clinic of our institute I would prefer PMTCT related information
- please share more publication and also come up with training curricula
- More relevance to poor resource setting health and social challenges and issues and relevant solutions, bottom-up and top-bottom approach. Mixed approaches.
- Target to the grass root persons especially in African setting.
- Tools that can be used by a variety of users including low literacy persons
- More knowledge, insight, skill building for empowerment for public or marginal community on developing country...
- More information can be added for all levels of users especially not health sector advocacy. Why is HIV a big challenge? What are the big challenges in HIV response-stigma. We can have case study of the month on experience sharing by users, successes failures and reason analysis.
- Additional content on research done on non-communicable diseases since it is a looming epidemic.

#### **Research, monitoring, and evaluation**

- Monitoring and evaluation of community HIV/AIDS prevention programs
- M&E
- We need to know Research data from community and hospital base of HIV-AIDS care.

#### **Funding**

- Please update us with new conferences and sponsor for scholarship position such as XIX International conferences.
- provide some financial support for those that cannot afford to attend international forums
- Requests for funding proposals/application for developing countries

#### **No suggestions (30 replied satisfied and/or no suggestions)**

- Keep this info flowing so many of us depend on such free information for useful updates.
- AM very satisfied with AIDSTAR-One
- As far as I am concerned the word perfect is my description of what these wonderful set of workers are and suggesting that if they feel there are other ways of helping the masses they should please continue.
- Keep up!
- n/a
- currently no suggestions
- Nil
- It is easy to navigate and I always end up finding more reports while I am downloading one. So I would say it works well.

- It is so well structured that I don't find it necessary to say anything needs to be improved that much.
- None
- At the moment I feel this website has the right content and should be left to be like that for some time. I am involved in grassroots programming and implementation of project activities where the most critical need at the planning stage is to adapt start with evidence supported approaches. On that, AIDSTAR site has been very good.
- None
- Can't think of any now.
- None
- none at this moment
- None for now
- Keep up.
- So far so good
- None for now.
- None for now.
- None happy
- none so far
- None so far
- OK
- It's great, keep it up!
- Just keep up the good and informative work
- Keep it up
- I am satisfied as it is now
- You doing absolutely great, by giving us the facts and what happen around the world as far as HIV and AIDS is concern
- satisfied

### **Requests**

- More updates regarding latest techniques in hiv prevention would be most welcome
- Follow up meetings and feedback
- Training materials in ART and data management tools for HCWM would help. Provide updates on HIV/AIDS/EID updates
- Integrate cross cutting issues
- The workshop was well arranged and many lessons were learnt. We received the CDs at the end of the workshop but it was not easy to read because some mini laptops that most of us have do not accept CDs. I wished this could be sent via email

### **Request for technical assistance or funding**

- I would also be glad if AIDSTAR can provide my local group with technical and financial assistance if possible.
- It would be helpful to have additional information about who qualifies for technical assistance from AIDSTAR-One. We were very interested in looking to your organization for TA but despite multiple attempts, were unable to connect. Is there an easy way to list your qualifications online?
- We are passionate about receiving an Overseas Direct Technical Assistance Form that can help us on quality & impact on service delivery.
- Support to community networks community based HMIS
- I would like to be sponsored also one day to attend one meeting

# ANNEX V. Survey Questionnaire



## AIDSTAR-One 2012 Annual Survey

Progress:



Thank you for taking the time to complete our survey.

The survey consists of four sections with approximately 30 questions. Not all questions will apply to everyone - the survey will automatically skip sections that do not apply to your experience.

The survey should only take a few minutes to complete (20 minutes maximum for all questions).

### Section I. AIDSTAR-One Website

If you have never visited the AIDSTAR-One website, you will be skipped to the next section.

Have you ever visited the AIDSTAR-One website?

- Yes
- No (You will be skipped to the next section)



## AIDSTAR-One 2012 Annual Survey

Progress:

How often do you visit the AIDSTAR-One website?

- I am new to the AIDSTAR-One website (I have visited once or twice)
- I am an occasional visitor to the AIDSTAR-One website (i.e. every few months)
- I am a regular visitor to the AIDSTAR-One website (i.e. at least monthly)
- I am a frequent visitor to the AIDSTAR-One website (i.e. weekly or more often)

How would you describe the usefulness or relevance of the information found on the AIDSTAR-One website to your work?

- Excellent
- Good
- Fair
- Poor

How would you describe your ability to find the information that you are looking for on the AIDSTAR-One website?

- Very good
- Good
- Fair
- Poor

How likely is it that you would recommend the AIDSTAR-One website to a colleague or others working in your field?

- Highly likely
- Likely
- Unlikely
- Highly unlikely

## AIDSTAR-One 2012 Annual Survey

Progress:

What AIDSTAR-One publications, resources, or tools have you used?

- HIV Prevention Update
- National Strategic Plans
- National Treatment Guidelines
- HIV Prevention Knowledge Base
- Technical Briefs
- Case Studies
- Conference (Technical Consultation) presentations / meeting reports
- Promising Practices Database
- Technical Reports (including assessment reports)
- None
- Other

How have you used AIDSTAR-One publications, tools, or other technical resources?

- Program design
- Policy development
- Service delivery
- Write reports, proposals, articles
- Training
- Guide research agendas / methods
- Public awareness campaigns
- Curriculum development
- Other

## AIDSTAR-One 2012 Annual Survey

Progress:

Have you ever shared an AIDSTAR-One publication, tool, or web resource with a colleague?

- Yes
- No

Please rate your level of satisfaction with each of the following aspects of the AIDSTAR-One website.

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Quality of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variety of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness (up-to-date content)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of navigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Download times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any suggestions for additional content or ways to improve the AIDSTAR-One website.



## AIDSTAR-One 2012 Annual Survey

Progress:

### Section II. AIDSTAR-One Technical Assistance

The following section applies to AIDSTAR-One technical assistance (TA). If you did not receive or oversee TA from AIDSTAR-One you will be skipped to the next section.

Technical assistance (TA) is the delivery of expert programmatic, scientific, and technical support to organizations and communities in the design, implementation, and evaluation of interventions and programs.

Did you receive or oversee direct technical assistance (TA) from AIDSTAR-One since October 2010?

- Yes
- No (You will be skipped to the next section)



## AIDSTAR-One 2012 Annual Survey

Progress:

How would you describe the usefulness or relevance of the technical assistance provided by AIDSTAR-One?

- Excellent
- Good
- Fair
- Poor

Overall how satisfied were you with the technical assistance provided by AIDSTAR-One?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

How likely is it that you would recommend AIDSTAR-One technical assistance to a colleague or a similar organization?

- Highly likely
- Likely
- Unlikely
- Highly unlikely





## AIDSTAR-One 2012 Annual Survey

Progress:

How would you describe the usefulness or relevance of the technical consultation to your work?

*If you attended more than one AIDSTAR-One technical consultation, please answer for the most recent.*

- Excellent
- Good
- Fair
- Poor

How satisfied were you with the technical consultation overall?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

Did you share information or materials from the AIDSTAR-One supported technical consultation with a colleague who did not attend?

*If yes, please describe below.*

- Yes
- No

Comment:

500 characters left.

How likely is it that you would recommend attending a similar AIDSTAR-One technical consultation to a colleague or others working in your field?



## AIDSTAR-One 2012 Annual Survey

Progress:

How have you used information presented at an AIDSTAR-One supported technical consultation?

- Program design
- Policy development
- Service delivery
- Write reports, proposals, articles
- Training
- Guide research agencies/methods
- Public awareness campaigns
- Curriculum development
- Other

Comment:

500 characters left.

Have you accessed the technical consultation presentations and/or summary report on the AIDSTAR-One website?

- Yes
- No - but I am aware they are available on the AIDSTAR-One website
- No - I was not aware that they were available on the AIDSTAR-One website

Please share a specific example of how information presented at an AIDSTAR-One supported technical consultation has had an impact on your work.



## AIDSTAR-One 2012 Annual Survey

Progress:

Has your organization used AIDSTAR-One resources in formulating policy or developing guidelines for interventions?

- Yes
- No



## AIDSTAR-One 2012 Annual Survey

Progress:

In what country did your organization use AIDSTAR-One resources in formulating policy or developing guidelines for interventions?

30 characters left.

Please describe how AIDSTAR-One resources were used to formulate policy or develop guidelines for interventions.

250 characters left.

## AIDSTAR-One 2012 Annual Survey

Progress:

### Section IV. Background Information

These final questions will help us better understand how we can better meet your information needs.

Which of the following categories best describes your organization?

- US Government - US based
- US Government - field based
- Multilateral agency
- Bilateral agency
- International NGO/FBO - HQ
- International NGO/FBO - in the field
- Local / national NGO/FBO in the field
- Ministry of Health / Other Ministry
- Academic / research institution
- Consultant (private consulting firm, independent consultant, etc.)
- Other

Please select the category that best describes your role.

- Program management
- Policy development
- Clinical (service provider)
- Research / academic
- Monitoring and Evaluation
- Student
- Other

## AIDSTAR-One 2012 Annual Survey

Progress:

In what geographic area(s) is your work focused? (Select all that apply)

- East Africa
- West Africa
- Southern Africa
- North Africa / Middle East
- Latin America
- Caribbean
- United States / Canada
- South / Southeast Asia
- Eastern Europe / Russia
- Central Asia
- Oceania
- Other

What are your top three HIV topic area interests? (Choose only one per column)

	# 1 Interest - Select only ONE	# 2 Interest - Select only ONE	# 3 Interest - Select only ONE
Care and Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender and HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orphans and Vulnerable Children (OVC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention of Mother to Child Transmission (PMTCT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Testing and Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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What is your age?

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66+

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Please share three regional online resources that you use to find or share HIV or other public health information (i.e. listservs, blogs, social media sites, and online forums).

250 characters left.

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Please provide any additional information or stories about how the AID STAR-One website, technical assistance, or technical consultations have had an impact on your work.

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**AIDSTAR-One**

John Snow, Inc.

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: [info@aidstar-one.com](mailto:info@aidstar-one.com)

Internet: [aidstar-one.com](http://aidstar-one.com)