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AIDSTAR-ONE ANNUAL REPORT

OCTOBER 2011–OCTOBER 2012

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

OCTOBER 2012

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AIDS Support and Technical Assistance Resources Project

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ACRONYMS

ASONAPVSI DAH	National Association of People Living with HIV/AIDS in Honduras
APCA	African Palliative Care Association
CDC	U.S. Centers for Disease Control and Prevention
DRC	Democratic Republic of the Congo
E&E	Europe and Eurasia
ECD	early childhood development
FCT	Federal Capital Territory (Nigeria)
FMOH	Federal Ministry of Health
FNS	food and nutrition security
FY	fiscal year
GBV	gender-based violence
GLSL	Green Label Services Limited
HBHTC	home-based HIV testing and counseling
HCWM	health care waste management
HTC	HIV testing and counseling
ICASA	International Conference on AIDS and STIs
IPC	infection prevention and control
KM	Knowledge Management
MARP	most-at-risk population
MCHIP	Maternal and Child Health Integrated Program
MNCH	maternal, newborn, and child health
MOU	memorandum of understanding
MSM	men who have sex with men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NIPRD	National Institute for Pharmaceutical Research and Development
NPHCDA	National Primary Health Care Development Agency
NuPITA	New Partners Initiative Technical Assistance Project
OVC	orphans and vulnerable children
PANCAP	Pan Caribbean Partnership against HIV and AIDS

PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	provider-initiated testing and counseling
<i>PLoS</i>	<i>Public Library of Science</i>
PMTCT	prevention of mother-to-child transmission of HIV
PPP	public-private partnership
PRC	post-rape care
RHB	Regional Health Bureau
S2STA	south-to-south technical assistance
SACS	State AIDS Control Society
SSS	Social & Scientific Systems
STAR	Strengthening TB and HIV/AIDS Response
TSU	Technical Support Units
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
VMMC	voluntary male medical circumcision
WASH	water, sanitation, and hygiene
WHO	World Health Organization
ZPRS	Zambia Partner Reporting System

1.0 INTRODUCTION

This annual report for AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One) summarizes the progress and major accomplishments achieved from October 1, 2011, through September 30, 2012. It presents the project's centrally-funded and field support-funded activities, as well as the project's knowledge management activities and results.

The AIDSTAR-One project is nearing the end of its fifth year of implementation. This annual report covers the activities undertaken as part of the FY 2012 workplan for centrally-funded activities, as well as field support-funded activities begun or continued in FY 2012.

This report is divided into four main sections: 1) project management and finance, 2) knowledge management, 3) major accomplishments in the centrally-funded technical areas, and 4) major accomplishments from field support-funded activities. Annex 1 provides performance monitoring data in accordance with the project's approved Monitoring and Evaluation Plan. Annex 2 includes a list of publications that are completed and publications under development. Annex 3 includes a table showing the location of AIDSTAR-One's work worldwide, and Annex 4 provides a financial/level of effort status report as of September 30, 2012.

2.0 PROJECT MANAGEMENT AND FINANCE

2.1 Project Management and Staffing

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

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

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

2.2 Financial Status and LOE

A summary of the financial status and level of effort expended as of September 30, 2012, is provided in Annex 4. A total of \$16.3 million was expended during FY 2012, with cumulative expenditures since the beginning of the project totaling \$49.9 million. Unspent obligations as of September 30, 2012 (i.e., pipeline) total \$7.1 million.

As AIDSTAR-One is a level-of-effort contract, work days ordered and actual work days provided are also shown in Annex 4. A total of 86,669 workdays have been provided since the beginning of the project.

AIDSTAR-One continued to implement field support-funded activities funded by the Latin America and Caribbean Bureau, Africa Bureau and Europe and Eurasia Bureau, the Central Asia Regional Mission, and USAID Missions in Honduras, Brazil, Dominican Republic, India, Nigeria, Ethiopia, Uganda, Tanzania, and Zambia. In addition, field support was received for the first time from the PEPFAR Caribbean Regional Program to undertake an assessment of the regional program.

3.0 KNOWLEDGE MANAGEMENT

Summary and Major Accomplishments

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

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

Dissemination efforts have kept pace with the project's increasing library of technical resources. The KM Team maintained a significant presence on Facebook, Twitter, and LinkedIn discussion groups and reached out to new channels, such as Slideshare and Google Plus. As a result, social media and external listservs accounted for over 16,036 visits to the AIDSTAR-One website (13 percent of all traffic). Additionally, the KM Team leveraged open-source technology in order to implement a number of strategic improvements to the website's architecture and navigation. These enhancements also better showcase publications from AIDSTAR-One and from other USAID and PEPFAR partners (e.g., C-Change, Knowledge for Health, OVCSupport.net, and the Health Care Improvement Project).

The KM Team tracked and measured its effectiveness in dissemination to target audiences following the project's Monitoring and Evaluation Plan. Traffic to the website was monitored using Google Analytics and reflected both a steady stream of new visitors and a growing number of repeat users. These metrics were supported by the qualitative and quantitative information gathered in the annual survey of web users, technical assistance recipients, and technical consultation attendees, which provided both qualitative and quantitative information on the relevance and use of materials on the website.

During FY 2012, the KM Team accomplished the following:

- AIDSTAR-One submitted 110 technical resources (e.g., case studies, technical briefs, assessments, and reports) for USAID approval; across the life of the project, a total of 278 resources and products have been approved by the TWGs
- The website received a total of 123,928 visits during this reporting period, compared to 73,189 visits total in FY 2011, representing a 70 percent increase in FY 2012
- Prevention Update subscribers increased by 22 percent for a total of 4,197 subscribers

- Of the user survey respondents who used the AIDSTAR-One website, 96 percent rated the usefulness of the information on the site as “excellent” or “good.”

Status of Workplan Activities

1. Measuring Overall Project Performance

Table 1 shows the progress made cumulatively on one of the key project indicators—the number of AIDSTAR-One resources produced and available for dissemination. During this reporting period, AIDSTAR-One staff submitted 110 technical resources (i.e., case studies, technical briefs, assessments, and reports) to USAID for approval. Of these, 100 were approved. Over the life of the project, USAID has approved a total of 278 resources and products to date (September 30, 2012). All approved products are available on the AIDSTAR-One project website and/or in another format (see Annex 2 for a list of completed AIDSTAR-One publications). Table 1 also shows the total number of resources available by technical area and includes approved promising practices, a focal activity during the first three years of the project.

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

	FY 2012		Cumulative Available***		
	Submitted * FY 2012	Approved ** FY 2012	AIDSTAR- One Products	Promising Practices	Total
Prevention	34	33	116	23	139
Treatment	7	7	21	2	23
Care and Support	5	4	22	13	35
Testing and Counseling	8	8	24	9	33
PMTCT	1	1	4	7	11
OVC	5	4	10	6	16
Gender	24	24	42	15	57
Private Sector	–	–	2	2	4
Field Support/Other	26	19	37	1	38
Totals	110	100	278	78	356

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

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

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

Note: the majority of technical products take more than 12 months to produce on average. An additional 91 products are currently pending USAID approval (10) or are in development (81).

Collecting, Analyzing, and Disseminating Web Traffic Data

AIDSTAR-One monitors, summarizes, and reports online traffic to the AIDSTAR-One website using Google Analytics metrics such as unique pageviews (a key project indicator), absolute

unique visitors, top content rankings, and visitors' geographic location, among other metrics. This information is important because it provides the best available data on who is visiting the website (i.e., new and return visitors, geographic location, etc.), how often they use the website, how long they interact with AIDSTAR-One content, and what they view and download.

The total number of visits to the website during this reporting period (October 1, 2011, to September 30, 2012) was 123,928, compared to 73,189 visits in FY 2011, a 70 percent increase in FY 2012. Over 81,000 unique visitors (counts each visitor only once in the selected date range) visited the AIDSTAR-One website during this reporting period. The HIV Prevention Knowledge Base continues to generate the most web traffic (over 15 percent of all unique pageviews) followed by the Promising Practices Database (approximately 5 percent of all unique pageviews) and the HIV Prevention Update (over 4 percent of all unique pageviews).

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

Link tagging has allowed AIDSTAR-One to target dissemination and track listserv and social media impact. The KM Team adds tags to links to AIDSTAR-One webpages, then posts these links on social media networks and over 50 global health-related listservs. Between October 1, 2011, and September 30, 2012, 14,978 visits (12.1 percent of all visits) to the AIDSTAR-One website were tracked using tagged links. An additional 1,605 visits to the AIDSTAR-One website (1.3 percent of all visits) were generated by Facebook, LinkedIn, and Twitter by users clicking on a link to the AIDSTAR-One homepage (not a tagged link). See Table 2 for the top ten listservs/platforms by number of visits.

Table 2. Top 10 Listservs/Platforms, by Number of Visits—Tagged Link Campaigns (FY 2012)

	Listserv/Social Media Platform	Number of Visits
1.	Twitter	2,099
2.	AfroNet	1,596
3.	Global Health Delivery	1,155
4.	Health Information and Publications Network (HIPNet)	629
5.	Facebook	603
6.	CORE Group HIV/AIDS Working Group	521
7.	International AIDS Society LinkedIn Group	500
8.	GH360	467
9.	Global Health HIV LinkedIn Group	440

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

HIV Prevention Update

The industry standard for email marketing by nonprofit organizations is an average “open rate” of 20 percent. The monthly AIDSTAR-One HIV Prevention Update consistently meets or exceeds this average, ranging from 21.1 to 25.3 percent during this reporting period. The average “click rate” of nonprofit emails is estimated at 12 percent. AIDSTAR-One’s click rate (percentage of subscribers who open the email and then click on a link that redirects them to the AIDSTAR-One website) ranged from 38.5 to 48.7 percent during this reporting period.

These trends illustrate that the content in the HIV Prevention Update appeals to subscribers, with some users clicking on more than one link per edition. The subscriber list has also increased 22 percent during this reporting period for a total of 4,197 subscribers as of September 30, 2012 (see Figure 1). AIDSTAR-One receives approximately 100 organic signups monthly requesting e-newsletter subscription (see Figure 2); however, periodically the project cleans the list which results in the appearance of a drop in subscribers. This drop is due to job/email changes that create email bounces when an account is no longer active.

Figure 1. HIV Prevention Update Subscribers, FY 2012

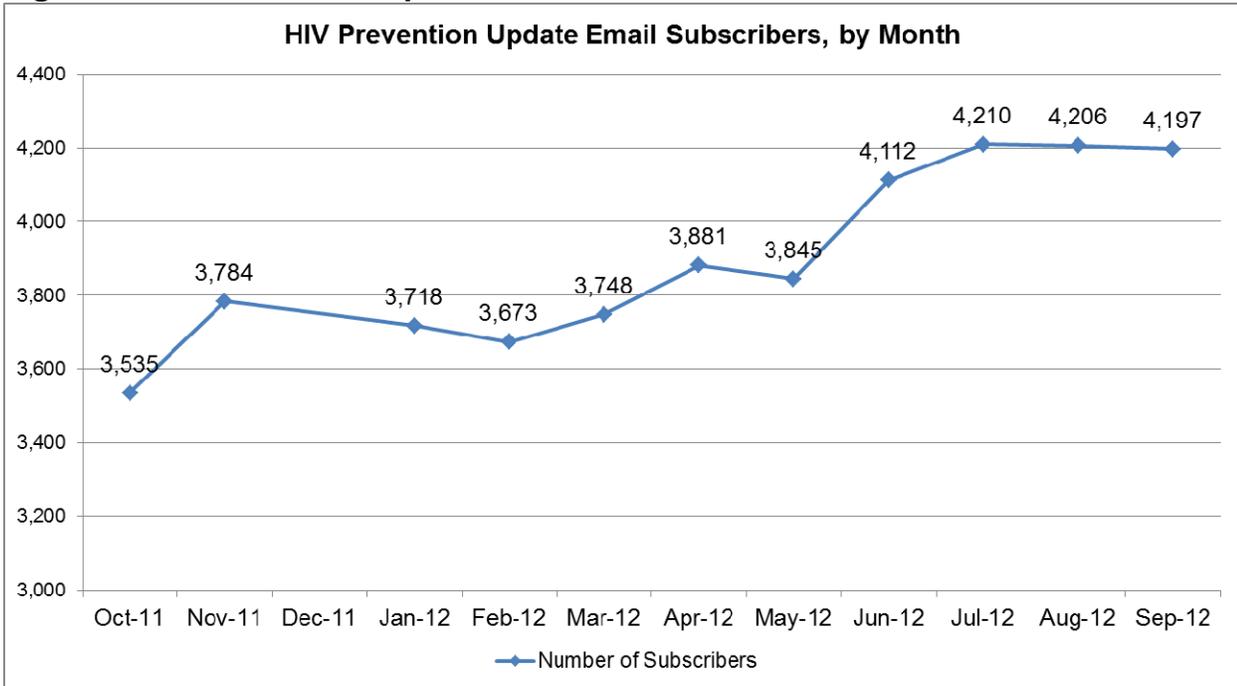
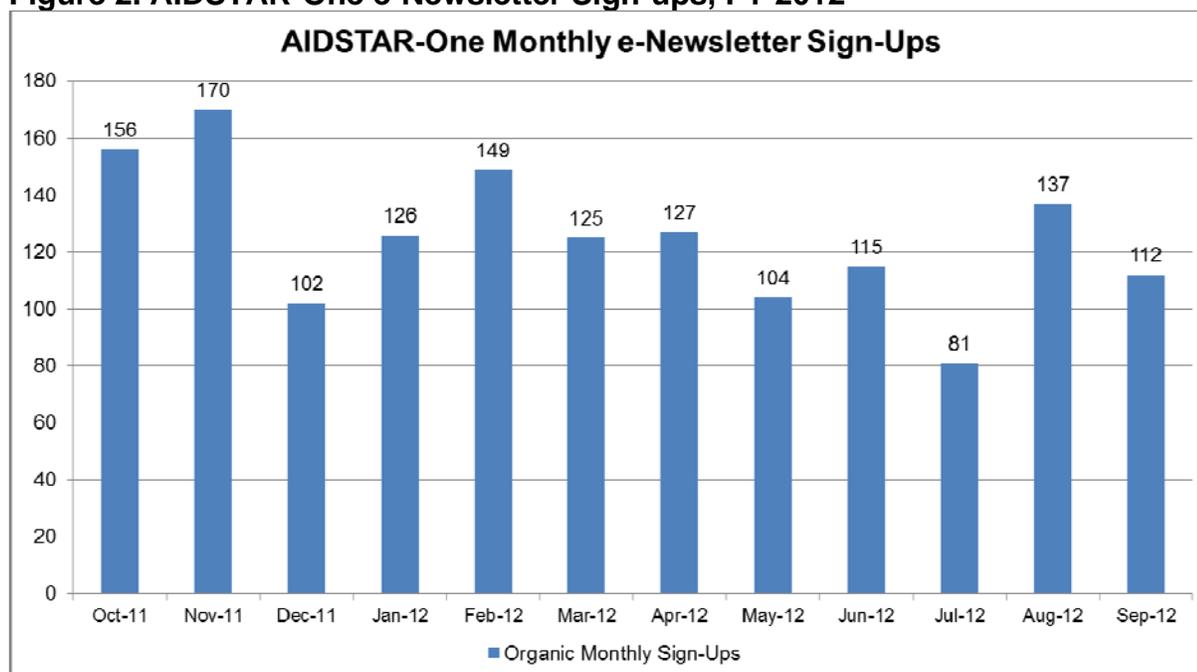


Figure 2. AIDSTAR-One e-Newsletter Sign-ups, FY 2012



AIDSTAR-One Annual Survey

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

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

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

The Promising Practices Database is no longer updated, but AIDSTAR-One maintains it on the website. Twenty-one percent of web users surveyed in 2012 reported using or adapting a promising practice found on the AIDSTAR-One website to strengthen their own programs. The Promising Practices Database also continues to generate web traffic and was one of the most visited resources on the AIDSTAR-One website during this reporting period (5 percent of all unique pageviews).

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

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

The Monitoring and Evaluation Officer supported activities managed by various AIDSTAR-One technical teams during this reporting period, including providing technical input, reviewing surveys and meeting evaluations, and entering data, as well as reviewing quarterly and annual reports for the AIDSTAR-One Injection Safety project. The Monitoring and Evaluation Officer has also taken the lead in the development of an impact assessment of the pilot WASH curriculum trainings in Ethiopia and Kenya as well as an assessment of the introduction and integration of co-trimoxazole provider job aids and client education materials in northern Uganda. Both care and support assessments were completed in FY 2012; the Monitoring and Evaluation Officer led both data collection and data analysis/reporting.

2. AIDSTAR-One.com

Over the life of AIDSTAR-One, the website has grown into a robust knowledge management platform for sharing HIV-related promising practices and technical resources. Working closely with the AIDSTAR-One technical teams, the KM Team has added to and enhanced each of the seven focus areas on the AIDSTAR-One website this fiscal year.

During this reporting period, the KM Team made a number of strategic improvements to the site architecture and navigation to facilitate use of the AIDSTAR-One website. For example, the KM Team leveraged the capacity of the open-source content management system to dynamically present related content through a keyword tagging system that allows related AIDSTAR-One technical resources from various focus areas and other USAID projects to be presented on a single page. Technical resources are connected by related keywords and contextualized using visual sign posts (i.e., icons and short descriptive text), allowing users to

quickly scan a wide range of resources related to a variety of technical topics. The keyword system also enhances the site's search functionality, allowing users to find content from multiple entry points across the site.

The KM team then applied open-source technology to build on this tagging system to create a dynamic map that features country-specific resources from AIDSTAR-One's field activities. This map is designed to demonstrate the depth of AIDSTAR-One's work globally and to showcase the field offices and their portfolios.

In order to facilitate navigation of the site, the KM team implemented breadcrumbs, which serve as signposts to help users navigate to resources of interest. AIDSTAR-One's KM team also made several updates to the resources section of the website, including creating dynamic landing pages for different types of HIV resources on the site. The landing pages allow users to filter products according to their focus area of interest and provide users with a snapshot of relevant resources from across the continuum of HIV prevention, treatment, care, and support.

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

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

- *Prevention:* The prevention section of the AIDSTAR-One website is rich with current resources on salient topics in HIV prevention. In this reporting period, the prevention section was updated with the publication of several new and updated HIV Prevention Knowledge Base (PKB) topics, spotlights, reports, technical consultation materials, technical briefs, and case studies. In this fiscal year, the KM Team and the Prevention Team produced the project's first podcast on reaching most-at-risk populations with social media initiatives. Additionally, the KM Team posted numerous event-related resources, including important information and videos from ICASA, the International Conference on AIDS, and the Emerging Issues in Today's HIV Response Debate Series.

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

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

Two case studies, one technical brief, one report, a spotlight, and a capacity assessment tool, as well as over 40 new or updated HIV Treatment Guidelines (including PMTCT guidelines) were also added to the treatment section of the site during this reporting period.

- *HIV Testing and Counseling (HTC)*: The HTC section has five pages that bring together resources on provider-initiated testing and counseling, home-based testing and counseling, most-at-risk populations, south-to-south technical assistance (S2S TA), and HIV rapid testing. These expanded sections are referred to as Special Topics in HTC and capitalize on the existing functionality found in the HIV Prevention Knowledge Base. Resources on these enhanced pages include literature reviews, as well as case studies and other tools to facilitate evidence-based program implementation. The HTC focus area continues to publish a periodic HTC Update, similar in format to the HIV Prevention Update, which provides summaries of literature and tools related to HTC to AIDSTAR-One subscribers who have identified HTC as an interest area.

The HTC section also grew this year with the addition of a report and several new case studies, including Thai and Spanish translations of these case studies.

- *Care and Support*: The draft training curriculum on water, sanitation, and hygiene (WASH) in health facilities was finalized and updated on the AIDSTAR-One site during this reporting period. As with the draft tool, the KM Team optimized the curriculum for low-bandwidth settings to allow users to more easily find and adapt particular WASH-related activities in which they are interested.

The KM Team also added two new tools and curricula pages. The first features low-literacy provider and client informational tools designed to increase appropriate prescription and use of the drug co-trimoxazole. The second page features palliative care resources that the Care and Support Team developed in collaboration with the African Palliative Care Association—work undertaken at the direction of the Africa Bureau.

- *Gender and HIV*: The gender section expanded rapidly during this reporting period. Over the fiscal year, 17 new case studies were added to the gender focus area. Five of these case studies expanded on programs included in the 2009 AIDSTAR-One

publication: *A Compendium of Gender Programs in Africa*. Nine others were part of a series related to gender strategies in concentrated epidemics. The KM Team brought together the nine case studies and an accompanying report on a dedicated landing page that allows users to quickly identify relevant programs that integrate gender strategies into programming for most-at-risk populations. The series also prominently features on the AIDSTAR-One homepage, and was developed into a Facebook app that became AIDSTAR-One's Facebook landing page during a period of heavy promotion. A third series of case studies, together with an accompanying findings report were developed to help program managers design, plan, and implement strategies to integrate gender-based violence within existing HIV, family planning, or reproductive health services and programs.

Another important resource added to the Gender section is the *Program Guide for Integrating GBV Prevention and Response in PEPFAR Programs*. The KM and Gender Teams worked closely to determine a format for this information that was both easy-to-use and that harmonized with the focus area structure of AIDSTAR-One.com. This resource has also been translated into French, Portuguese, Spanish, and Swahili. Additionally, the KM and Gender Teams have continued collaborating to ensure that the AIDSTAR-One site serves as a primary dissemination hub for the Gender TWG. This includes integrating materials from other PEPFAR partners, such as the Interagency Gender Working Group Gender and Health Toolkit and publications from *GoGirls!* and other PEPFAR gender special initiatives.

- *Orphans and Other Vulnerable Children (OVC)*: During this reporting period, the KM Team posted the *Permaculture Design for Orphans and Vulnerable Children Programming* technical brief, which has been frequented by a wide variety of users. Other additions to this section have included resources from the post-rape care technical consultation and a literature review. While OVC resources are posted on the AIDSTAR-One website, the OVC and KM Teams collaborate with AIDSTAR-Two to ensure that *OVCsupport.net* continues to be viewed as the primary clearinghouse for OVC resources.
- *Field Resources*: During this year, AIDSTAR-One worked closely with field offices to produce case studies, success stories, reports, and issue briefs. Through the aforementioned tagging and map technology, the KM team has been able to prominently feature and promote these resources on the website and across dissemination channels. Additionally, AIDSTAR-One has been growing its foreign language resources and has added Russian language and Spanish language pages to showcase these products.

3. Project Products and Dissemination

During FY 2012, AIDSTAR-One published and shared over seventy-five new products, as well as many of the project's existing resources, through its robust dissemination process. A thorough print and online publications approach ensures that the project is producing high

quality materials. The KM Team works closely with AIDSTAR-One technical teams to develop useful products that best meet the needs of HIV program planners and implementers.

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

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

In the second half of the fiscal year, AIDSTAR-One was very active at the International Conference on AIDS in Washington DC, where the KM team disseminated project resources both online—through Twitter, Facebook, blogs, and listservs—as well as offline at satellite events, poster presentations, and the final *Emerging Issues in Today's HIV Response* Debate. AIDSTAR-One also supported USAID's 5th Birthday campaign by participating in and promoting tweet-ups and events and widely disseminating relevant AIDSTAR-One and US Government resources.

AIDSTAR-One continues to reach out via the social media channels of USG partners, U.S. Missions, and other global health organizations with targeted posts to share new and relevant products. Finally, the KM Team increased its participation in HIV and other global health LinkedIn discussion groups to more effectively gauge and participate in current conversations around the global response to HIV.

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

In December 2011, AIDSTAR-One supported PEPFAR and USAID to provide video coverage of VMMC events at the ICASA Conference in Ethiopia. AIDSTAR-One now

features videos from the ICASA Press Conference to launch the Five-Year Action Framework for Accelerated Access to VMMC and a PEPFAR/UNAIDS Satellite Session on the Cost, Impact and Challenges of Accelerated Scale-Up in Eastern and Southern Africa.

During the International Conference on AIDS in July 2012, AIDSTAR-One produced its first audio podcast on the use of social media in programs with most-at-risk populations.

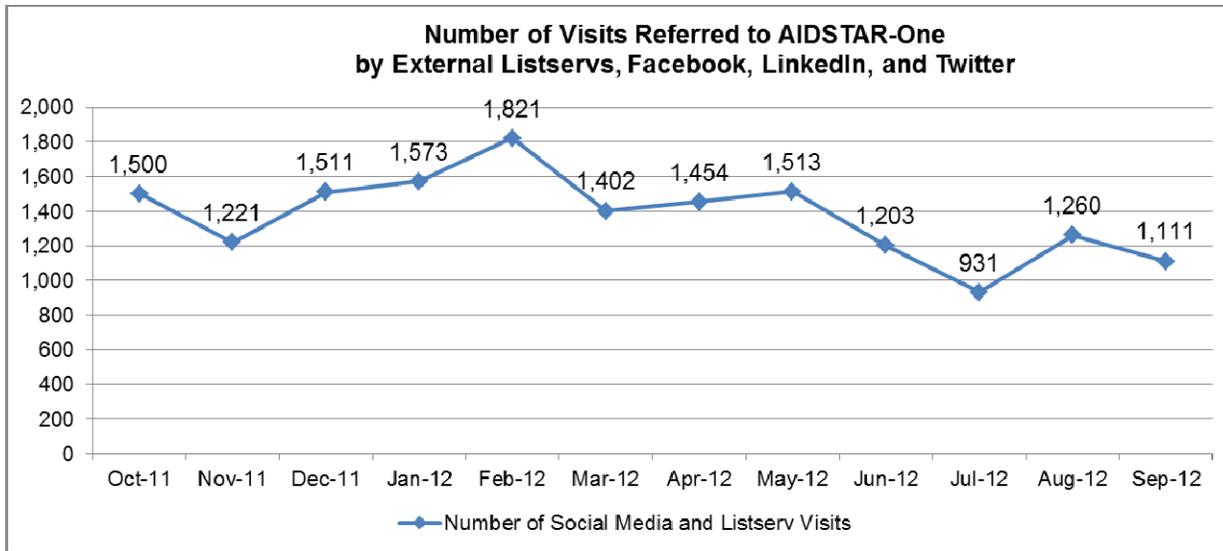
During FY 2012, AIDSTAR-One actively sought opportunities to contribute to HIV and global development blogs, including USAID’s IMPACTblog, the Global Health Council’s blog, JSI’s The Pump, and others. The KM Team worked with the technical teams to write and publish several blogs on topics including structural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

As mentioned earlier, the KM Team scaled up its participation in discussion boards and listservs related to HIV and global health. The project continues to contribute regularly to Afronets, the Global Health Delivery Forum, the Communications Initiative, HIPNet, the Interagency Gender and Youth Working Groups, HIV Atlas, and other prominent information sharing platforms. The project also works to cross-promote with other USAID and PEPFAR partners, such as Knowledge for Health, the Health Care Improvement Project, and OVCSupport.net among others. As a result of these partnerships and dedicated dissemination activities, traffic to the website increased steadily over the reporting period, resulting in over 16,036 visits (13% of all web traffic; see Figure 3 and Table 3).

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

Number of AIDSTAR-One Social Media Visits by Quarter, FY 2012						
FY 2012	Twitter	Facebook	LinkedIn	External Listservs	Total	% of Web Visits
Q1	432	842	451	2,507	4,232	14%
Q2	430	647	884	2,319	4,280	13%
Q3	942	311	888	2,081	4,222	14%
Q4	715	275	436	1,876	3,302	11%
FY 2012	2,519	2,075	2,659	8,783	16,036	13%

Figure 3. Number of visits referred to AIDSTAR-One



As part of AIDSTAR-One’s knowledge management strategy, the project produces periodic, topical e-newsletters designed to further PEPFAR’s goals and priorities. The monthly HIV Prevention Update continues to serve as the most popular e-newsletter for users. As new content is posted to each focus area of the AIDSTAR-One website, the KM team produces “What’s New” e-newsletters to alert subscribers of new resources as they become available. During FY 2012, the project disseminated “What’s New” e-newsletters for gender, HIV testing and counseling, prevention, and care and support. As meeting reports and resources from technical consultations are added to the website, AIDSTAR-One also notifies attendees via electronic communication.

In addition to focus area-specific information, AIDSTAR-One also disseminates its products and tools through its quarterly project newsletter, *The Link*. This e-newsletter serves as a major distribution vehicle for AIDSTAR-One and allows the project to position its work in the context of broader PEPFAR priorities. FY 2012, AIDSTAR-One sent out three issues of *The Link*, one covering combination HIV prevention and MSM issues in the first quarter, one covering the connection between Gender and HIV in the second quarter, and one covering issues for OVC and youth around the International Conference on AIDS.

The KM Team also supports AIDSTAR-One’s participation at appropriate conferences and events. During FY 2012, AIDSTAR-One coordinated a press conference, a pre-conference meeting, and a satellite session at the ICASA Conference in Ethiopia; a health care waste management conference in the United States; a care & support event in Ottawa; satellite and poster sessions at the International Conference on AIDS, two post-rape care events, and two HIV debates. Additionally, AIDSTAR-One was an active participant at several interagency events and working group meetings, such as the Social Media M&E Taskforce, HIPNET, CORE Group, the knowledge management working group, Harvard Center for AIDS Research, and others. At each of these events, AIDSTAR-One circulated copies of its materials, including case studies, technical briefs, brochures, and other relevant materials as appropriate.

The project distributed copies of its materials at relevant technical meetings and shared materials with Missions and in-country partners. In FY 2012, AIDSTAR-One disseminated over 14,905 hard copies of materials and 250 copies of the “In It to Save Lives” male circumcision DVDs. Additionally AIDSTAR-One printed and disseminated 5,000 copies of relevant case studies and reports at the International Conference on AIDS.

USAID Outreach and Dissemination

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

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

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

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

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

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

Case Studies—

- *Risky Business Made Safer: HIV Prevention in Zambia's Border Towns*
- *Allowing Men to Care: Fatherhood Project in South Africa*
- *Rebuilding Hope: Polyclinic of Hope Care and Treatment Project, Rwanda*
- *Earning Their Way to Healthier Lives: Women First in Mozambique*
- *Addressing HIV and Gender from the Ground Up in Kenya*
- *“Follow the Voice of Life”: HIV Prevention and Empowerment of MSM in Orenburg, Russia*
- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador*
- *Emergency Planning for HIV Treatment Access in Conflict and Post-Conflict Settings: The Case of Northern Uganda*
- *Breaking New Ground: Integrating Gender into CARE’s STEP Program in Vietnam*
- *Emergency Planning for ART Access in Conflict and Post-Conflict Settings: Post-election Violence in Kenya*

- *Getting in the Door: Home-Based HIV Testing and Counseling in Kenya*
- *“It Makes Me Want to Come Back Here”: Silom Community Clinic’s Approach to HTC among MSM in Thailand*
- *Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand*
- *The Jane Goodall Institute in Tanzania: Mainstreaming HIV Programming into Natural Resource Management and Economic Growth Activities*
- *Rwanda’s Mixed Epidemic: Results-based Strategy Refocuses Prevention Priorities*
- *District Comprehensive Approach for HIV Prevention and Continuum of Care in Maharashtra, India: Linking Resources for Antiretroviral Adherence*
- *Integrating HIV Care: Improving Programs, Improving the Lives of People Living with HIV*

Reports—

- *Co-trimoxazole Management and Availability*
- *Draft Capacity Assessment Tool: Transitioning Management and Leadership of PEPFAR HIV Care and Treatment Programs to Local Partners Introduction*
- *Draft Capacity Assessment Tool: Transitioning Management and Leadership of PEPFAR HIV Care and Treatment Programs to Local Partners*
- *Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa*
- *Program Guide for Integrating GBV Prevention and Response in PEPFAR Programs*
- *AIDSTAR-One Annual Survey 2011*
- *AIDSTAR-One Annual Report 2011*
- *AIDSTAR-One Semi-Annual Report 2010-2011*
- *Prevention Programming for Most-at-Risk Populations Event Report*
- *Scaling Up the Response to Gender-based Violence in PEPFAR Event Report*
- *Literature Review on Program Strategies and Models of Continuity of HIV/MNCH Care*
- *Reducing Alcohol-related HIV Risk in Katutura, Namibia: A Multi-level Intervention*
- *Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV*
- *Alcohol and Risky Sex: Breaking the Link*
- *Disposal of Expired ARVs and Test Kits in Nigeria: How Scrubbing and Quenching Became an Important Part of the Health Care Waste Management Process*
- *Strategy Development for Improving Safe Phlebotomy Practices in Nigeria*
- *Ensuring the Availability of Safe Injection Commodities in Nigeria*
- *Key Findings for Guiding Programming For MARPs In Mixed Epidemic Settings Event Report*
- *“There is no Health without Mental Health”: Mental Health and HIV Service Integration in Zimbabwe Situational Analysis*
- *Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Kenya*
- *Transitioning Care, Support, and Treatment Services for Adolescents Living with HIV Event Report*
- *PEPFAR Expert Meeting on Post-Rape Care for Children in Primary Health Centers that Provide HIV Care Event Report*
- *Health Care Waste Management in Uganda Fact Sheet*

Technical Briefs—

- *Human Rights Considerations in Addressing HIV among Men who Have Sex with Men*
- *Permaculture Design for Orphans and Vulnerable Children Programming*
- *WHO’s 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned*

- *Transitioning of Care and Other Services for Adolescents Living with HIV in Sub-Saharan Africa*
- *Public-Private Partnerships for a Centralized Waste Disposal Treatment Plant in Eastern Uganda*

Translations—

French, Swahili, Portuguese, and Spanish

- *Program Guide for Integrating GBV Prevention and Response in PEPFAR Programs*

Spanish

- *Different Needs But Equal Rights—Giving Voice to Transgender Communities through ASPIDH in El Salvador*
- *Uso de drogas y transmisión del VIH en América Latina (only available in Spanish)*
- *Promoting New Models of Masculinity to Prevent HIV among MSM in Nicaragua*
- *Latin America Regional Workshop on HIV Prevention with Most-at-Risk Populations Event Report*

Russian

- *Facilitating South-to-South Technical Support Toolkit*
- *Integrating Gender into Programs for Most-At-Risk Populations*
- *Assessment of Provider-Initiated Testing and Counseling Implementation: Cambodia*
- *Kyrgyzstan Key HIV Service Mapping Report*
- *Mental Health and HIV Technical Brief*
- *The International HIV/AIDS Alliance in Ukraine*
- *Promoting New Models of Masculinity to Prevent HIV among MSM in Nicaragua*
- *"Follow the Voice of Life": HIV Prevention and Empowerment of MSM in Orenburg, Russia*

4.0 MAJOR ACCOMPLISHMENTS—CENTRALLY FUNDED

4.1 Introduction

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

This section presents major accomplishments during FY 2012 for six technical areas:

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

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

Summary and Major Accomplishments

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

Status of Workplan Activities

1. Prevention on the AIDSTAR-One Website

During FY 2012, 33,769 unique visitors from 192 countries visited the prevention section of the AIDSTAR-One website. Thirty percent of these visitors were from Africa. The HIV Prevention Knowledge Base remains the most accessed resource on the AIDSTAR-One

website. Overall, 15 percent (43,075) of all AIDSTAR-One unique pageviews were to the Prevention Knowledge Base, and 4 of the top 10 webpages during this reporting period were Prevention Knowledge Base topic pages. The Prevention Knowledge Base was accessed by 18,775 unique visitors from 177 countries during this reporting period, and 33 percent of visitors were from Africa. As of September 2012, the HIV Prevention Knowledge Base included 29 topics. The most accessed topics include multiple and concurrent partnerships, mass media and HIV prevention, and structural approaches to HIV prevention. Two new entries were posted during FY 2012: 1) diagnosis and treatment of sexually transmitted infections, and 2) HIV testing and counseling as prevention.

In accordance with the FY 2012 workplan, several Prevention Knowledge Base entries have undergone major or moderate revisions. The updated sections include:

- Antiretroviral therapy as an HIV prevention strategy
- Combination HIV prevention (overview)
- Comprehensive condom use programs
- Comprehensive sexuality education
- HIV prevention for serodiscordant couples
- Microbicides
- Oral pre-exposure prophylaxis for HIV prevention
- Voluntary male medical circumcision (VMMC).

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

Revisions to an additional three sections are underway as of September 30, 2012, with other minor revisions planned to begin shortly thereafter based on new information that emerged around the July 2012 International AIDS Society conference and recent literature. Through the continuous revision process and coordination with the release of seminal information on HIV prevention, the Prevention Knowledge Base remains a current, rich resource for programmers and policymakers.

2. e-Periodicals and New Media

HIV Prevention Update

Since October 2011, with support from USAID, the Prevention Team published eleven monthly issues of the HIV Prevention Update. As in previous years, a single issue covering December 2011 and January 2012 was published. Since this time last year, subscribers to the Prevention Update have increased 22 percent from 3,748 to 4,197. The HIV Prevention Update continues to drive traffic to the website. The HIV Prevention Update was the third most accessed resource on the AIDSTAR-One website in FY 2012, drawing over 12,832 unique pageviews (4.6 percent of the site's total unique pageviews). On the day that the September 2012 issue was disseminated, there was an over 70 percent increase in both visits and absolute unique visitors compared to the same day the previous week. Over one-third (35 percent) of all visits to the HIV Prevention Update webpage are generated by users

coming in from Africa—an increase from 29 percent in FY 2011. Since October 2011, users from 140 countries have accessed the HIV Prevention Update on the AIDSTAR-One website.

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

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

Spotlight on Prevention

The Spotlight on Prevention is an editorial series authored by a leader in the field of HIV prevention. In FY 2012, the Prevention Team produced and posted on the AIDSTAR-One website three Spotlights on Prevention:

- *Eliminating Pediatric AIDS: What It Will Take and What It Will Bring* by R. J. Simonds and Laura Guay. This spotlight describes how sustained research successes during the first two decades of the AIDS epidemic, an unprecedented expansion of HIV prevention and treatment programs during the last decade, and recent global attention and leadership have set the stage for the virtual elimination of new HIV infections in infants in the next decade.
- *Reinvigorating Condoms as an HIV Prevention Tool* by Krishna Jafa and Steven Chapman. This editorial summarizes the evidence on condoms for HIV prevention, discusses barriers and opportunities regarding supply, and proposes ways to reinvigorate the use of condoms as an HIV prevention tool. Condoms play a vital role in both primary prevention and in interventions for the promotion of positive health, prevention, and dignity for people living with HIV.
- *Ready, Set, Rectal Microbicides: An Update on Rectal Microbicide Research and Advocacy* by Jim Pickett. This editorial focuses on recent initiatives and ongoing studies highlighting the importance of rectal microbicides as part of the HIV prevention toolkit.

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

The Prevention Team held conference calls with members of the MSM Policy Working Group, the American Foundation for AIDS Research, and the Global Forum on MSM & HIV to share ideas on the best audiences, content, and approaches for this product. The ten minute podcast produced by the AIDSTAR-One Prevention and Knowledge Management Teams provides insight into TLBz's Sexperts program, a growing HIV prevention program based in Chiang Mai, Thailand. Sexperts is using social media—including Facebook, YouTube, and online chats—to reach transgender people—a population that is at-risk for HIV infection—with important health messages.

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

In FY 2012, AIDSTAR-One provided logistical support to the co-sponsored USAID-World Bank debate series, Emerging Issues in Today's HIV Response. During this reporting period, meeting reports from this series were downloaded approximately 495 times, and 29 percent of these downloads were from visitors accessing the website from Africa.

In the first debate of in FY 2012, held in October 2011, experts discussed the topic of treatment as prevention, reflecting critical questions that came out of observational studies and a recent prospective clinical trial demonstrating the effectiveness of antiretroviral therapy for HIV prevention. The World Bank's live video conferencing and webcasting capacity was leveraged so that over 800 people registered to participate either in person at the World Bank or from remote locations across Africa, Europe, and Latin America. In the second and final debate of FY 2012, held in conjunction with the 2012 International AIDS Society conference in July 2012, experts discussed the proposition, "Continued AIDS investment by donors and governments is a sound investment, even in a resource-constrained environment." The debaters focused on the key issues of the moral imperative and financial feasibility of continuing the investments that have enabled improvements in decreasing AIDS-related morbidity and mortality thus far, and negative impacts of HIV funding on support for other major preventable problems over the past decade. The final debate was held at the World Bank's Preston Auditorium (attended by 375 people), screened live at a satellite session at the International AIDS Society Conference (attended by 60 people), and watched by more than 1,000 people via live webcast and blog on the World Bank website in English, French, Spanish, and Arabic.

4. Mixed Epidemics in West Africa

AIDSTAR-One, in collaboration with USAID's West Africa Regional Health Office in Accra, Ghana, facilitated a skills building workshop held May 2–3, 2012, in support of regional HIV prevention activities. The workshop contributed to the regional health office's three-fold strategy: 1) to expand evidence-based prevention activities to underserved MARPs, 2) to implement interventions that are replicable, scalable, and results-oriented, and 3) to increase regional and global knowledge of prevention programming for mixed epidemics.

The action-oriented regional skills building workshop was tailored to the perspectives of 14 participants representing national government, planning bodies, civil society organizations, and key populations in the two countries. The goal of the workshop was to facilitate innovative thinking and help answer questions on how to make progress in HIV prevention programming for MARPs, such as, "What more can be done given existing and untapped resources?" and "How can we mobilize resources and create partnerships for action?" The workshop also sought to offer new tools for problem analysis and participatory planning that are specifically appropriate for answering these key questions. Participants proposed concrete and discrete activities to address the main challenges they face and to facilitate south-to-south exchange of information among meeting participants. A workshop report with

guiding principles was developed, disseminated to participants, and posted on the AIDSTAR-One website.

The design and content of the workshop were developed as a result of findings from a program review of HIV prevention programming in Burkina Faso and Togo, conducted in April by AIDSTAR-One. The program review consisted of in-depth interviews with 54 organizations and identification of existing MARPs programs with the potential to be replicated and brought to scale. The interviews with programmers, planners, and clients revealed several major challenges: severely constrained resources and the related issues of inadequate service coverage; stigma and marginalization of MSM, sex workers, and other key populations contributing to the challenge of identification, size estimations, and inclusion of key populations in program planning and implementation; and poor communication and coordination among many of the key actors (civil society and nongovernmental organizations, the national government, etc.).

5. Reducing Alcohol-Related HIV Risk

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

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

- Completed training for community mobilization volunteers recruited in late FY 2011 and early FY 2012 and implemented community mobilization activities
- Established a Community Action Committee which convened regularly throughout FY 2012, helped develop community outreach initiatives, and provided support to the community mobilization volunteers
- Developed the Alcohol Traders' Program Manual, which outlines the training and ongoing mentorship and monitoring for participating bar owners and staff
- Initiated implementation of the Alcohol Traders' Program activities and conducted follow-up monitoring and support visits
- Led study tour to exchange information between the Society for Family Health and Soul City, which is developing a similar training and mentoring project for alcohol traders in South Africa
- Conducted mid-term review of the demonstration project
- Developed endline survey instruments by adapting baseline survey tools, and developed qualitative tools
- Completed qualitative interviews with project stakeholders (e.g., bar owners, bar staff, bar patrons, community mobilization volunteers, and community leaders)

- Provided technical support and oversight of endline survey implementation
- Initiated endline data analysis.

Data analysis from endline survey and qualitative interviews began at the end of FY 2012; a final project report will be completed and an article for potential submission to a peer-reviewed journal will be drafted in October/November 2012.

6. Structural Interventions

In FY 2012, the Prevention Team promoted efforts toward operationalizing structural programming at the country level through progress on three broad activities in the structural portfolio.

Position Papers

In collaboration with the Prevention TWG, the team selected expert authors for the development of a set of position papers addressing key issues relevant to the advancement of structural prevention programming. The papers and their authors include:

- Expert papers by Charlotte Watts and Lori Heise; Paul Pronyk; James Hargreaves; Justin Parkhurst; and Kelly Hallman
- Field expert paper by Cynthia Bowa and Timothy Mah
- AIDSTAR-One report of findings from field interviews.

The papers are anticipated to be ready for review in October 2012.

Satellite Session at the 2012 International AIDS Society Conference

The team organized a satellite session at the 2012 International AIDS Society Conference. The satellite leveraged experts and key stakeholders, providing a venue for the discussion of pivotal issues for structural programming. Panelists highlighted a range of issues and the state of the evidence and practice, including key questions such as how to conceptualize and define structural interventions, how to evaluate structural interventions, and how to implement and promote learning in the field as promising programs are scaled. Panelists included experts in these specific areas as well as implementers working at the field level, representing challenges and potential solutions currently being adopted in the field.

Field Resource Tool

The Prevention Team is developing a field-oriented guidance resource tool for structural programming that complements and cross-references the expert papers with clear, accessible information for structural programming. AIDSTAR-One is seeking virtual input from implementers in the field to complement desk research. The tool will: a) provide a framework for a common understanding of structural approaches; b) provide an approach to help determine what structural interventions are needed in a particular context; and c) outline resources and good practices for the field.

7. 2012 International AIDS Society Conference Satellite Session on Youth

The Prevention Team collaborated with the Africa Bureau and the HIV Testing and Counseling Teams to coordinate a satellite session at the 2012 International AIDS Society conference in July. Please refer to the Africa Bureau section of this report for further details.

8. Prevention for Men Who Have Sex with Men

MSM Guidelines Dissemination Meetings (three meetings)

The MARPs TWG asked AIDSTAR-One to support PEPFAR's dissemination of Guidelines on Comprehensive HIV Prevention for Men Who Have Sex with Men.

- The Prevention Team provided technical and logistical support for the first meeting in Johannesburg, South Africa from February 14-16, 2012. The meeting was attended by 150 participants from 22 countries. Following the meeting, the Prevention Team developed a webpage featuring all meeting presentations and related documents. The meeting report has been completed and approved by the MARPs TWG and is currently in review with the USAID Management Team and is expected to be posted on the AIDSTAR-One website in October 2012.
- The second meeting, Asia Regional Workshop on HIV Programming for MSM and Transgendered Persons, was conducted August 28-30 in Bangkok, Thailand. Eighty-two attendees from 19 Asian nations, the United States, Europe, and Australia participated in the meeting. Meeting participants shared information on program and research activities in their countries and learned about recent advances and best practices in HIV prevention technologies and their potential for increasing HIV prevention options for MSM and transgendered persons. A webpage featuring all meeting presentations and related documents was posted in September 2012. The meeting report was submitted to the MARPs TWG in September 2012.
- The third regional meeting for the Latin American and Caribbean region was cancelled by the MARPs TWG.

Technical Brief on Scaling Up Pre-Exposure Prophylaxis

At the request of the MARPs TWG, the Prevention Team was asked to develop a technical brief covering programmatic considerations in integrating pre-exposure prophylaxis into services for MSM in non-clinical settings, and incorporating the perspectives of MSM and transgender communities on pre-exposure prophylaxis. However, this activity was removed from the workplan in December 2011 at the request of the MARPs TWG. Funds from this cancelled activity were reprogrammed. The Prevention Team was asked to provide technical and logistical support to a two-day state of the art meeting on the use of technology and innovation for treatment and prevention for MSM. This two-day meeting will involve approximately 35-40 participants. The meeting is planned to take place in January 2013. AIDSTAR-One will also draft and post a report following the meeting.

International AIDS Society Conference Pre-Event

The Prevention Team was asked by the MARPs TWG to contribute financially to the fifth MSM pre-conference event to the 2012 International AIDS Society conference held in Washington, DC in July 2012. The event, From Stigma to Strength: Strategies for MSM,

Transgender People and Allies in a Shifting AIDS Landscape, gathered about 500 activists, researchers, implementers, and donors focused on the health and human rights of MSM.

9. Comprehensive Approaches for People Who Inject Drugs

Case Study on Programs for People Who Inject Drugs

A case study, *Uniting to Build HIV Prevention for Drug Users: The Georgian Harm Reduction Network*, was completed and submitted to the MARPs TWG in August 2012. The case study describes Georgian Harm Reduction Networks' success in creating effective treatment and prevention services throughout the country and in advocating for legal and policy change in Georgia. AIDSTAR-One received comments and feedback from the TWG in September 2012 and is in the process of finalizing the case study. This case study is expected to be posted on the AIDSTAR-One website in October 2012.

Centers for Disease Control and Prevention Toolkit for HIV Prevention for People Who Inject Drugs

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

10. Prevention Interventions for Sex Workers

In FY 2012, AIDSTAR-One initiated a case study on comprehensive prevention programs that appropriately target the needs, preferences, and communication channels of sex workers. The case study examines the Targeted Outreach Project in Myanmar, which is implemented by PSI. This program was selected from a matrix developed in conjunction with the Spotlight on Prevention, *A Holistic Approach to HIV Prevention Programming for Female Sex Workers*, published in August 2011. Field work was conducted in May 2012 and a draft was reviewed by the MARPs TWG in late FY 2012. Comments from the USAID Regional Office in Thailand are still pending. The case study will be finalized in early FY 2013.

11. Voluntary Medical Male Circumcision

In June of FY 2011, AIDSTAR-One launched the VMMC advocacy video, "In It to Save Lives: Scaling Up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Public Health Impact." The video targets national leaders and decision makers in the 14 priority countries in Southern and Eastern Africa where there is high HIV prevalence and low male circumcision coverage. AIDSTAR-One continues to support broad dissemination of the VMMC advocacy video. The video has been viewed 4,576 times online (since launch in June 2011) with views in 114 countries, including 21 in sub-Saharan Africa. The video has been downloaded 118 times during FY 2012 (260 total downloads since launch); over half of these downloads (54 percent) were from visitors accessing the website from Africa.

The film was also posted on Richard Branson's blog on Virgin.com. Since October 2011, 739 visitors have watched the film on filmmaker Lisa Russell's blog (981 visitors since launch). The Gates Foundation also highlighted the film, which has been played 42 times on their website since launch. Visitors to the Male Circumcision Clearinghouse have viewed the video 737 times during FY 2012 (822 times since launch). AIDSTAR-One has also disseminated over 760 hard copies of the DVD since October 2011 (5,144 hard copies since launch).

In June 2012, AIDSTAR-One and Maternal and Child Health Integrated Program (MCHIP) project staff established plans to update the film to contain material related to the VMMC program in Tanzania and remove the material on the program in Swaziland, per the request of the U.S. Government Prevention Team Technical Lead. This work will be carried out under the MCHIP project, although AIDSTAR-One Prevention and Knowledge Management Team staff are working with MCHIP to ensure that the product remains consistent and that the revised video will be co-branded with MCHIP and AIDSTAR-One logos.

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

- Revised and expanded AIDSTAR-One's Prevention Knowledge Base entry on VMMC
- Developed, printed, and disseminated bookmarks linking to the VMMC Prevention Knowledge Base and other critical VMMC resources
- Provided logistical support for 35 participants to attend a pre-ICASA consultation meeting to review the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy for Accelerated Scale-Up of VMMC in Eastern and Southern Africa
- Video recorded the U.S. Government-supported VMMC satellite session, which launched a supplement of the *PLoS* online journal focusing on implementing VMMC
- Provided logistical support for a high-level press conference with Ambassador Goosby, former Botswana President Mogae, and UNAIDS Executive Director Michel Sidibé; this press conference highlighted the launch of the WHO and UNAIDS strategy
- Developed a webpage on the AIDSTAR-One website for key VMMC materials from ICASA including video footage and photos from the press conference and satellite session, presentation slides, and the technical consultation meeting report.

Finally, AIDSTAR-One, in collaboration with the MCHIP project HIV/AIDS and Tuberculosis Team Leader, has led the development of a case study to explore the potential relationship between diverse VMMC service delivery modalities and client socio-demographic profile in the Iringa region of Tanzania and in Zimbabwe. Specifically, the aim is to explore access of service delivery models by age distribution of clients. In June 2012, primary data collection was carried out in Tanzania and Zimbabwe and a draft of the case study was submitted to the Prevention Team technical lead in September 2012. It is expected that the case study will be finalized and posted to the AIDSTAR-One website in November 2012.

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

Summary and Major Accomplishments

During FY 2012, the Treatment/PMTCT Team worked closely with the PEPFAR Technical Working Group (TWG) and AIDSTAR-One partner organizations to complete carryover activities from the previous workplan and implement new adult, pediatric, and PMTCT initiatives. The treatment focus area on the AIDSTAR-One website had 9,090 unique visits from 159 countries, and the PMTCT focus area had 9,221 visits from 135 countries.

Approximately 31 percent of treatment visitors and 46 percent of PMTCT visitors accessed the website from Africa. Key treatment and PMTCT accomplishments include:

- A technical brief, *World Health Organization's 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned*, was completed and posted to the AIDSTAR-One website to serve as a point of reference for policymakers and program managers trying to adapt and implement revised national HIV treatment guidelines.
An assessment of pediatric HIV treatment scale-up in Nigeria was completed. Over 1,500 pediatric and adolescent charts were reviewed and data on treatment outcomes, morbidity, lost to follow-up and mortality were collected. Data analysis and a final report of the assessment has been completed. This activity was selected as a poster presentation at the American Society of Tropical Medicine and Hygiene (ASTMH) meeting to be held in November 2012.
- A technical report entitled, *Rapid Assessment of Pediatric HIV Treatment in Zambia*, which details barriers to pediatric treatment scale up in that country was completed and posted to the AIDSTAR-One website.
- A compendium of resources entitled, *Health Information Technology for Continuous Quality Improvement of HIV Treatment Programs*, was approved in FY 2011. The interactive version of this compendium was completed during the first half of FY 2012 and is available on the AIDSTAR-One website. This activity was selected as a poster presentation to be given at the ASTMH meeting which will be held in November 2012.
- Data collection for a comprehensive PMTCT assessment in Tanzania was completed. A detailed presentation was made to the U.S. Government team in Tanzania. An abstract entitled, *The Impact of PMTCT and MNCH Integration on Access to PMTCT Services for HIV-positive Women in Tanzania*, was accepted for poster presentation at the 2012 International AIDS Society Conference held in July 2012.
- A technical brief, *HIV Treatment in Complex Emergencies, A Compendium*, which outlines best practices for maintaining access to antiretroviral therapy (ART) in emergency settings and details the experiences of six countries, was approved and posted to the AIDSTAR-One website. This activity was selected as an oral presentation to be given at the ASTMH meeting which will be held in November 2012.
- A technical brief, *Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners*, was approved and posted to the AIDSTAR-One website. The Treatment Team has also developed a *Capacity Assessment Tool*

for Use in Transitioning Management and Leadership of HIV Care and Treatment Programs to Local Partners. A draft of the tool has been approved and is posted to the AIDSTAR-One website. Piloting of the tool was completed in Nigeria.

- The PMTCT/MNCH integration assessment report for health facilities in Tanzania was approved by the AIDSTAR-One Management Team, posted to the website, and disseminated.

Status of Adult and Pediatric Treatment Workplan Activities

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

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

In addition to these case studies, a compendium of best practices in contingency planning for provision of ART in complex emergencies was completed and posted to the AIDSTAR-One website. This activity was accepted for oral presentation at the ASTMH meeting to be held in November 2012.

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

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

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

In Nigeria, the AIDSTAR-One Treatment Team worked closely with the Treatment TWG, USAID Nigeria Mission, and Federal Ministry of Health to plan and implement the Nigerian assessment, which covered 23 sites in 10 states. Local data collectors were trained and tools were piloted at three pediatric treatment facilities in Abuja in the first quarter of FY 2012. Analysis of the Nigeria assessment data began in the second quarter of FY 2012 followed by report writing in the third and fourth quarters. This report has been approved by the TWG for approval and is undergoing copyediting. A poster detailing this assessment will be presented at the ASTMH meeting in November 2012.

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

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

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

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

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

As HIV treatment is scaled up, monitoring and evaluating patients' quality of care and clinical outcomes is of growing importance. The Treatment Team has compiled a compendium of monitoring and evaluation approaches currently in use in the public and private sectors, as well as research on novel health information technology and continuous quality improvement strategies. This compendium was approved by the TWG in FY 2011, and has been adapted for use as an interactive online tool and posted to the AIDSTAR-One website. This activity was selected as an oral presentation to be given at the ASTMH meeting which will be held in November 2012.

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

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

7. Mental Health Pilot Project

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

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

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

9. National HIV Treatment Guidelines Database Update

Adult, adolescent, and/or pediatric national treatment guidelines for 50 countries have been summarized and posted on the AIDSTAR-One website. The national treatment guidelines database received over 3,900 unique page views in FY 2012 and individual country guidelines were downloaded over 620 times. The summary table of HIV treatment regimens was downloaded 205 times from 33 countries during this period; up from 51 downloads in FY 2011. In FY 2012, 41 additional country guidelines have been collected and summarized. They are currently under review and will be posted to the interactive summary table on the AIDSTAR-One website. Once they are posted, a total of 60 country guidelines will be included in the database.

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

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

11. Pediatric Disclosure Materials

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

In September 2011, WHO published guidelines on HIV disclosure counseling for children up to 12 years of age. These guidelines provide guidance to health care workers to support caregivers with the disclosure of HIV status. The organizations South to South and Francois Xavier Bagnoud used this and other guidance to inform a set of three booklets and cue cards on step-by-step disclosure for use with HIV-positive children by providers and caregivers of children living with HIV. In addition, Teen Club Botswana, operated by the Baylor International Pediatric AIDS Initiative, produced a comprehensive question and answer guide for adolescents living with HIV in Botswana. The AIDSTAR-One Treatment Team has been working with these organizations in FY 2012 to: 1) adapt the materials to increase applicability to a number of countries with high HIV-burden; 2) add a section to Teen Talk on transitioning to adult care; 3) translate materials into French, Portuguese, and Xhosa to reach a wider audience; and 4) disseminate the finished product and posting to the AIDSTAR-One website. Content and graphic edits to the English version of South to South booklets have been completed and are ready for review. The content for the English version of Teen Talk has been approved by the TWG and is undergoing translation and graphic updates.

12. Treatment Failure in Children and Adolescents

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

AIDSTAR-One has launched a study to determine the prevalence of missed HIV treatment failure, as measured by clinical, immunologic, and virologic outcomes in a clinical pediatric and adolescent cohort in Zimbabwe. The study is being completed at the University of Zimbabwe, College of Health Sciences, Parirenyatwa Hospital Family Care Centre. The study components include a retrospective chart review of all children and adolescents enrolled in HIV care from January 2005 to December 2011, with an assessment of the retention rate and factors affecting attrition from care, and a cross-sectional evaluation of clinical and laboratory parameters with assessments of adherence among children and adolescents currently retained in care. The study protocol has been reviewed and approved by the Joint Research Ethics Committee at the University. The in-country research team has completed the retrospective chart review and enrollment into the prospective component of the study is ongoing.

Status of PMTCT Workplan Activities

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

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

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

2. PMTCT/MNCH Integration Assessment in Nigeria

Data collection for the Nigeria assessment of level of integration of PMTCT and MNCH services in 101 health facilities was completed in July 2012 in collaboration with a Nigerian consultant organization. The team is now awaiting site level, aggregated data from six implementing partners in order to complete data analysis. The assessment has two goals: 1) an assessment of the U.S. Government-supported PMTCT program in Nigeria, and 2) an assessment of the impact of PMTCT and MNCH on overall program quality. Once all data is received, the team will complete the analysis and report, and submit to USAID/Nigeria and the TWG for review and approval.

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

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

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

clipboards, folders, pens, and pencils were procured and distributed to the 35 community health workers. Data collection for the first month and the first supportive supervision visits were conducted in April. End line data collection will occur in October 2012 and will include quantitative data and key informant interviews with community health workers, health-care providers, and women in intervention villages who met with community health workers regarding PMTCT. Analysis and report writing will commence following end line data collection. Once approved by the TWG and USAD Management Team, the report will be submitted to the Tanzanian Ministry of Health to inform best practices and policy surrounding the use of community health workers to increase PMTCT access and referrals.

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

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

The first case study, conducted in June 2012 in the Democratic Republic of the Congo, showcases a champion community model that improved early infant diagnosis outcomes. This case study has been approved by the TWG and undergoing copy editing. The second case study will focus on a program that implemented community mother-baby pair follow-up registers to reduce attrition along the PMTCT cascade in Zambia. This case study will be conducted in the first quarter of FY 2013. A country for the third case study has not been identified. Once completed, these case studies will be posted on the AIDSTAR-One website.

4.4 HIV Testing and Counseling

Summary and Major Accomplishments

Throughout FY 2012, the HIV Testing and Counseling (HTC) Team, in collaboration with the HTC Technical Working Group (TWG), accomplished and finalized activities aimed at delivering valuable HTC technical assistance and resources. AIDSTAR-One's HTC Team has increased its online presence and exposure through product dissemination. The HTC Team developed several new web-based resources, including online tools for provider-initiated testing and counseling (PITC) and home-based HIV testing and counseling (HBHTC). The HTC Team was preparing for the global 2nd International HIV Testing and Counseling Workshop: Towards an AIDS-Free Generation: Critical Strategies for Quality HIV Testing and Counseling in South Africa, yet the technical consultation was cancelled due to changes in regulations regarding U.S. Government spending on meetings and travel. As a result, various new and exciting activities were approved by the HTC TWG and are currently

underway during the final stages of AIDSTAR-One. For example, in collaboration with the HTC TWG and USAID/Namibia, the HTC Team is conducting a rapid assessment of over-the-counter HIV self-testing kits to understand the extent and use of self-test kits in Namibia. With new advances in HIV treatment and prevention, HTC remains the critical gateway to increasing HIV diagnosis and linkage to treatment, care, and support services. As advancements in HTC models, such as PITC and HBHTC, and HIV self-testing are further being implemented, AIDSTAR-One has been a key mechanism in highlighting these various HTC approaches, best practices, and programs.

Highlights of accomplishments of FY 2012 include:

- Completed all HBHTC activities, including the widely-accessed and disseminated case study *Getting in the Door: Home-based HIV Testing and Counseling in Kenya*. With the completion of the case study, AIDSTAR-One offers a valuable package of HBHTC resources and tools.
- Completed and disseminated two case studies that illustrate innovative approaches to increasing HTC uptake among transgender populations and men who have sex with men (MSM) in Thailand. These case studies were also posted on the Communication Initiative Network's website and the case study, *"I'm Proud of My Courage to Test": Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand*, was translated into Spanish and Thai to further circulate the effective approaches in reaching transgender populations to a wider audience. The English, Spanish, and Thai versions are all available on AIDSTAR-One's website.
- Implementing a rapid assessment of over-the-counter HIV self-test kits in Namibia.

Status of Workplan Activities

1. Provider-Initiated Testing and Counseling

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

2. Home-based HIV Testing and Counseling

As a pioneering method of HTC, HBHTC may reach more first-time testers compared to facility-based models and remove associated barriers; however is not an appropriate for all epidemics and contexts. The HTC Team finalized its portfolio of HBHTC resources and technical assistance in FY2012. In the first half of FY 2012, the team completed and disseminated the HBHTC literature selection and *Getting in the Door: Home-based HIV*

Testing and Counseling in Kenya case study, which was among the most-downloaded resource on the AIDSTAR-One website in the second quarter. The case study focuses on successes, lessons learned, and elements to ensure quality from seven of Kenya's innovative HBHTC programs. The case study complements the recently released, HBHTC implementation guidance, *Planning, Implementing, and Monitoring Home-based HIV Testing and Counseling: A Practical Handbook*, by the U.S. Centers for Disease Control and Prevention (CDC), in collaboration with AIDSTAR-One. The HTC Team also developed an HBHTC literature selection that provides an evidence-base for program planning and implementation, and was updated to include recent research, practical experiences, and relevant abstracts from the 2011 International AIDS Society Conference and the Conference on Retroviruses and Opportunistic Infections.

3. HIV Rapid Testing

The HTC Team produced and disseminated the *Rapid Testing-Rapid Results: Increasing Access to HIV Testing, Results, and Services in Asia and the Pacific* technical consultation report in the first quarter of FY 2012. Developed from the HIV rapid testing technical consultation in April 2011 in Thailand, the report highlights experiences and recommendations from key HIV rapid testing stakeholders and implementers. The report was disseminated to an array of outlets (including AIDS-Asia, AIDS-India, SEA-AIDS, and Stigma Action Network listservs) to reach a relevant audience in Asia. Following the success of the technical consultation and meeting report's findings, the Pan-American Health Organization requested AIDSTAR-One's involvement in a South American regional HTC technical consultation in Bogotá, Colombia in April 2012 (refer to Activity 10 for details of this meeting).

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

The HTC Team developed two case studies capturing inventive and effective program approaches to increasing HTC uptake among MSM and transgender populations in Thailand. The first case study, *"It Makes Me Want to Come Back Here": Silom Community Clinic's Approach to HIV Testing and Counseling among Men Who Have Sex with Men in Bangkok, Thailand*, presents how Silom Clinic provides confidential, non-judgmental, and client-centered HTC services for MSM. The second case study, *"I'm Proud of My Courage to Test": Improving HIV Testing and Counseling among Transgender People in Pattaya, Thailand*, highlights the Sisters program—organized by and for transgender people—which has contributed to increased HTC uptake among the transgender community. The case studies were widely disseminated in the first half of FY 2012, including reaching targeted Asian outlets. Further, because of increased HIV prevention programming targeting transgender populations in Latin America, the *Sisters* case study was translated into Spanish. The case study was also translated into Thai (at the request and expense of the program). The translated versions were disseminated to relevant outlets and organization. AIDSTAR-One aimed to increase an extensive audience of program planners and implementers' awareness about effective strategies of including and targeting transgender populations.

5. Technical Assistance to the Democratic Republic of the Congo

At the beginning of FY 2012 the PITC technical assistance to the Democratic Republic of the Congo (DRC) seemed reinvigorated; however, due to various obstacles encountered with the National AIDS Program (PNLS) and the USAID/DRC Mission's competing priorities, the DRC Mission and USAID/Washington agreed to print draft materials and conclude the PITC technical assistance to the DRC. The final activities that the HTC Team were able to provide included: printing draft training materials for a PITC pilot training and printing draft PITC pocket guides, which were intended to be reviewed at the pilot training. Remaining funds from this activity were added to funds for reprogramming.

6. International AIDS Society 2012 Conference Participation

AIDSTAR-One's HTC Team submitted two abstracts and one workshop concept for the 2012 International AIDS Society Conference in Washington, DC. The focus of the submissions were on a participatory process used to write a transgender case study, south-to-south HBHTC technical assistance in Swaziland, and HBHTC guidance and best practices. The abstracts and workshop unfortunately were not accepted. However, AIDSTAR-One was a co-author on the CDC's HBHTC abstract that highlighted the HBHTC implementation guidance handbook. The abstract was accepted and presented in collaboration with the CDC, the Liverpool School of Tropical Medicine, and AIDSTAR-One.

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

The 2nd International HIV Testing and Counseling Workshop: Towards an AIDS-Free Generation: Critical Strategies for Quality HIV Testing and Counseling was approved by USAID's Office of the Global AIDS Coordinator and the planning, date, venue, etc. were confirmed for September 2012 in Johannesburg, South Africa. This meeting, originally regional in scope, evolved into a global meeting for 150 participants to move forward HTC best practices and new innovations in support of U.S. Government efforts to promote an "AIDS-free generation." However, due to a recent memorandum released by the White House regarding U.S. Government agencies' spending on meetings, conferences, and travel, USAID was required to cancel the meeting due to budget concerns. The remaining funds from this activity were reprogrammed.

8. Online HIV Testing and Counseling Forum

This activity has been cancelled. A portion of the funds from this activity were designated to supporting the 2012 Pan-American Organization Meeting activity (see Activity 10). The remaining funds were reprogrammed to newly approved activities.

9. Linkages from HIV Testing and Counseling

This activity was cancelled and the funds were reprogrammed to newly approved activities.

10. HTC in Latin America: Pan-American Health Organization Meeting 2012

Following the successful Rapid Testing-Rapid Results: Increasing Access to HIV Testing, Results, and Services in Asia and the Pacific technical consultation in April 2011 in Thailand, the Pan-American Health Organization requested AIDSTAR-One's involvement in a similar HIV rapid testing meeting in Latin America in early 2012. AIDSTAR-One's HTC technical advisor and a civil society representative with experience in prison work attended the South American regional HTC meeting held in Colombia in April 2012. AIDSTAR-One is working with USAID's HTC TWG to reprogram the remaining funds.

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

Fear of stigma, discrimination, and public knowledge of HIV serostatus are some factors that lead people to self-test for HIV. Self-screening for HIV has been found to occur among health workers in Kenya, although the extent of HIV self-testing in countries where over-the-counter test kits are available is less clear. In Namibia, selling of HIV self-screening kits is known to exist through private sector pharmacies; however the extent of use, by whom, and quality of the test kits remain unclear. A better understanding of the availability, extent, and use of HIV self-screening in Namibia could help inform policymakers and program planners regarding HIV policies, guidelines, programs, and strategies. Using a portion of the funds for reprogramming, a limited in-country rapid assessment is being implemented to determine the extent of HIV self-testing in Namibia by assessing private sector pharmacies in five cities throughout the country. Additionally, key informant interviews with relevant stakeholders will be facilitated. Issues being explored include: the type and cost of HIV test kits available at private sector pharmacies; the amount of test kits sold over a specific time period; the source of HIV test kits; and pharmacists' experiences with self-screener following test results. The in-country assessment will occur in November 2012. In collaboration with USAID/Washington and USAID/Namibia, the HTC Team anticipates developing and submitting the draft assessment report with findings and recommendations for future research in December 2012.

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

The World Health Organization (WHO) is hosting the Expert Meeting to Develop Guidelines on HIV Testing and Counseling for Adolescents and Care for Adolescents with HIV from October 28-31, 2012 in Harare, Zimbabwe. As improving uptake of HTC and related HIV services for adolescents remain critical issues in many sub-Saharan African countries, WHO requested for AIDSTAR-One to support four participants to attend this meeting. AIDSTAR-One is supporting four participants with a portion of the funds to be reprogrammed.

13. Home-Based HIV Testing and Counseling Handbook Translation

In collaboration with the CDC, Liverpool School of Tropical Medicine, and WHO, AIDSTAR-One contributed to an operational guide, *Planning, Implementing, and Monitoring Home-based HIV Testing and Counselling: A Practical Handbook for Sub-Saharan Africa*. This document provides implementers with practical steps and guidance for designing,

implementing, and managing home-based HTC programs. To reach a wider audience in Africa, this document will be translated into French with reprogrammed funds. The English and French version of the operational guide will be disseminated via the AIDSTAR-One website. The HTC Team anticipates the documents will be disseminated in November 2012.

4.5 Orphans and Vulnerable Children

Summary and Major Accomplishments

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

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

The OVC Team also continued to support Keeping Children Safe in providing training for PEPFAR partners on developing organizational child safeguarding policies, undertook an assessment in Lesotho on the post-rape care (PRC) of children and began preparations for a similar activity in Mozambique, and supported the placement of two forensic nurses to provide on-site mentoring to PRC providers in Swaziland. Additionally, the team conducted the field work for a case study on integrated MNCH and OVC practices; began the process of drafting a technical brief on integration; submitted the revised *A Guide to Food and Nutrition Security Programming for Orphans and Vulnerable Children in an HIV Context*, which addresses FNS-related impacts on vulnerable children and the families that care for them; and engaged a consultant to undertake a literature review on supporting and strengthening the child/caregiver relationship.

Also in the first half of FY 2012, the OVC and Care and Support Teams supported a field-driven learning meeting for U.S. Government staff and partners in Addis Ababa, Ethiopia, the PEPFAR Regional Consultation: Meeting the HIV; Maternal, Newborn, and Child Health; and Social Support Needs of Mothers and Their Young Children. The meeting brought together a number of leaders, including U.S. Government field and headquarters staff, representatives of national ministries of health and social service agencies, staff from multilateral and local

nongovernmental organizations, people living with HIV, and various U.S. Government implementing partners.¹ Attending the meeting were 108 delegates, including over 80 participants from Cameroon, the Democratic Republic of the Congo, Ethiopia, Lesotho, Malawi, Namibia, Nigeria, South Africa, Swaziland, Uganda, and Zambia.

During FY 2012, the OVC section of the AIDSTAR-One website had 4,134 unique visitors from 136 countries (30% of visitors were from Africa).

Status of Workplan Activities

1. Early Childhood Development

Considerations and Challenges Issue Paper

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

ECD Technical Brief on OVC and Disability

During the second and third quarters of FY 2012, the OVC Team identified programs that focus on young OVC and disability and contacted an expert on children and disability to author a technical brief. The purpose of the brief is to highlight the important intersections between orphanhood, vulnerability and disability in high HIV-prevalence settings for the youngest children; and to provide information and guidance to OVC program planners in developing programs for young OVC with disabilities (and their families). This includes suggesting strategies for developing/implementing programming to promote the inclusion of young OVC with disabilities and providing examples of promising practices from both Africa as well as globally. We anticipate the draft will be submitted to the OVC Technical Working Group (TWG) in the first quarter of FY 2013. This activity replaced a previously planned ECD case study on Hand to Hearts International in the workplan.

2. Food and Nutrition Security

Guide to Food and Nutrition Security Programming

In FY 2011, the OVC Team developed *A Guide to Food and Nutrition Security Programming for Orphans and Vulnerable Children in an HIV Context*. This guide addresses FNS-related impacts on vulnerable children and the families that care for them. In particular, the guide

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

describes the bi-directional relationship between HIV and FNS, and serves as a hands-on tool for programmers who have had previous experience with OVC programming in an HIV context but do not necessarily have experience programming FNS interventions. This document was reviewed by the OVC TWG, and AIDSTAR-One subsequently revised the *Guide* based on their feedback. It was resubmitted to the OVC TWG for approval at the end of September 2012.

Permaculture for OVC Programmers

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

3. Child Protection

Child Safeguarding Organizational Policy Training

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

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

Additionally, the OVC Team, in collaboration with USAID and Keeping Children Safe, presented a workshop at the International AIDS Society 2012 meeting. The workshop, *Child Safeguarding and HIV: Strengthening, Developing and Implementing Organizational Child Safeguarding Policies and Procedures*, aimed to build the skills of leaders within the HIV field to strengthen, develop, and implement effective child safeguarding policies within HIV programs, particularly those programs targeting OVC. By the end of the workshop,

participants understood the rationale for safeguarding children, had analyzed their organizations' existing safeguarding measures, and had outlined preliminary action plans for strengthening those measures. Feedback from the session was highly positive.

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

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

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

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

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

During the last two quarters of FY 2012, AIDSTAR-One developed a concept note and prepared for a similar assessment in Mozambique, to also assess the factors that support or hinder effective care and support for children who experience sexual violence. This assessment will be focused on community-level systems, reviewing the reporting, care, and reintegration systems in place at the community level. It will also examine any existing mechanisms linking facility-based support and the health facility to the community and vice versa. Fieldwork for this activity begins in October 2012.

Post-Rape Care for Children Mentoring Activity in Swaziland

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

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

4. Psychosocial Support

Evidence and Recommendations Review

During FY 2012, the OVC Team engaged the Health Science Research Council to undertake a literature review on supporting and strengthening the child/caregiver relationship. This review will summarize the empirically-based recommendations for supporting and strengthening positive child-caregiver relationships in the context of HIV. The review will seek to address two critical questions: What do we know about building positive relationships between caregiver and child, and what are the key, evidence-based recommendations towards promoting these relationships? In order to answer these questions, the review will take a life-span approach, looking at the child's needs throughout different ages and developmental stages. It will also take a strength-based approach, identifying recommendations that emphasize and build upon the positive resources and abilities the caregiver and child possess. The first draft of the review will be submitted to the OVC TWG in the first quarter of FY 2013.

5. Integration of HIV, MNCH, and Social Services

PEPFAR Regional Consultation

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

Integration Technical Brief and Case Study

Throughout FY 2012, AIDSTAR-One has been working on a number of follow-up activities to the PEPFAR Regional Consultation in Ethiopia. A concept note for a technical brief on MNCH/HIV integration was developed and approved by the OVC TWG, and it is anticipated the draft will be completed in the first quarter of FY 2013.

AIDSTAR-One is also developing a case study on integrated practices. This case study focuses on an integrated, comprehensive program for OVC in Nigeria carried out by the Global HIV/AIDS Initiative Nigeria and its follow-on project, Strengthening Integrated Delivery of HIV/AIDS Services, implemented by FHI360 and funded by USAID. In November 2011, this program was highlighted at the PEPFAR Regional Consultation and identified as a promising model of integrated service delivery for OVC and their families. Following the meeting, AIDSTAR-One and the OVC TWG worked together to shortlist a number of programs for consideration as a case study, and subsequently identified Global HIV/AIDS

Initiative Nigeria/Strengthening Integrated Delivery of HIV/AIDS Services as the appropriate choice. Although the activity was delayed due to security concerns in Nigeria, fieldwork took place in September 2012. The case study will be submitted to the OVC TWG in the first quarter of FY 2013.

6. Granting and Reporting Literature Review

This activity was previously an OVC-oriented donor-level proposal and reporting requirements assessment. In June 2012, at the suggestion of AIDSTAR-One, it was agreed with the OVC TWG that this activity would be refocused and include an in-depth literature review. The final review will be submitted to the OVC TWG in the first quarter of FY 2013.

Workplan Changes

A number of changes were made to the workplan and approved by the OVC TWG and the USAID Management Team in FY 2012, and they are listed below:

- A short-term technical assistance activity on integration and a meeting on OVC and knowledge management were both canceled, with funding for these two activities reprogrammed for the Post-Rape Care for Children Mentoring activity.
- The ECD case study was canceled, with funding for this activity instead being used for a technical brief on ECD and disability.
- The Risk Assessment and Mitigation Guide development activity was canceled, with funding reprogrammed to support the Child Safeguarding Organizational Policy Training.

4.6 Care and Support

Summary and Major Accomplishments

During FY 2012, the AIDSTAR-One Care and Support Team continued to focus its efforts in the following strategic areas: nutrition assessment, counseling, and support; cotrimoxazole use to reduce opportunistic infections; facility-based water, sanitation, and hygiene (WASH); mental health; retention and linkages to services; integration; and palliative care. During this reporting period, the care and support section on the AIDSTAR-One website had 4,712 unique visitors from 133 countries (with 28 percent of visitors from Africa). Major accomplishments in each of these areas during FY 2012 include:

- Presented findings from the Uganda nutrition assessment, counseling, and support assessment and a previously completed Kenya food-by-prescription assessment at the 2011 International Conference on AIDS and STIs in Africa
- Conducted an assessment of cotrimoxazole low-literacy educational tools for providers, community health workers, and clients (adults, children, and infants) in northern Uganda
- Assessed the impact of the WASH training in Kenya and Ethiopia, in collaboration with the relevant ministries

- Finalized and posted on the AIDSTAR-One website the WASH training manual and participant guide
- Presented findings on key mental health issues related to adolescents living with HIV at an international policy dialogue on HIV and mental health in Ottawa, Canada
- Completed a situational analysis that outlines the status of mental health and HIV integration in Zimbabwe
- Conducted a mental health and HIV integration pilot training in July 2012 for select Zimbabwean health care providers from rural and urban community care clinics
- Convened an integration meeting in Ethiopia entitled, Meeting the HIV, MNCH, and Social Support Needs of Mothers and Their Young Children
- Posted a link to the website of the African Palliative Care Association (APCA) from AIDSTAR-One and posted APCA's resources, *Beating Pain: A Pocket Guide for Pain Management in Africa* (available in Portuguese and English) and *Palliative Care: A Handbook for Palliative Care* (available in French and English).

Status of Workplan Activities

1. Nutrition Assessment, Counseling, and Support

During FY 2012, AIDSTAR-One presented the combined results from the Uganda nutrition assessment, counseling, and support assessment and the Kenya assessment at the International Conference on AIDS and STIs in Africa in December 2011. The country assessment provides two examples of how to improve nutritional services for people living with HIV by implementing a high-quality improvement approach. All activities were completed in July 2011.

2. Cotrimoxazole and Other Palliative Drugs Supply Chain Assessment

Building on the 2011 desk review of cotrimoxazole procurement experiences in 15 countries, AIDSTAR-One developed adaptable, low-literacy, user-friendly tools for providers, community health workers, and clients to increase the use of cotrimoxazole among people living with HIV. The finalized tools have been posted on the AIDSTAR-One website. AIDSTAR-One completed the field work and pilot assessment of the tools in May 2012 in northern Uganda. The tools—practical job aids, posters, and client take-home brochures to guide provider prescription of cotrimoxazole—were introduced in 10 clinics and to the Ministry of Health, the USAID Mission, and other key stakeholders. Using a case-control methodology, the AIDSTAR-One team identified 10 additional control clinics to evaluate impact during a three-month follow-up that took place in August 2012. The assessment measured the tools' acceptability and feasibility of integration comparing post-intervention data to baseline data. A preliminary draft report was submitted to the Technical Working Group in October 2012.

3. Facility-based Water, Sanitation, and Hygiene

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

To determine the impact of the trainings and to provide guidance on how to improve WASH knowledge and practices at the facility level, AIDSTAR-One, with support and leadership from the Ministry of Public Health and Sanitation, conducted a mixed-methods assessment in Kenya in February 2012 examining the evidence in seven health facilities under the Ministry of Public Health and Sanitation in Kenya one year after AIDSTAR-One's WASH training. A similar assessment was conducted in Ethiopia in June 2012 examining the evidence in eight health facilities one year after AIDSTAR-One's WASH training. Collecting both qualitative and quantitative data, the assessment examined existing WASH approaches at the clinic sites focusing on overall integration into health clinic operations while also focusing on the technical area of nutrition assessment, counseling, and support to examine if integration into a technical area produces more sustainable WASH results. Both assessments demonstrated that the curriculum is relevant, adaptable, and useful for improving WASH services at the facility level. All of the health facilities reported that the knowledge gained at the training and the implementation of small doable actions—simple, easy-to-adopt WASH-related activities or practices to reduce the risk of diarrhea and other opportunistic infections in people living with HIV—assisted in improving WASH standards at their facilities. A final report for Kenya has been posted on the AIDSTAR-One website and the Ethiopia report is expected to be posted in November 2012.

Throughout this process, AIDSTAR-One coordinated with and complemented the centrally funded USAID WASH-Plus efforts that are managed by FHI360.

4. Mental Health and HIV Care and Support

During FY 2012, AIDSTAR-One conducted key informational interviews with seven mental health and HIV specialists with knowledge of both types of services in Zimbabwe. The results from these interviews were combined with a systematic review of the literature to prepare a situational analysis examining the status of mental health care in Zimbabwe to determine appropriate points of integration. The analysis identifies systems, services, and validated mental health tools that exist in the country. AIDSTAR-One carried out a trip to Zimbabwe April 9-13, 2012 to lay the groundwork for the mental health and HIV integration pilot activity and to gather additional information for the situational analysis *There is No Health without Mental Health: Mental Health and HIV Service Integration in Zimbabwe*, which has been completed and posted on the AIDSTAR-One website.

To initiate the pilot activity, AIDSTAR-One traveled to Zimbabwe and delivered a mental health training of trainers and follow-on supportive supervision July 1-14, 2012. The training of trainers was attended by staff from nine pilot HIV care and treatment sites. The training materials include a training of trainer's manual, an integration leader's site training manual, and a participant's workbook. These materials include information on: 1) the mental health needs and vulnerability among people living with HIV, 2) mental health screening tools, 3)

protocol for positive mental health screens, and 4) logistics of the pilot activity. Attendees of the pilot training have taken on the responsibility to train staff at their sites as well as community-based organizations within their catchment area on the pilot activities. An evaluation of the mental health and HIV integration pilot activity will take place in December 2012. Findings from the pilot activity will inform a standard operating procedure document to guide the integration process that can be adapted by other countries. Training materials and a roadmap will be posted on the AIDSTAR-One website when finalized.

AIDSTAR-One presented on mental health issues related to adolescents living with HIV in sub-Saharan Africa at an international policy dialogue on HIV and mental health in Canada in January 2012. This policy dialogue contributed to a satellite session on mental health and HIV, sponsored by the Canadian government, at the International AIDS Society conference in Washington, DC in July 2012.

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

In FY 2012, AIDSTAR-One responded to the needs of APCA by providing technical assistance and support to strengthen staff knowledge of USAID's financial rules and regulations. This assistance provided an opportunity to strengthen APCA's financial functioning and its knowledge of and compliance with USAID financial requirements. AIDSTAR-One conducted an organizational capacity assessment, which is an organization-wide, facilitated capacity self-assessment tool that includes items beyond finance and administration that are strongly linked to more efficient work and outputs. The final product from the assessment includes an action plan for strengthening APCA's financial systems. In addition, five APCA staff attended a USAID rules and regulations course. All APCA activities have been closed out.

6. Regional Workshops

Retention and Linkages

During FY 2012, AIDSTAR-One shifted from planning for follow-on technical assistance for key countries based on the November 2010 action planning at the linkages and retention consultation in Maputo, Mozambique. Instead, it will explore the impact of the consultation by engaging prior participants to examine any resulting actions, impact on programmatic outcomes, and gaps that (may still) exist in practice. AIDSTAR-One will conduct a follow-up survey of all participants that attended the Maputo retention consultation to determine the impact of the training in improving pre-antiretroviral therapy retention activities. In addition to this outreach with former participants, AIDSTAR-One will also conduct a survey among select key informants from up to five new countries proposed (Ethiopia, Kenya, Tanzania, Rwanda, and Uganda) with the specific purpose to solicit information from U.S. Government staff, implementing partners, and key Ministry of Health officials to identify successful efforts for retention of care for people living with HIV in those five countries. In addition, a comprehensive literature review will be carried out to contribute to the wider survey findings.

The resulting information will be compiled into a report that captures the status of retention and also contributes to the knowledge base that looks at measuring longer-term impact resulting from the earlier retention consultation in Maputo.

Integration

In November 2011, AIDSTAR-One convened a regional consultation entitled Meeting the HIV, MNCH, and Social Support Needs of Mothers and Their Young Children in Ethiopia. This consultation brought together 108 leaders, including U.S. Government field and headquarters staff, representatives of national ministries of health and social service agencies, staff from multilateral and local nongovernmental organizations, people living with HIV, and various U.S. Government implementing partners from Cameroon, the Democratic Republic of the Congo, Ethiopia, Lesotho, Malawi, Namibia, Nigeria, South Africa, Swaziland, Uganda, and Zambia. A final meeting report and presentations have been posted on the AIDSTAR-One website and are being widely disseminated via AIDSTAR-One's mechanisms.

7. International AIDS Society Conference Satellite Session

AIDSTAR-One hosted a satellite session at the 2012 International AIDS Society conference entitled *Where the Tide will Turn: How is Community Level Participation Most Effective in Turning the Tide?* The objectives of the session were to provide context on community level participation and an evidence base from country level examples of community involvement that demonstrate improved HIV outcomes. A call to action for an increasing evidence base on community involvement was drafted during the session. The session opened with a panel of representatives from three multilateral institutions. Roxana Rogers of USAID opened the panel by introducing data from the Evidence Summit on Community Health Workers Report. The opening panel was followed by a community level panel with five community-based representatives including Tisha Wheeler, Senior Technical Officer for Futures Group International, Robert Ochai, Executive Director of the AIDS Support Organization, Dr. Ashraf Grimwood, Chief Executive Officer of KI, Glory Mkandawire, Chief of Party for the BRIDGE II project, and Linda Madeleka, Deputy Program Director of PACT's Jali Watoto's WORTH program. The satellite session report is in the process of final approval prior to posting on the AIDSTAR-One website in November 2012.

4.7 Gender

Summary and Major Accomplishments

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

- Convening a technical consultation in Africa focused on strengthening gender programming in PEPFAR through a technical exchange of best practices, program models, and resources
- Completing and disseminating the gender-based violence (GBV) and HIV program guide and translating it into four languages
- Partnering with the Prevention Team to integrate a gender perspective into structural intervention resources
- Partnering with the orphans and other vulnerable children (OVC) team to develop technical considerations for clinical post-rape care for children
- Supporting collaborative gender events at the 2012 International AIDS Society Conference.

The Gender Team has worked with the Knowledge Management Team to extensively document and disseminate effective gender strategies through its GBV case study series, gender strategies in concentrated epidemics case study series, and the implementation of gender strategies in Africa case study series and is in the process of translating several of these resources into French, Spanish, and/or Portuguese. As part of the dissemination strategy, these resources have been featured prominently on the AIDSTAR-One website homepage since April 2012.

In the past year, the Gender Team worked with other AIDSTAR-One technical teams to integrate a gender perspective across project activities. Most notably, the Gender and OVC Teams worked in partnership to convene a technical meeting on clinical post-rape care (PRC) for children, is developing technical considerations for PRC, conducted a PRC situational analysis in Lesotho, and is planning a PRC assessment in Mozambique (in October). Other examples include: co-authoring an issue paper with the OVC Team, *Community-based Early Childhood Development Centers for Reaching Orphans and Vulnerable Children: Considerations and Challenges*; reviewing and ranking monthly, technical articles for the *HIV Prevention Update*; and reviewing and providing feedback on strengthening the gender perspective of the *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV* for the Care and Support Team.

All activities in the workplan are either completed or actively moving forward and anticipated to be completed by December 31, 2012. A workplan and budget modification was approved in May, and a second modification will be submitted in October to reflect changes requested by the Gender Technical Working Group (TWG). Several technical resources were finalized and disseminated during this reporting period. Dissemination activities included featuring gender on the AIDSTAR-One website homepage; targeted e-mails featuring new gender products timed with key awareness days and global health events; sharing gender resources through AIDSTAR-One's robust dissemination and social media network, and development of flyers listing resources available and flash-drives which were distributed at the 2012 International AIDS Society Conference in Washington, DC. The resources have been well-received by AIDSTAR-One's audience, as exemplified by the following quotes from the past two annual surveys:

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

Major accomplishments during this reporting period include:

- Convened a technical meeting on clinical PRC for children and posted the presentations and meeting report on the AIDSTAR-One website
- Co-sponsored or sponsored three satellite sessions at the 2012 International AIDS Society Conference
- GBV and HIV program guide posted on the AIDSTAR-One website, disseminated widely, and translated into French
- At the request of the Europe and Eurasia Bureau, translated three technical resources into Russian and posted on the AIDSTAR-One website.
- Completed a Spotlight on Gender, *Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV*
- Finalized and posted 17 case studies and three findings reports to the AIDSTAR-One website:

From the Africa gender compendium case study series:

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

From the gender strategies in concentrated epidemics case study series

- *Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations*
- *Breaking New Ground in Vietnam*

- *Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador*
- *"Follow the Voice of Life": HIV Prevention and Empowerment of MSM in Orenburg, Russia*
- *STIGMA Foundation: Empowering Drug Users to Prevent HIV in Indonesia*
- *More Than Just HIV Prevention: Outreach to Most-at-Risk Populations through SIDC in Lebanon*
- *PRASIT: Using Strategic Behavioral Communication to Change Gender Norms in Cambodia*
- *SANGRAM's Collectives: Engaging Communities in India to Demand their Rights*
- *Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru*
- *Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá's Lesbian, Gay, Bisexual, and Transgender Community Center*

From the gender-based violence case study series

- *Analysis of Services to Address Gender-based Violence in Three Countries*
- *Public Sector Response to Gender-Based Violence in Vietnam*
- *Civil Society and Government Unite to Respond to Gender-Based Violence in Ecuador*
- *Civil Society and Government Unite to Respond to Gender-Based Violence in Ecuador.*

Status of Workplan Activities

1. Latin America and Caribbean Regional Meeting on MSM

This meeting, led by the Prevention Team, was cancelled by USAID in July. This change will be reflected in the upcoming workplan modification.

2. Post-Rape Care for Children

Both PEPFAR and the Global Health Initiative include a focus on monitoring and responding to GBV. The FY 2012 technical considerations provided by the PEPFAR TWGs for the FY 2012 Country Operational Plans state the importance of strengthening PRC services, including the provision of HIV post-exposure prophylaxis, screening and counseling for GBV, and strengthening linkages among health, legal, law enforcement, and judicial services and programs to mitigate GBV. To help PEPFAR programs better address this critical issue, AIDSTAR-One supported three activities that aim to improve clinical PRC services for children.

Technical Meeting on Clinical Post-Rape Care for Children

AIDSTAR-One convened a one-day expert meeting in Washington, DC in April 2012 on PRC for children in primary health centers that also provide HIV care. The meeting was

coordinated by the Office of the Global AIDS Coordinator in collaboration with Together for Girls Partnership, and the Gender, OVC, and Pediatric Treatment TWGs. The meeting objectives were to:

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

The meeting brought together 28 people including PEPFAR U.S. Government and Together for Girls representatives and experienced providers (clinicians, behavioral scientists, and social workers) with expertise in child protection; sexual exploitation and abuse; care for survivors of violence; emergency pediatrics; child-focused clinical services; HIV prevention, care and treatment; fistula treatment; and distribution of post-exposure prophylaxis for HIV. Participants represented seven countries² and 14 organizations.³

Technical Considerations on Clinical Post-Rape Care for Children

Following the technical meeting, the Gender TWG asked AIDSTAR-One to finalize the technical considerations and develop four accompanying job aids and one care algorithm (this addition will be reflected in the upcoming workplan modification). AIDSTAR-One is incorporating changes to the technical considerations agreed upon during the meeting, subsequent input from the Gender TWG and meeting participants, and learnings from the field work described in the following section. Chapter 3, two job aids, and the care algorithm will be submitted to the Gender TWG for review in October.

Applying the Post-Rape Care for Children Technical Considerations

In May 2012, the Gender TWG stated that this activity, originally cost-shared with the OVC Team, should be supported fully by the OVC Team. The gender funds were redistributed to cover the costs of the technical considerations and other activities, which will be reflected in the upcoming workplan modification.

The Gender Advisor continued to work very closely with the OVC Advisor on this activity providing technical input into the concept notes, consultants, and assessment protocols for the field work in Lesotho and Mozambique (for more details, please refer to the OVC section of this report).

3. South-to-South Exchange and Assessment

² Democratic Republic of Congo, Kenya, Mozambique, South Africa, United States, Zambia, and Zimbabwe.

³ U.S. Centers for Disease Control and Prevention; EnCompass LLC; Emory University School of Medicine; Family Support Trust Clinic; Great Nelspruit Rape Intervention Program; John Snow, Inc.; Liverpool VCT, Care & Treatment; Livingston Pediatric Center of Excellence; Office of the U.S. Global AIDS Coordinator; Panzi Hospital/Panzi Foundation; Together for Girls; United Nations Children's Fund; U.S. Agency for International Development, Office of HIV/AIDS and representatives from Mozambique and Lesotho; and the Government of Mozambique (Ministry of Health).

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

In 2011, AIDSTAR-One developed the *South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit* that serves as a guide for facilitating S2STA for implementation of one or more of the PEPFAR gender strategies. In FY 2012, the AIDSTAR-One workplan included using this framework and toolkit to demonstrate how S2STA can be more than a one-time technical assistance activity and include a series of support via field visits, phone, and email support to foster a more sustained supportive relationship between two south-based organizations.

The Botswana U.S. Government Mission requested assistance in providing high-quality, technical assistance and capacity building for PEPFAR local implementing partner Stepping Stones International to integrate PEPFAR gender strategies into their HIV program activities and organizational policies in order to achieve the following objectives:

- Increase the knowledge base and skills of Stepping Stones staff and stakeholders in methods for integrating PEPFAR gender strategies in their programs with and for OVC ages 12 to 18 years old
- Enhance organizational policies to support high quality, effective gender integration strategies
- Support networking and relationship building between Stepping Stones and community stakeholders to sustain the momentum for integrating gender strategies in HIV programming.

In close collaboration with the Botswana Mission, South Africa-based Sonke Gender Justice Network was selected as the technical assistance provider based on their technical expertise and assistance required by Stepping Stones. AIDSTAR-One worked closely with Sonke and Stepping Stones to negotiate and develop a statement of work, a memorandum of understanding, and a budget for the technical assistance that clearly state the agreed upon goals and objectives, roles and responsibilities, and general terms and conditions of the partnership. The AIDSTAR-One grant to Sonke was finalized at the end of September and activities between Stepping Stones and Sonke are expected to take place between October 1, 2012 and December 31, 2012. AIDSTAR-One will work with Stepping Stones and Sonke to finalize an agreed upon workplan in October and monitor the implementation of the technical assistance exchange.

In November 2012, AIDSTAR-One will conduct an online survey or phone interviews to assess the successes and challenges from both the implementing partner and the technical assistance provider perspectives. Data from the survey as well as notes from observations from monitoring the process will be used to prepare an assessment report that will include promising practices and lessons learned to serve as an additional guide for other countries implementing S2STA.

4. Structural Interventions

Considering the critical role and impact of gender and the gaps in evidence needed to inform development and scale-up of structural interventions, this activity was modified to include a technical brief on the role of gender norms and gender inequalities (including GBV) in structural interventions. This technical brief will complement the package of resources on structural interventions being developed by the Prevention Team and will be posted to the AIDSTAR-One website and distributed as part of that package. A member of the Gender Team will provide input from a gender perspective to the Prevention Team's six technical papers and toolkit on structural interventions. The AIDSTAR-One Gender and Prevention Teams are in communication to ensure that the technical brief aligns and complements the other papers. (See the Prevention section for more details).

5. 2012 International AIDS Society Conference

The 2012 International AIDS Society Conference was held in Washington, DC, July 22-27, 2012. The conference is the premier gathering for those working in the field of HIV, policymakers, people living with HIV, and others committed to ending the epidemic. To take advantage of this tremendous opportunity, AIDSTAR-One:

- Co-hosted a satellite session, *Gender-Based Violence and HIV/AIDS: Taking Stock of Evidence and Setting an Implementation Research Agenda*, that brought together the latest evidence on links between GBV and HIV and effective interventions, as well as experiences in translating evidence into programming
- Sponsored a panelist for the satellite session, *The Great TRANSformation: Towards a Holistic Approach for Healthier and Happier Trans Communities in Latin America and the Caribbean* that focused on experiences in and models for the provision of comprehensive health care for transgender and transsexual persons
- Hosted a satellite session, *Turning the Tide Together: Increasing Men's Use of HIV Services—for Men, Women and Public Health*, which included two panels on the importance of addressing social norms that discourage men from accessing health services, and changing public health policies and practices to better engage men with critical HIV services to increase effectiveness of HIV prevention, treatment, and care for all
- Sponsored Dr. Wanjiru Mukoma from Kenya-based Liverpool VCT, Care & Treatment to attend the conference and present at the satellite session, *A Reason to Celebrate: What Works for Women and Girls—Evidence for HIV/AIDS Interventions*.

6. Spotlight on Gender

A Spotlight on Gender, *Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV*, was written by Judith Bruce, Miriam Temin, and Kelly Hallman of the Population Council, and was posted on the AIDSTAR-One website in April. The article brings to light that recommended HIV prevention measures are highly impractical for the vast majority of sexually active adolescent girls in the developing world; thus, the ratio of female-to-male HIV

infections among young people is persistently high. The authors suggest that programs should prioritize defining, increasing, and measuring the skills, safety strategies, and assets needed to prevent and mitigate girls' risk of HIV acquisition. This article was well-received and in the third quarter was the most downloaded resource from the AIDSTAR-One website, and the second most downloaded webpage (excluding the AIDSTAR-One homepage).

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

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

- Developed and printed 2,000 copies of a gender resources card (flyer) and translated it into three languages (French, Portuguese, and Spanish)
- Produced 1,000 flash-drives with all of the gender resources on the AIDSTAR-One website
- Printed 500 copies of each of the nine case studies in the *Integrating Gender Strategies into HIV Programs for Most-at-risk Populations* series
- Is translating four case studies and three findings and recommendations reports into Spanish
- Is translating one case study and three findings and recommendations reports into Portuguese
- Is translating six case studies and three findings and recommendations reports into French.

These additions will be reflected in the upcoming workplan modification.

8. Gender Technical Consultation

Achievement of the ambitious gender equality goals outlined in the PEPFAR reauthorization and reaffirmed under the Global Health Initiative require systematic integration of gender considerations in programming, monitoring and evaluation, and technical and management capacity. In response to the call for improved gender integration and mainstreaming, and through the Gender Challenge Fund and GBV Initiative, PEPFAR country teams are expanding their gender programming within HIV prevention, care, and treatment portfolios. As investments in gender-related programs expand, many of these country teams have requested an opportunity to come together for a U.S. Government gender technical meeting.

AIDSTAR-One will convene a technical consultation in Johannesburg, South Africa October 29-31 focused on strengthening gender programming in PEPFAR through a technical exchange of best practices, program models, and resources. The meeting will bring together approximately 75 gender focal points from PEPFAR country teams and headquarters to provide a technical update on gender and HIV within the context of PEPFAR, share successes and challenges in implementation from a variety of country settings, and build

capacity for better planning and management of a strategic gender program portfolio. The meeting will build collaboration and share resources across PEPFAR country teams, identify ongoing needs, and address long-term planning. Relevant AIDSTAR-One gender resources will be disseminated at the meeting.

AIDSTAR-One is supporting logistics and covering travel costs for three speakers. AIDSTAR-One staff will manage the meeting, provide technical input and support during the meeting, and write a short summary report that highlights key issues, which will be posted on the AIDSTAR-One website along with the presentations.

9. GlobalPOWER Conference

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

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

10. High-level White House Meeting on Women and HIV

PEPFAR hosted an event in March 2012 to highlight issues related to National Women and Girls HIV/AIDS Awareness Day and violence against women. Ambassador Goosby and Ambassador Verveer made a joint announcement on a small grants initiative, and a panel of experts discussed the linkages between HIV and GBV, and global and domestic lessons learned. AIDSTAR-One coordinated travel and covered per diem for Nduku Kilonzo, Executive Director of Liverpool VCT, Care and Treatment, to speak at this meeting. Kilonzo was the only voice from the field at this meeting, and a central part of the event given her vast experience in HIV and GBV services and the intersection of the two on the ground.

11. Celebrating Men as Fathers Event

At the request of the Gender TWG (and to be reflected in the upcoming workplan modification) AIDSTAR-One secured a venue for a Father’s Day event celebrating men as fathers held at the National Press Building in June 2012. The event, *Celebrating Men as*

Fathers and Allies in Gender Equality and Improved Health, featured the following speakers and presentations:

Speakers:

- Dr. Babatunde Osotimehin, Executive Director, United Nations Population Fund (Keynote Address)
- Gary Barker, International Director, Promundo
- Tracy Carson, Senior Advisor for Policy, Office of the Global AIDS Coordinator, U.S. Department of State
- The Honorable Nils Daulaire, Director, Office of Global Affairs, U.S. Department of Health and Human Services
- Carrie Hessler-Radelet, Deputy Director, Peace Corps
- Dr. Ariel Pablos-Mendez, Assistant Administrator for Global Health, U.S. Agency for International Development
- John Townsend, Vice President, Population Council

Presentations:

- Drewallyn B. Riley, Program Specialist, U.S. Centers for Disease Control and Prevention, Division of Global HIV/AIDS, “Fathers Matter: The Inclusion of Fathers and Male Caregivers in HIV Evidence-Based Programming to Impact the Sexual Health of Their Children”
- Rebecka Lundgren, Deputy Director and Director of Research Institute for Reproductive Health, Georgetown University, “Building Gender Equity and Promoting Responsible Fatherhood in Family Planning Programs”

12. Updated Gender-Based Violence and HIV Program Guide

Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs was approved and posted on the AIDSTAR-One website in November 2011. The guide serves as a planning tool for program managers to use during project design, budgeting, and evaluation. It is divided into three sections—guiding principles, guidelines for GBV programming, and addressing GBV within PEPFAR technical areas—which summarize specific action steps for integrating a GBV response into HIV programs and cite recommended resources and practical tools. An interactive version of the guide was completed in December 2011. The Gender Team worked with the Knowledge Management Team to extensively disseminate the guide during the 16 Days of Activism against GBV. Dissemination activities for the guide included:

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

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

In the first quarter of FY 2012 this guide was the fourth most accessed webpage on the AIDSTAR-One website and second most downloaded resource. It was the tenth most downloaded resource in the third quarter and was cited in the July 2012 Center for Strategic and International Studies publication, *Gender-Based Violence and AIDS: Emerging Lessons from the PEPFAR Initiative in Tanzania*. Given that this guide has been so popular, the Gender TWG requested that in addition to French, Portuguese, and Spanish, AIDSTAR-One also translate it into in Swahili; this update will be reflected in the workplan modification. All four translations have been completed and posted on the AIDSTAR-One website and all but the Spanish version will be disseminated at the Gender Technical Consultation in October.

13. GBV Case Studies

Reducing GBV is a core principle of the PEPFAR strategy to support long-term sustainability of HIV-related prevention, treatment, care, and support programs and to scale up promising and innovative programs and practices. Given the increasing focus on GBV and the interest of program implementers in developing effective GBV programs, the Gender Team conducted three in-depth case studies to assess the sustainability of innovative GBV programs (funded by U.S. Government or other donors) in three regions. The case studies document the extent to which these programs have been sustained, expanded, or replicated; how programs are addressing challenges to implementation and securing continued funding; how programs are creating local stakeholder support; and how and if the policy environment supports service delivery. The Swaziland case study was featured on the homepage of the AIDSPortal and by May 2012 all three case studies and the accompanying summary report were approved and posted to the AIDSTAR-One website:

- *Public Sector Response to Gender-Based Violence in Vietnam*
- *Civil Society and Government Unite to Respond to Gender-Based Violence in Ecuador*
- *Swaziland Action Group Against Abuse: Addressing Gender-based Violence within the Context of HIV*
- *Analysis of Services to Address Gender-based Violence in Three Countries.*

14. Two Series of Gender and HIV Case Studies

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

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

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

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

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

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

5.0 MAJOR ACCOMPLISHMENTS—FIELD SUPPORT FUNDED

5.1 Introduction

Field support funds, from both USAID Missions and Bureaus, account for 49 percent of all funding obligated to AIDSTAR-One to date. AIDSTAR-One has received field support from 18 different field support funding units to date. Field support-funded work that either continued, or began, during FY 2012 was conducted on behalf of the following USAID Missions/bureaus:

USAID Regional Bureaus

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

USAID Missions

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

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

5.2 Africa Bureau

Summary and Major Accomplishments

During FY 2012, AIDSTAR-One received final approval of the second workplan from the Africa Bureau. The proposed work complements the existing Africa Bureau workplan, with a direct focus on increasing access to care, support, and treatment services among

adolescents living with HIV. The outcomes from both workplans focus on providing appropriate technical guidance to improve the quality and scope of programs for adolescents living with HIV to transition toward self-care. Major accomplishments in each of these areas during FY 2012 include:

- Preparing, submitting, and finalizing the second workplan with the Africa Bureau in November 2011 to focus on creating, piloting, and assessing the Transition Toolkit in three countries
- Finalizing and disseminating the technical brief, *Transitioning of Care and Other Services for Adolescents Living with HIV in Sub-Saharan Africa*
- Finalizing the draft of the *Transition Toolkit for Care and Other Support Services for Adolescents Living with HIV* for piloting
- Supporting planning and implementation for the Transition of Care and Other Support Services for Adolescents Living with HIV regional consultation in Botswana
- Presenting the technical brief and the toolkit at the regional consultation in Botswana, and revising accordingly
- Co-hosting a satellite session at the International AIDS Society conference on transition of adolescents living with HIV
- Identifying three countries to implement the toolkit pilot
- Initiating planning for piloting the toolkit.

Status of Workplan Activities

1. Technical Brief to Guide Policy

During this report period the technical brief *Transitioning of Care and Other Services for Adolescents Living with HIV in Sub-Saharan Africa* was completed. Comments from the participants at the Botswana consultation were incorporated and the document was submitted to the Africa Bureau and AIDSTAR-One management team for review and approval. Upon approval, the technical brief was posted on the AIDSTAR-One website and disseminated.

2. Regional Consultation to Share Knowledge in Africa

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

3. Transition Toolkit to Guide Services and Programs

AIDSTAR-One finalized a draft of the *Transition Toolkit for Care and Other Support Services for Adolescents Living with HIV*, addressing feedback received from the Technical Advisory Group and at the Botswana regional consultation. AIDSTAR-One facilitated a toolkit validation workshop to collect feedback for further revisions. This toolkit complements the technical brief and builds on current efforts within the Africa Bureau to improve the transition to self-care. The toolkit is designed to be used in a modular manner, with the goal of improving transitional services for adolescents living with HIV. The toolkit targets providers (community care and clinical health care), caregivers/family, and adolescents living with HIV to strengthen the process of transition into adult care, support, and treatment services. The final draft was approved for use in the pilot by the Africa Bureau.

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

The toolkit will be piloted in two countries, Kenya and Mozambique, along with short-term technical assistance to organize training, to provide supportive supervision, as well as to give technical guidance to implement the toolkit and assess the progress of integration into routine services. A third country, Zambia, was additionally identified for inclusion in the pilot but the activity was cancelled in September 2012 due to delays in forthcoming Ministry of Health guidelines on care for adolescents living with HIV, which would need to be rolled out in coordination with the toolkit implementation. Piloting is scheduled to begin in Kenya in October 2012, and in Mozambique in November 2012. AIDSTAR-One continues to liaise and coordinate with training efforts by the United Nations Children's Fund to examine different venues to implement the toolkit training to a larger audience.

5. Program Evaluation to Determine Changes and Share Results

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

6. Mapping of Adolescent Services

AIDSTAR-One submitted a concept note for a comprehensive adolescent HIV policy and service mapping in five strategically selected countries in sub-Saharan Africa to provide wider technical guidance for USAID and the Africa Bureau. The concept note was approved and activities are planned to commence in early FY 2013.

7. Continued Technical Assistance and Support

AIDSTAR-One continued to refine a concept note to leverage the existing relationship with the United Nations Children's Fund to participate in upcoming regional meetings scheduled for 2012. The support will allow for substantive, nationally led stakeholder workshops that bring together PEPFAR, United Nations organizations, relevant ministries, and other key nongovernmental organizations to discuss the program needs of adolescents living with HIV

and develop guidance for development of national responses. These jointly held meetings will present available national data and lessons from practice in the region, with the goal of catalyzing action leading to greater access to treatment, care, and support for more adolescents living with HIV.

8. International AIDS Society Conference

In collaboration with the Africa Bureau, Prevention, and HIV Testing and Counseling Technical Working Groups, AIDSTAR-One supported a satellite session at the International AIDS Society conference focusing on the needs of adolescents living with HIV. Speakers included youth living with HIV, the Assistant Administrator for USAID, a representative from the World Health Organization, and several implementing partners. Presentations provided an overview of the issues, data from ongoing programs, and reflections from youth living with HIV regarding the realities of navigating this complex system. The presentations were followed by a lively question and answer session.

5.3 Europe and Eurasia (E&E) Bureau

Summary and Major Accomplishments

In FY 2012, the E&E Bureau provided funding to AIDSTAR-One to translate key documents into Russian and to disseminate those materials to USAID Missions and other stakeholders in the region. Most information and materials developed by USAID pertaining to HIV are in English (or other languages) and, therefore, information on best practices, case studies, and advancements in prevention are not reaching the E&E region which has the fastest growing HIV epidemic.

Status of Workplan Activities

During FY 2012 the Policy Analysis and Advocacy Decision Model for Services for People Who Inject Drugs, was translated into Russian. This was the last deliverable scheduled for this activity.

A webpage on the AIDSTAR-One website is dedicated to Russian language materials, with a total of 13 documents posted. In FY 2012, there have been 243 unique pageviews of the Russian materials webpage from 20 countries including Kyrgyzstan, Ukraine, Russia, Azerbaijan, Kazakhstan, and Belarus. The translated publications have been downloaded 76 times.

5.4 Latin America and Caribbean (LAC) Bureau

Summary and Major Accomplishments

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

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

Major accomplishments include:

- Prepared and submitted the FY 2012 workplan.
- Continued implementation of assessments with transgender populations and health providers in Central America
 - Initiated data collection in Panama
 - Completed data collection in Guatemala
 - Initiated data collection Nicaragua
 - Completed data analysis for El Salvador and presented findings and recommendations to national stakeholders at a dissemination meeting organized by AIDSTAR-One
- Supported planning and implementation of regional technical consultation on substance use and HIV prevention, care and support in Latin America.
- Finalized technical brief on substance use and HIV prevention, care, and support, posted the document in the project's website, and disseminated it at the technical consultation mentioned above.
- Co-sponsored with the Pan American Health Organization (PAHO), supported a Central American consultation in El Salvador to continue developing a regional strategy for comprehensive services and human rights for trans persons in the LAC region.
- Co-sponsored with PAHO a satellite session at the IAS conference on comprehensive care for transgender populations in the LAC region.
- Commissioned a technical brief on ensuring HIV/AIDS commodity security in Latin America and the Caribbean (LAC)

Status of Workplan Activities

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

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

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

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

IRB approval was obtained in El Salvador in September 2011 and data collection was completed in May 2012. In Guatemala, IRB approval was received in December 2011 and data collection was completed in August 2012. IRB approval was obtained in Panama in March 2012 and data collection began in July (estimated time of completion is November 2012).

In March 2012, USAID/Nicaragua expressed interest in conducting a similar assessment. AIDSTAR-One agreed to include Nicaragua as the fourth site and cover costs associated with planning and implementation. USAID/Nicaragua will contribute funds (specific

mechanisms to be determined by USAID/Nicaragua at a later stage) towards the follow up of assessment findings, including strategic planning with local transgender organizations, and prevention, care and support activities targeting these communities. The Centro de Investigación and Estudios en Salud (CIES) was sub-contracted in May to support data collection. CIES is a local research center affiliated with the National Autonomous University in Nicaragua, and has experience working with the trans communities in the country. IRB approval was obtained in June and data collection began in July (estimated time of completion is October 2012).

The first dissemination/planning meeting took place in El Salvador from September 25-26, the first assessment site where data collection was completed. MEASURE Evaluation was invited to present its study on MSM in El Salvador, which was implemented around the same time as the assessment with trans women, to provide a more comprehensive snapshot of the context in El Salvador. The first day included 42 representatives from government agencies and other actors involved in national strategic planning, and focused on policy implications of the results. The second day included 32 participants from NGOs representing trans and MSM communities, as well as representatives from the Ministry of Health and local universities and focused on programmatic implications of the results. Each day began with presentations made by the research teams followed by a plenary discussion. In the afternoon, participants were asked to complete small group exercises. Guides were developed for the work group sessions to facilitate the discussions and keep the participants on track. Selection of participants and composition of small groups during the second day were strategic to promote collaboration across different types of service providers (for example, clinic-based versus prevention outreach) and ensure timely follow up of actions, accords, and partnerships that emerge from the planning meeting. The format and guides were well received and will be adapted for the other three dissemination meetings.

Similar meetings will also be organized in Guatemala, Panama, and Nicaragua. The meeting in Guatemala will take place in early December (pending confirmation from government authorities and USAID/Guatemala), and in Panama in January (data collection will be completed by early November 2012). USAID/Nicaragua requested that the dissemination meeting take place after the elections scheduled in November. Exact dates will be determined in collaboration with USAID/Nicaragua.

2. Technical Consultation on HIV and Substance Use

AIDSTAR-One supported the planning and implementation of a regional technical consultation on substance use among MSM, SW, and PLWH and the implications for prevention, care, and support. The meeting brought together approximately 30 USG personnel, UN representatives, researchers, policy makers and program implementers to share the latest evidence and program experiences on the topic. The meeting focused primarily on how to develop, implement, and scale up effective programs to reach substance using/abusing MARPs. An interagency planning committee, which included AIDSTAR-One, USAID, the Substance Abuse and Mental Health Services Administration (SAMSHA), National Institute on Drug Abuse (NIDA), Joint United Nations Programme on HIV/AIDS (UNAIDS), PAHO, and United Nations Office on Drugs and Crime (UNODC) was formed to

develop the content and format of the meeting, and select participants and presenters. AIDSTAR-One was responsible for identifying potential venues, arranging travel and hotel accommodations for sponsored participants, contacting presenters, preparing guidelines for presenters and moderators, coordinating feedback for presentations, identifying a facilitator and rapporteur for the meeting, and overseeing preparation of the report and CD with the presentations. The meeting's facilitator is currently preparing the final report, which will also be posted in the project's website and disseminated, along with the technical brief mentioned in the previous section. A draft of the final report will be submitted to USAID for review in November 2012.

Workshop objectives:

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

Workshop activities:

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

Workshop outcomes:

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

3. Technical Brief on Substance Use and HIV

Substance use affects HIV risk behaviors, care seeking, and adherence. The relationship between substance use/abuse and increased likelihood of risky sex has been well-documented. While injecting drug use is not a risk behavior prevalent across the entire Latin American region, alcohol and other substances (e.g., various forms of cocaine) may be used

and abused. Alcohol-related risk behaviors occur across different MARP groups, with a particular impact on risky sex as alcohol use may decrease condom use and ability to negotiate condom use. Alcohol may be used and abused by MSM, particularly MSM who do not identify as gay or bisexual. Sex work often occurs in the context of alcohol or other substance use. PLWH may use alcohol or other substances as coping mechanisms; alcohol use has been linked to poor antiretroviral (ART) adherence and increased risky sex among PLWH. AIDSTAR-One commissioned a technical brief, in Spanish, on alcohol and other substance use and its implications for HIV services, including prevention, care, and support. The document was disseminated prior to a related technical consultation held in September 2012, and was also posted on the project's website.

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

In May 2012, at the request of USAID's LAC Bureau, AIDSTAR-One began collaborating with PAHO on the development of a regional strategy to provide comprehensive services and protect the rights of transgender communities in the LAC region. A Central American consultation was held in El Salvador from June 26-28, 2012 to continue building the strategy and develop a plan for implementation. Representatives from government, civil society, academia, and donor agencies from Guatemala, Mexico, Honduras, Nicaragua, El Salvador, Dominican Republic, Costa Rica, and Puerto Rico participated in the consultation. The objectives of the meeting were to:

- Review the current draft of the Blueprint for Comprehensive Services for Trans Communities in Latin America and the Caribbean and discuss content
- Define an operational plan to implement a regional strategy for the provision of comprehensive services for trans populations
- Establish a regional mechanism to monitor and evaluate implementation of the regional strategy
- Generate support from stakeholders for the regional strategy and obtain buy-in from key actors.

Co-sponsors of this consultation included AIDSTAR-One, USAID, REDLACTRANS, UNDP, AIDS Healthcare Foundation, and the Inter-American Commission on Human Rights. Because participation in this consultation could potentially contribute to strategic planning efforts in the assessment countries, AIDSTAR-One supported participants from, Guatemala, Panama, and Honduras, as well as the Director from the Center of Excellence for Transgender Health, University of California, San Francisco. AIDSTAR-One also identified a facilitator and covered associated costs (travel and consultant fee).

AIDSTAR-One was also invited by PAHO to co-sponsor a satellite session at the IAS Conference on comprehensive care for transgender populations in the LAC region. The initial plan was to have representatives from PAHO, UNDP, AIDSTAR-One, and other agencies conducting work with transgender populations present at the panels. Initially, AIDSTAR-One offered to contribute \$3,000 to cover room costs. However after further discussions among AIDSTAR-One, USAID's LAC Bureau and PAHO, it was decided that it would be more appropriate to have members from the transgender communities in Latin America and the US participate in the panels and give them the opportunity to present the key issues that affect

their communities and share their experiences as activists and service providers.

Topics covered in the satellite session included:

- Conceptual framework on sexuality and gender
- The impact of gender-identity legislation on health and well-being
- Emotional, sexual, and physical violence
- Obstacles in the provision of comprehensive care
- The interconnectedness of gender, legislation, violence, and obstacles to care and their impact on personal well-being
- Avenues for action for the provision of care and the promotion of well-being
- Health and other human rights
- Perspectives from and exchanges with other regions.

5. Technical brief on ensuring HIV/AIDS commodity security in Latin America and the Caribbean (LAC)

AIDSTAR-One co-funded (other funds provided by USAID Regional Program for Central America through the SCMS Project) a technical brief on the current situation of health care for PLWHA in select LAC countries to determine: 1) Current challenges in ARV procurement and provision; 2) Level of integration of HIV treatment services in the overall national health system; and 3) Limitations, lessons learned and recommendations to ensure the appropriate healthcare to PLWHA. The technical brief will be submitted to USAID for approval in mid-October 2012. This will be used as a background document for Capacity Plus in its plans for a workshop on HIV/AIDS commodity security (planned for January 2013) and follow-up technical assistance to selected Latin American entities. LAC funds support this effort.

5.5 Caribbean Region

Mid-term Evaluation of the PEPFAR Caribbean Regional Program

PEPFAR's Caribbean Regional Program is in its third year of implementation. The Program is based on the U.S.—Caribbean Regional HIV/AIDS Partnership Framework (2010-2015) signed by 12 participating Caribbean Governments and two regional partners. Work under this framework aims to reduce HIV incidence and prevalence in the Caribbean region; build capacity of national governments to develop and maintain sustainable, comprehensive, and effective national AIDS programs; and strengthen effectiveness of regional coordinating agencies and nongovernmental organizations to provide quality cost-effective goods and services to bolster national HIV programs. Ultimately, the framework aims to increase partner countries' capacity to develop, lead, finance, and implement sustainable, comprehensive, and effective national AIDS programs so that national governments increasingly assume primary strategic and financial responsibility over the long-term.

In April 2012, the PEPFAR Caribbean Regional Coordinator approached AIDSTAR-One to conduct a mid-term evaluation of the Caribbean Regional Program to identify areas that show a strong likelihood of building a sustainable HIV-related infrastructure in the region, areas that

need improvement, and factors contributing to or impeding progress. Identification and description of factors promoting country ownership and sustainability are of particular interest. Specifically, this evaluation seeks to:

- 1) Ascertain if the PEPFAR Caribbean Regional Program is helping countries reach a sustainable national AIDS program model
- 2) Identify key factors contributing to or impeding project results
- 3) Make recommendations for program adjustments.

This activity was launched with a one-day meeting on May 9, 2012 in Barbados with the PEPFAR interagency team followed by phone interviews with key technical advisory group members to clarify and focus the evaluation design.

From June to August 2012 the four-person evaluation team (two AIDSTAR-One staff and two Caribbean consultants) collected primary qualitative data via document review, semi-structured interviews, and a group data collection session at the June 2012 PEPFAR Caribbean Regional Program Portfolio Review Meeting. The evaluation team conducted semi-structured interviews with 104 persons during field visits to 5 of the 12 Partnership Framework countries: Antigua and Barbuda, Barbados, Jamaica, the Bahamas, and Trinidad and Tobago. The team conducted phone interviews with 47 additional stakeholders including representatives from the seven Partnership Framework countries not visited (Belize, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname), the Pan Caribbean Partnership against HIV and AIDS (PANCAP), the Organization of Eastern Caribbean States, Caribbean Regional Program interagency team members, international agencies, and regional and international implementing partners. Twenty-five country counterparts and implementing partners participated in the group data collection session during the June 2012 Portfolio Review Meeting.

In July and August the evaluation team conducted content and thematic analysis using *Dedoose*, Version 4.3 and the first draft report was submitted to the PEPFAR Interagency Team on September 21, 2012 for comment.

Remaining activities include: receiving comments from the PEPFAR interagency team, facilitating a one-day feedback session with the PEPFAR interagency team in Barbados on October 18, 2012, presenting findings and recommendations at the PANCAP Annual General Meeting in Belize on October 26, 2012, completing a second draft report to receive comments from key stakeholder groups, and finalizing the report for submission to USAID for review and approval by December 21, 2012.

5.6 Central Asia Regional Mission (Kyrgyzstan)

AIDSTAR-One worked with USAID/Central Asia and Kyrgyzstan in FY 2012 to finalize a scope of work. After a series of conference calls it was agreed that AIDSTAR-One would conduct an assessment of gender and HIV activities in the country. The assessment, scheduled for the next quarter, will examine HIV service delivery programs, particularly those focusing on most-at-risk populations that address gender and its impact on HIV acquisition

and care. In addition to presenting assessment findings, a final report will highlight evidence-based best practices which may be considered by implementing partners and the government.

5.7 Honduras

Summary and Major Accomplishments

During this project cycle, AIDSTAR-One/Honduras has worked to strengthen the national response to HIV in Honduras in collaboration with the Health Secretariat and the National Association of People Living with HIV/AIDS in Honduras (ASONAPVSI DAH), based on results and evidence. By providing technical assistance to the Health Secretariat and ASONAPVSI DAH, AIDSTAR-One/Honduras is working to strengthen the national response to HIV to improve the health status of underserved and vulnerable populations in accordance with the USAID/Honduras Assistance Objective 4 of the USAID Results Framework 2010-2015.

Since the launch of the National Strategy for Integrated Care for STI/HIV/AIDS in March 2011, AIDSTAR-One/Honduras has provided technical support for the strategy's preparation and implementation. AIDSTAR-One is also providing support to ASONAPVSI DAH which launched their Third National Strategic Plan (2011-2015) in February 2011, which outlines their commitment to human rights, the promotion of comprehensive care, and the creation of strategic alliances. During FY 2012, AIDSTAR- One completed hiring staff required to support workplan activities and opened two regional offices, one in San Pedro Sula and the other in La Ceiba.

Status of Workplan Activities

1. Complete the Preparation Phase for Implementation of the National Strategy for Comprehensive Care For HIV/AIDS Services

- Supported development of five regional tailored strategies to carry out an assessment of 405 STI/HIV/AIDS service providers within five prioritized geographical areas to implement the National Strategy. The assessment was conducted and data entry is completed.
- Facilitated a training of trainers workshop for five Health Secretariat central level staff to train regional technical teams organized to carry out the regional service provider's assessment in five geographical areas.
- Initiated the recruitment process under the leadership of the regional teams of one database specialist, 10 interviewers, and three supervisors.
- Provided technical assistance for the development and validation of the Facilitator's Guide for the strategy's socialization process and the subsequent training of trainers workshop.
- Developed an operational framework for the National Strategy.

- Updated a basic package of services for most-at-risk populations and the general population, identified technical assistance for basic package of services costing, and provided technical assistance to describe the services. A consultation on the basic package of services was held and adjustments to the package were made. The document was submitted by the Technical Ministerial Team to the national authorities for approval.
- Conceptualized transition plans and geographical area mapping framework.
- Completed a draft referral system framework and supervision framework.
- Provided technical and administrative assistance to the Country Coordinating Mechanism and conducted capacity building trainings in coordination with AIDSTAR-Two.

2. Improve the Technical Capacity of the Health Secretariat and Service Providers to Provide High-Quality HIV Services

- Drafted a quality assurance model for the improvement of integrated care and treatment center services.
- Provided technical assistance to prepare a training of trainers for Health Secretariat staff and nongovernmental organizations on quality improvement for integrated care and treatment centers, aiming to have staff improve understanding of quality improvement and to develop seven specific plans to implement HIV-related quality improvement activities at the site level.
- In coordination with the Health Secretariat's Quality Assurance Department, provided technical assistance to quality improvement teams within integrated care and treatment centers from August 20-27.
- Provided technical assistance to prepare three HIV rapid test training of trainer workshops for microbiologists and lab technicians to certify them in order for them to conduct training at the local level enabling staff from health facilities to perform HIV rapid test procedures. Sixteen microbiologists, 16 health care assistants/HIV counselors, one lab technician, and four nurses were trained.
- Provided technical assistance to facilitate site trainings with the participation of 109 local staff to develop tailored draft plans for quality assurance in the integrated care and treatment centers located in Bay Islands, La Ceiba, Sambo Creek, Hospital Escuela, San Pedro Sula's Instituto Hondureño de Seguridad Social, and Tegucigalpa.
- Carried out a Child Clinical Care and Treatment Guidelines consultation on September 10 and an Adult Clinical Care and Treatment Guidelines consultation from September 11-12 with the participation of National AIDS Program and integrated care and treatment center staff.
- Conducted a prevention of mother-to-child transmission of HIV consultation, supervision framework consultation, and a referral system framework consultation.
- Revised and developed service delivery protocols, norms, and job aides for Health Secretariat personnel. Norms that were revised include the child clinical care and treatment guidelines, adult clinical care and treatment guidelines, prevention of mother-to-child transmission of HIV norm, and voluntary counseling and testing norm. In addition, the rapid testing manual protocol was revised.

3. Enhance the Technical Capacity of ASONAPVSI DAH to Provide Quality Prevention, Care, and Support Services to People Living with HIV

On December 5, 2011 AIDSTAR-One conducted a workshop with the Association's Board of Directors to define and outline the basis for an organizational capacity assessment to be carried out. AIDSTAR-One adapted the New Partners Initiative Technical Assistance Project's (NuPITA's) assessment toolkit for ASONAPVSI DAH's organizational assessment. The organizational assessment was carried out based on NuPITA's methodology and the preliminary report was developed and submitted to the USAID Mission for approval. The report assesses critical areas related to governance, leadership, communication, management, and administration of human resources, among other organizational infrastructure areas. The assessment is complementary to the assessment of services provided by ASONAPVSI DAH carried out in 2010 by AIDSTAR-One/Honduras.

AIDSTAR-One provided assistance to develop an HIV basic knowledge manual, home visit manual, and self-support group manual for ASONAPVSI DAH, which has been submitted to the USAID Mission for approval. A training of trainers for ASONAPVSI DAH's self-support group coordinators was conducted with 23 people trained, and a manual for service provision was developed. In addition, four site trainings for ASONAPVSI DAH's self-support group coordinators were conducted with 52 people trained.

5.8 Dominican Republic

Summary and Major Accomplishments

1. HIV Grants Program

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

Since December 2011, AIDSTAR-One has monitored each grant in terms of the completion of agreed-upon deliverables. After verification of deliverable completion, the grantee is paid a fixed amount. Grantees also report to AIDSTAR-One their progress towards various PEPFAR indicators that AIDSTAR-One then reports quarterly to USAID/Dominican Republic.

The work being done by the twelve grantees supported by AIDSTAR-One consists of HIV prevention, care, and treatment activities carried out in 13 provinces, 22 municipalities, 27

bateyes (sugar cane plantations), and 25 HIV comprehensive health care facilities and public hospitals. Each of the grants includes a partnership component whereby grantees partner with a public hospital or institution to expand the reach of their interventions and help to strengthen publicly provided HIV-related services. Prioritized populations are people living with HIV, orphans and vulnerable children and relatives, male and female commercial sex workers, the Dominican-Haitian population, inhabitants of *bateyes*, men who have sex with men, and out-of-school young people.

All of the PEPFAR targets that the grantees are responsible for have been reached by September 30th 2012, with the exception of the Testing & Counselling (T&C) PEPFAR target. The main challenge that grantees are facing on T&C is an inconsistent supply of HIV test kits from the Ministry of Health.

2. Technical and Institutional Strengthening

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

The following technical assistance activities took place during FY2012:

- Two technical meetings on social marketing of health services offered by grantees were conducted. As an intermediate result, a working group was created with specific tasks to be accomplished, including obtaining national authorities licensing to be integrated as part of the National Social Security System. This working group has received technical assistance for the development of administrative manuals as part of their institutional strengthening process. AIDSTAR-One is creating a productive environment and providing technical support for this group to accomplish its goals. The Dominican government is also part of this group through CONAVIHSIDA (the National Council for HIV & AIDS). AIDSTAR-One provided technical assistance to help one of the grantees (CEPROSH) to become licensed and integrated into the National Social Security & Health System.
- A workshop on HIV evidence-based prevention techniques was held in January 2012. The workshop included twelve AIDSTAR-One grantees and seven FHI360 grantees. This workshop was conceived, designed, coordinated, and executed in an integrated manner with the FHI360 national team. This experience of joint and coordinated efforts helped to save resources.
- A workshop on Finance & Administration was conducted during April 2012. This workshop was conducted by the AIDSTAR-One Washington, D.C. and Santo Domingo teams for the benefit of the twelve AIDSTAR-One grantees. Eighteen participants

attended this workshop to learn about: prevention and indicators of fraud in the implementation of USAID projects; Fixed Obligation Grants (FOG); Applicable Principles of Rules and Regulations of USAID; Purchase of Goods and Services; and Staff Contracting.

- A workshop on Monitoring and Evaluation was also conducted during April 2012. 24 participants attended the M&E workshop along with participants from seven FHI360 grantees. The participants received detailed information and definitions of monitoring and evaluation, PEPFAR indicators and requirements, construction of instruments for data collection, and data quality assessment. As a result of the workshops held by AIDSTAR-One, all twelve grantees were able to train a total of 702 health promoters and NGO personnel in monitoring and evaluations, prevention based on evidence and continuous care for PLWHA.
- Similar coordination was used to implement a workshop on continuous care for people living with HIV, and orphans and vulnerable children and relatives.
- AIDSTAR-One assisted individual NGOs on strengthening their administration, procurement and human resources systems. Some areas where grantees received technical assistance were:
 - Administrative tasks (filing, etc.)
 - Petty cash – checks
 - Contributions received in kind
 - Procedures Manual
 - Incentives for volunteers
 - Correspondence numbering system
- Support was given for health systems strengthening and health systems governance by supporting the establishment of a Public Policy on HIV/AIDS Observatory with the participation of more than 40 national organizations. The observatory's official website was launched during September 2012.
- AIDSTAR-One documented the work of two of its grantees – Clínica de Familia La Romana and PROBIEN – through a case study. The case study has been completed and posted on the AIDSTAR-One website, along with eight companion videos illustrating the various programs implemented by the two grantees.
- AIDSTAR-One has strengthened internal communications among the grantees and related audiences through Facebook as a closed group. This communications initiative will facilitate the coordination of activities, dissemination of information and pictures, as well as interaction among nongovernmental organizations and project staff. This group serves as an informal, but efficient, means of communication among grantees.

- AIDSTAR-One is coordinating the Inter-Institutional Technical Committee on Sustainability with partners like Coalition of NGOs, National Network of PLWHA, FHI360, PAHO, UNICEF, UNFPA, etc. This committee is helping to form a national forum on NGO sustainability. This event is expected to take place during December 2012.

5.9 Brazil

Summary and Major Accomplishments

USAID/Brazil requested AIDSTAR-One support for creating sustainable access for most-at-risk populations (MARPs) to tuberculosis control and HIV programs in the states of Sao Paulo and Rio de Janeiro, as well as at the national level in Brasilia. This program, called Social Tech, uses social technologies (behavior change communications, social marketing, social mobilization, social research, etc.) to create better awareness of co-infection risk, encourage health seeking behaviors, and support compliance with treatment according to the directly observed treatment short-course (DOTS).

In addition, the program is intended to build capacity in social technologies at the national and state level for tuberculosis control and prevention of co-infection. Social Tech is unique in its attention to the co-infection issue within large, state penitentiary systems, expanding public health services for the vulnerable population of inmates. AIDSTAR-One/Brazil began operations in October 2011. In September 2012, AIDSTAR-One/Brazil requested and received approval for an extension with no additional funding through December 31, 2012.

Major accomplishments from October 2011 through September 2012 include:

- Submitted a workplan and budget that was approved by USAID/Brazil and the AIDSTAR-One Contracting Officer's Representative.
- Submitted a Performance Monitoring Plan for FY 2012 to USAID/Brazil.
- Fielded the Chief of Party and Senior Public Health Expert and hired a local finance and administration manager, monitoring and evaluation specialist, and program coordinator.
- Contracted with a local public health expert with USAID project experience as a consultant for technical support in Sao Paulo.
- Competed, selected, and signed a subcontract with a well-qualified local consulting firm in Brasilia with USAID project experience.
- Immediately began the project within the JSI office in Sao Paulo on October 1, 2011. Signed a lease for office space in Brasilia and completed set-up of the Brasilia office with financial/administrative systems functioning in November 2011.
- Prepared a scope of work for community grants to be competitively awarded following an innovative two-part application process.
- Prepared and issued a request for applications in order to competitively award new grants to nongovernmental organizations (NGOs) in intervention areas. Received 27 applications in response to the request. Eight applications met the requirements and

qualifications for further review. Three applications were approved by USAID/Brazil and AIDSTAR-One for community grant awards. NGOs are implementing community behavior change communications (BCC) activities on co-infection with MARPs. Grant activities include community mobilization and creating awareness of prevention of tuberculosis and HIV/AIDS co-infection in intervention areas in Rio de Janeiro and Sao Paulo.

- Implemented capacity building, training and intervention strategy development with key stakeholders in the National Tuberculosis Control Program, the Secretary of Health Tuberculosis Control Programs in Sao Paulo and Rio de Janeiro, Municipal Tuberculosis Control Programs, State Penitentiary Systems, civil society leaders, and other local partners working in tuberculosis control, HIV, and co-infection (Global Fund to Fight AIDS, Tuberculosis and Malaria; Pan American Health Organization; Fiocruz; Management Sciences for Health, etc.).
- Completed an assessment of ongoing intervention sites in the state of Sao Paulo, implementing the “De peito aberto” behavior change communication campaign for more effective tuberculosis control within state public health clinics and the penitentiary system. The assessment revealed a high satisfaction level with the campaign by both providers and clients.
- Completed a quantitative assessment of campaign impact in the large Franco da Roche Penitentiary using an innovative knowledge, attitude, behavior, and practice (KABP) survey and scales developed by AIDSTAR-One/Brazil. The analysis revealed statistically significant, positive change in KABP. This change was observed with both inmates and health providers in intervention units when compared across two points in time (pre- and post-campaign assessments). Significant change also occurred when analyzing two units where the campaign was conducted compared to a separate unit in the penitentiary acting as a control and without behavior change and social mobilization campaign interventions. All units at the penitentiary had regular tuberculosis clinic services provided to inmates with DOTS protocols. Results were used by AIDSTAR-One/Brazil for the next wave campaign development.
- Expanded project activities at national, state, municipal and community intervention levels (Brasilia, Rio de Janeiro, and Sao Paulo).
- Completed contract negotiation with the local subcontractor including accelerated work plan.
- Completed several public offerings and local competitions for community grants awards and advertising agency selection, all essential for advancing the project workplan.
- Presented KAPB evaluation results to the State of Sao Paulo Penitentiary Ethics Committee and the Secretariat of Health. Study results demonstrated significant positive impact in applying social technologies for behavior change for more effective TB control. This has created an historically unique, positive atmosphere for expansion of public health activities in the State of Sao Paulo and State of Rio de Janeiro Penitentiary Systems and increases public health access and quality of life for prisoners.
- Conducted of a 3-day training in “Social Marketing and Other Social Technologies for Tuberculosis Control and Preventing Tuberculosis and HIV/AIDS Co-infection” in

Brasilia involving over 15 staff from the Secretary of Health National Tuberculosis Control Program (PNCT), the Secretary of Health Sao Paulo and the Secretary of Health Rio de Janeiro (Divisions of Tuberculosis Control and HIV/AIDS),

- Maintained key relationships, contacts and communications with the PNCT, the Sao Paulo Secretary of Health TB Control Program, the Rio de Janeiro Secretary of Health TB Control Program, municipal and district level programs, SP and RJ Penitentiary System officials and medical staffs, civil society leaders, consultants, and USAID partners.
- Completed final project M&E plan deliverable.
- Completed focus group studies with MARPs and related creative design work for “second wave” campaign materials. This involved collaboration with partners at the PNCT, state and municipal levels, and civil society leaders in Rio de Janeiro and Sao Paulo.
- In collaboration with state and municipal level tuberculosis control programs, AIDSTAR-One/Brazil conducted specialized trainings for NGOs and civil society leaders for prevention of tuberculosis and HIV/AIDS co-infection. In the States of Rio de Janeiro and Sao Paulo, these were the first trainings conducted on behalf of NGOs, building their capacity in tuberculosis control and HIV/AIDS co-infection, along with behavior change communications, peer to peer counseling and community mobilization.
- Completed sustainability and transition plans at the PNCT for continuation and expansion of penitentiary system interventions for prevention of tuberculosis and HIV/AIDS co-infection, using the social technology models developed and evaluated by AIDSTAR-One/Brazil and our local counterparts.

Status of Work plan Activities

1. Project Start-Up for Rapid Deployment

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

2. Staff Mobilization

All AIDSTAR-One/Brazil staff were mobilized and deployed immediately upon workplan approval in October 2011 and continue through this reporting period.

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

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

strategy assessment and pretest of behavior change communication materials and messages.

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

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

All new prisoners were given the brochures during the regular intake process and encouraged to seek health diagnosis with symptoms. In addition, the campaign’s first community theater activity and community outreach efforts to prisoner families on visitation days were considered successful by the prison administration and health staff, therefore expanded by AIDSTAR-One community grant recipient, Rede Paulista.

In Quarter 2, the AIDSTAR-One/Brazil Social Tech Team completed specific requirements for “second wave” campaign behavior change communications directed to HIV/TB co-infection. This was determined through the strategy assessment, focus groups with MARPs and pretest of BCC materials, themes and messages.

Continuing TB control and HIV/TB co-infection campaign activities were planned with the Franco da Rocha Penitentiary health staff. Activities continued with excellent support and feedback from prison officials, public health providers, and the prisoners themselves.

AIDSTAR-One/Brazil developed and got approval of a scope of work for an advertising agency to create new “De Peito Aberto” campaign materials to include themes of preventing HIV/TB co-infection in the ongoing campaign interventions and interventions in new areas in Rio de Janeiro. Additional community posters, brochures, event handouts/flyers and print media placements will be available that include themes of awareness and prevention of co-infection. The scope of work was sent to five advertising agencies (pre-qualified by AIDSTAR-One/Brazil) for social advertising and BCC work resulting in several competitive bids and selection of the leading firm by the AIDSTAR-One review committee.

In Quarter 2, a series of 10 planning meetings were held with the AIDSTAR-One/Brazil Chief of Party, the State of Rio de Janeiro Secretariat of Health TB Control Program, the Municipal Committee on TB Control, the Forum on TB Control in Rio de Janeiro, CEDUS, FAP (NGOs)

and FIOCRUZ to discuss and assess communication campaign needs, priority intervention areas, and the contribution of Social Tech to enhanced TB and co-infection control. All these groups expressed their great appreciation for and interest in partnering with AIDSTAR-One/Brazil Social Tech. Enhanced TB control and co-infection prevention are public health priorities in Rio de Janeiro. Groups in these meetings pointed out the timeliness of AIDSTAR-One/Brazil Social Tech in helping the transition and sustainability of community mobilization and BCC efforts, especially since Global Fund TB control activities close out in Rio de Janeiro and other areas of Brazil during 2012 and 2013. Plans were created for implementation in Rio de Janeiro.

A strategic assessment of social technology needs was completed in Quarter 2 through meetings and discussions with counterparts in PNCT, the State Secretariat of Health in Sao Paulo, the State Secretariat of Health in Rio de Janeiro TB Control and HIV/AIDS Programs, Municipal level Tuberculosis Control and HIV/AIDS Programs, Penitentiary Health Programs, NGOs, and civil society leaders. The results were used to refine the workplan technical assistance and training program as well as to create the objectives for the community grants program and scope of work for the advertising agency purchase order.

The project's social research program was finalized toward creating and evaluating the project's BCC and social mobilization efforts in intervention areas. This included finalizing moderator's guides for focus groups, focus group participant screening criteria, and venues and schedules in Sao Paulo and Rio de Janeiro. Four focus groups were completed with MARP participants to test and finalize communication materials and themes on co-infection awareness and prevention. In addition, a rapid market survey methodology and instrument was designed and tested use at the community level for assessing awareness, exposure, and receptivity to communication campaign messages in Rio de Janeiro.

The AIDSTAR-One/Brazil Social Tech Team completed creative strategy requirements for BCC directed to HIV/TB co-infection. The creative strategy requirements were determined through the strategy assessment, pretest of BCC materials and messages, and close collaboration with our counterparts at PNCT, the Secretary of Health Sao Paulo, and the Secretary of Health Rio de Janeiro (Tuberculosis Control and HIV/AIDS Programs).

Completion of communications creative strategy with the project's local advertising agency for "second wave campaign" materials included themes of preventing HIV/TB co-infection in both ongoing campaign interventions and new interventions in Rio de Janeiro. The creative strategy included results of the previous campaign and a series of focus groups conducted with MARPs and NGO peer to peer counselors in Sao Paulo and Rio de Janeiro. It was clear that several design elements and images would be modified and some individual customization was necessary for the requirements of Rio de Janeiro and Sao Paulo. AIDSTAR-One/Brazil created an innovative strategy including essential information on tuberculosis control and prevention of tuberculosis and HIV/AIDS co-infection, which complements other ongoing communication efforts in Brazil.

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

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

Subcontractor Competition Process

In the AIDSTAR-One/Brazil workplan, a local Brazilian subcontractor organization was intended to play a key role.

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

Impact Evaluation (KABP Study) Activities

There were a series of activities completed related to ongoing studies measuring impact of the first wave “De Peito Aberto” campaign, as well as activities and plans for completing “second wave” campaign evaluation at the close of AIDSTAR-One/Brazil Social Tech, including:

- Development of final statistical analyses and impact evaluation report of BCC intervention at Franco da Rocha prison. The final report was completed and submitted to the Sao Paulo State Secretariat of Health and Prisons Administration for final approval. Approval was received from the Sao Paulo State Secretariat of Health without amendments, and the State Secretariat of Prisons Administration has requested a formal submission to the Secretariat’s Institutional Review Board (IRB). All documents and forms were submitted in March 2012. An executive summary of the report in English was created and submitted to the USAID Mission.
- Development of final KABP scale for impact evaluation of Unified Health System (SUS) interventions in Sao Paulo. Final scale and questionnaire were submitted to the Sao Paulo State Secretariat of Health in Quarter 1. Final approval was received from the Sao Paulo State Secretariat of Health in March 2012. A second ex-post research plan was defined and data collection was completed in September 2012.
- Development, testing, and finalization of the market survey for community level campaign assessment in Rio de Janeiro. The questionnaire includes four sections for assessment of exposure to TB campaigns, co-infection information, specific KABP questions on co-infection, and exposure to the project’s BCC intervention. Interviews with MARPs populations will be carried-out in Rio de Janeiro before and after the intervention to assess change and impact.

The KABP study was applied in Franco da Rocha Penitentiary in Sao Paulo. The AIDSTAR-One/Brazil completed a report of the KABP study and presented significant, positive impact findings to the Secretariat of Prisons Administration of Sao Paulo. Results were well received and the State Secretariat of Prisons Administration and the State Secretariat of Health in Sao Paulo continue to be very supportive of AIDSTAR-One/Brazil's work in tuberculosis control and HIV co-infection with the objective of improving public health access for all prisoners.

Building Capacity

There were many activities in building local capacity in social technologies and supporting TB control and prevention of co-infection. In March 2012, AIDSTAR-One/Brazil Social Tech participated in a PNCT-organized workshop for State and Municipal TB Control staff and civil society leaders in Recife, Brazil, on the topic of methodologies for advancing community participation, communications, and social mobilization for TB control. AIDSTAR-One/Brazil Social Tech also participated in two PNCT-organized events in Brasília in support of the launch of its 2012 TB campaign at the Brazilian Ministry of Health and National Congress.

AIDSTAR-One/Brazil Social Tech was invited by the State Secretariat of Health TB Control Program to participate as a member of the planning committee of the International TB Control Day activities in Rio de Janeiro. Working closely with the State Secretariat and Municipality of Rio de Janeiro officials, the Forum on Tuberculosis for Rio de Janeiro (NGO), and civil society leaders, a full-day community awareness event took place on March 24, 2012, which featured mass media coverage. AIDSTAR-One/Brazil Social Tech co-sponsored International TB Control Day events with the Rio de Janeiro State Secretariat of Health and Municipality of Health Tuberculosis Control Programs, the Forum on TB Control, CEDUS, and FAP (NGOs) which took place in the Cinelandia Square outside the Rio de Janeiro Congress Hall. The event was attended by several thousand community members throughout the day. The program featured musical performances by community youth, street theatre and participatory activities regarding tuberculosis awareness and prevention of co-infection.

As part of the International TB Control Day events, the AIDSTAR-One/Brazil Chief of Party, was invited by the Chair of the State of Rio de Janeiro Congress Health Committee to attend a special public session on "Policies and Support for TB Control," and was recognized by the Chair. The special public session resulted in several recommendations by the State Congress Health Committee for enhanced TB control and protection of the rights of TB clients in Rio de Janeiro.

A three-day "Social Marketing, Social Technologies and Impact Evaluation" workshop was held in Brasilia in May 2012 with 12 key staff from the State and Municipal Secretariats of Health in Sao Paulo, members of PNCT, and the HIV/AIDS State Program and TB Control and HIV/AIDS Programs of the State of Rio de Janeiro. The training was opened by Ms. Nena Lentini, USAID Brazil Mission Activity Manager for AIDSTAR-One/Brazil Social Tech. It was the first training historically in Brazil on social technologies for public health, TB Control and HIV/AIDS. The training covered methodologies of social marketing, BCC, social mobilization, social research and social media applied to prevention of co-infection. Feedback from participants was extremely positive. After the training, the majority of

participants continued to assist AIDSTAR-One/Brazil in implementing state-level interventions and sustainability and expansion plans within PNCT.

For transition and sustainability at the PNCT, AIDSTAR-One/Brazil Social Tech provided technical assistance to counterparts in creating an internal Social Tech Unit. Also, technical assistance was provided in identifying opportunities for professional collaboration and dissemination of promising practices and results. According to PNCT, the AIDSTAR-One/Brazil technical assistance and capacity building has been valuable in the area of systematization of social technologies and innovations in social marketing. After the close of AIDSTAR-One/Brazil, PNCT plans to continue using their new capacity and skills in promoting the sustainability of the “De peito aberto” campaign themes and social mobilization models. In September 2012, PNCT, state penitentiary system health directors and AIDSTAR-One/Brazil developed national expansion strategies for tuberculosis control and prevention of co-infection, with focus on large prison populations most at risk and surrounding impoverished communities.

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

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

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

A series of visits and meetings were completed at the large Franco da Rocha Penitentiary with the Health Coordinator. Campaign progress was discussed, as well as re-supplying communications materials and observing intervention activities. AIDSTAR-One/Brazil supplied intervention strategies and community mobilization T-shirts and brochures for distribution by the 14 peer health agents, recruited from the prisoner population and trained by the health coordinator. In addition, for the first time at the prison, all new prisoners received “De peito aberto” tuberculosis control brochures and education during intake procedures. In addition, the health coordinator complemented the work of the project intervening with families of prisoners on visitation day. This created a positive atmosphere to discuss tuberculosis control both outside and inside the prison.

The AIDSTAR-One/Brazil Social Tech Team assured the continuation of the “De Peito Aberto” campaign in 15 intervention sites. In addition, interviews were conducted with clinic

providers which revealed continued local support and positive opinions on campaign effectiveness. The “De Peito Aberto” campaign posters were in place at clinic sites and brochures were actively distributed at clinic sites, within the Franco da Rocha Penitentiary P1 and P2 Units and at community TB control campaign events.

AIDSTAR-One/Brazil co-sponsored International TB Control Day activities in March 2012 in partnership with the State of Sao Paulo Secretary of Health Tuberculosis Control Program, the Municipality of Guarulhos and Rede Paulista (NGO). This included participation in a local Community Health Fair which was well attended by community members. Rede Paulista conducted peer-to-peer awareness activities on TB control and prevention of co-infection.

In May 2012, AIDSTAR-One/Brazil Social Tech participated in sponsoring Rede Paulista, our partner NGO, in peer to peer communications conducted during the Sao Paulo “Feira da APOLGBT” (annual LGBT Day Parade event). Rede Paulista set up a booth at a major street intersection of the parade and distributed over 1000 communication materials on prevention of tuberculosis and HIV/AIDS co-infection, as well as conducting peer to peer counseling with interested participants.

In June 2012, AIDSTAR-One/Brazil staff in collaboration with the Municipality of Sao Paulo Tuberculosis Control program conducted a capacity building workshop for NGOs in Sao Paulo on tuberculosis diagnosis and treatment, co-infection, social mobilization, and communications including the Stop TB international campaign. Over 20 staff from the NGO partners, EPAH and Rede Paulista, and the Municipal level attended this training. Participants expressed much appreciation for this training and stated its importance for communications with MARPs in Sao Paulo, as part of Social Tech’s community grant program. This capacity building training for NGO partners was also conducted in Rio de Janeiro in July 2012 as collaboration with the State and Municipal Tuberculosis Control programs.

The AIDSTAR-One/Brazil Social Tech “De Peito Aberto” campaign materials were much appreciated by the State and Municipality of Sao Paulo TB Control Programs. These programs reported they had no other communication resources on tuberculosis available at the community level during this period. The state-level intervention sites in Guarulhos and the Franco da Rocha Penitentiary plan to continue the campaign during the project extension period (October-December 2012) and beyond.

5.10 India

Summary and Major Accomplishments

AIDSTAR-One continued to work closely with USAID/India to accomplish two main objectives during FY 2012. The first objective was to complete and disseminate the eight documented promising practices of USAID’s HIV program in India’s Maharashtra, Karnataka, and Andhra Pradesh states. The second was to provide technical assistance to the National AIDS Control Organization (NACO), the State AIDS Control Society (SACS) in Uttar Pradesh and

Uttarakhand, and the Technical Support Units (TSUs) in those same states in emerging technical areas.

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

- Published the completed and approved case study on mobile clinics for reaching most-at-risk and hard-to-reach populations in Maharashtra
- Published the completed and approved case study on a district-level comprehensive approach to HIV management in Maharashtra
- Published the completed and approved case study on integrating HIV care, which is improving programs and the lives of people living with HIV in Maharashtra
- Published the completed and approved case study on linking resources for antiretroviral therapy adherence in Karnataka
- Nearly completed a case study on a positive partnership to accelerate the integration of HIV and tuberculosis services in Karnataka
- Nearly completed a case study on providing technical assistance to state- and national-level HIV and AIDS services in Karnataka
- Nearly completed a case study on a community-based initiatives for HIV management among marginalized groups in Maharashtra
- Nearly completed a case study on micro-planning for a community-based system to ensure quality care among people living with HIV in Andhra Pradesh
- Provided technical assistance and support to the core strategy development team in preparation of the National AIDS Control Programme Phase IV (NACP-IV) design document
- Provided technical assistance and support to the SACS of Uttar Pradesh in the areas of targeted prevention of HIV among most-at-risk populations; tuberculosis /HIV; integrated counseling and testing; prevention of mother-to-child transmission of HIV; and care, support, and treatment of people living with HIV
- Provided technical assistance and support to the SACS of Uttarkhand in the areas of integrated counseling and testing, and care, support, and treatment of people living with HIV
- Managed implementation of the TSUs to provide technical assistance and support for organizations implementing targeted interventions among men who have sex with men, sex workers, people who inject drugs, migrants, and truck drivers according to the National AIDS Control Programme Phase III (NACP-III) in Uttar Pradesh and in Uttarakhand
- Provided technical and administrative assistance and support through the provision of consultants to NACO.

Status of Workplan Activities

USAID approved AIDSTAR-One/India's FY 2012 workplan in December 2011. The first objective of the workplan was to complete and disseminate eight documented promising practices of USAID's HIV program in Maharashtra, Karnataka, and Andhra Pradesh. The second was to provide technical assistance to NACO, SACS, and TSUs in emerging technical areas. Activities for both objectives were completed according to plan, although a

few of the documents are still in the final stages of preparation and will be completed in the next few weeks.

Promising Practices Documentation and Dissemination

The documentation of promising practices was continued from activities that started during FY 2011. The documents are developed in the form of case studies and cover eight project components: four in the state of Maharashtra, three in the state of Karnataka, and one in the state of Andhra Pradesh. During this fiscal year, all of the eight case studies have either been completed or are very near completion.

During this fiscal year, four of the case studies have been completed, approved by USAID, and published on the AIDSTAR-One website. The case studies were disseminated to various email lists and cross posted on various websites. One of the remaining case studies has been reviewed by the implementing project, USAID/India, and the AIDSTAR-One Knowledge Management (KM) Team, and is undergoing a final revision by the author. Another of the case studies has been reviewed by the implementing project and the AIDSTAR-One KM Team and is now being reviewed by USAID/India. A third case study has been reviewed by the implementing organization and is in the final stage of review by the AIDSTAR-One KM Team. The final case study is being reviewed by the AIDSTAR-One KM Team. The four case studies that are in the final stages of production will be published and disseminated in the next few weeks.

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

Technical Assistance to NACO

The second objective of providing technical assistance to NACO, SACS, and TSUs evolved on an as needed basis through FY 2012 and included several concrete activities such as continued technical assistance and support for the design of the NACP-IV at the national level; technical assistance and support of the SACS in two states (Uttar Pradesh and Uttarakhand); technical assistance and support of the TSUs in the same two states; and technical and administrative assistance and support at NACO.

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

Because several USAID/India HIV projects have ended, in December 2011, USAID asked AIDSTAR-One to provide technical support and assistance to the SACS in Uttar Pradesh and

Uttarakhand. AIDSTAR-One hired three technical consultants in Uttar Pradesh and one in Uttarakhand to work under the direction of the project directors of their respective SACS. In Uttar Pradesh, the consultants worked in the areas of targeted HIV prevention among MARPs; tuberculosis/HIV services; prevention of mother-to-child transmission of HIV; integrated counseling and testing; and care, support, and treatment. In Uttarakhand, the consultant worked in the areas of integrated counseling and testing, and care, support, and treatment. All consultants supported the SACS in the development of workplans, annual action plans, and other reporting, and through monitoring and training visits within their technical areas throughout their respective states.

Also in December 2011, USAID requested AIDSTAR-One to take on the implementation of the TSUs in both Uttar Pradesh and Uttarakhand. The role of the TSUs was to support the SACS to implement targeted HIV prevention interventions among sex workers, men who have sex with men, people who inject drugs, migrants, and truck drivers through hundreds of nongovernmental and community based organizations throughout the two states; support STI diagnosis and treatment and condom distribution services; build capacity among, and provide training to, staff of nongovernmental and community based organizations; and assist the SACS with strategic planning. In January 2012, AIDSTAR-One issued a request for proposals for a subcontractor that could run the TSUs in both states. One proposal was received and after reviewing the proposal, Futures Group/India was awarded the subcontract. In accordance with their subcontract, the subcontractor started implementing the TSUs in both states in February 2012 and continued through the end of March 2012. Towards the end of the first subcontract, USAID/India requested AIDSTAR-One to continue implementing the TSUs. Two new RFAs, one for the implementation of the TSU in each state, were released. Again, one proposal for each RFA was received and reviewed, and the subcontract was awarded to Futures Group/India. The subcontractor continued to implement the TSUs in both states without interruption through the end of June 2012.

In March 2012, USAID/India requested AIDSTAR-One to provide technical and administrative assistance and support directly to NACO by financing ten staff positions. AIDSTAR-One prepared contracts for the NACO consultants, who provided technical assistance to NACO in the areas of blood safety and financial management, and administrative support for various NACO offices. All of the consultants were assigned to NACO from the beginning of April to the end of June 2012, except one who provided support during May and June 2012.

All technical assistance activities under this objective in AIDSTAR-One/India's FY 2012 workplan were completed by the end of the fiscal year.

5.11 Tanzania

Summary and Major Accomplishments

As USAID/Tanzania continues to expand both the reach and impact of its HIV activities, it has collaborated with other development sectors, such as natural resource management and economic growth (NRM/EG), to support integration of HIV services into non-health services.

In order to assist these partners, USAID/Tanzania identified the need to provide timely and accessible HIV programs and technical assistance to support this movement towards deeper integration efforts. It is critical to the USG to ensure that such partners have easy access to the necessary support to effectively design and implement state-of-the-art HIV care and/or prevention programs (including those targeting orphans and vulnerable children) grounded in scientific evidence, and tailored to local contexts.

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

The following activities were implemented during the reporting period:

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

Status of Workplan Activities

1. Case Studies and Technical Brief

In June 2011, AIDSTAR-One proposed conducting a case study focused on Jane Goodall Institute's HIV program. The concept note was approved and data collection was completed by September 2011. A draft of the case study was submitted to USAID for final review in February, and feedback was provided in mid-March. The case study was finalized and posted in August 2012.

A draft case study documenting Africa Wildlife Foundation (AWF)/Longido Community Integrated Program's (LOOCIP) experiences in mainstreaming HIV/AIDS into its core conservation activities in the Longido district, Arusha region is currently being edited and will be submitted to USAID for approval in November 2012.

A concept paper for a technical brief capturing the diverse experiences of NRM/EG partners in mainstreaming HIV/AIDS into their NMR/EG activities was approved by USAID in May 2012. The objectives of the brief are to promote mainstreaming of HIV programming into non-health sectors, especially the NRM/EG sector; document the experiences, successes, challenges, and lessons learned by five NRM/EG organizations in Tanzania which have taken different approaches to mainstreaming HIV into their work; and provide recommendations for effective mainstreaming of HIV programming into NRM/EG activities.

Following USAID's approval of the concept note, the technical brief author traveled to Pangani and Morogoro to observe HIV mainstreaming programming and conduct key

informant interviews with University of Rhode Island's (URI's) sub-grantee Uzima Kwa Sanaa (UZIKWASA) and FINTRAC's sub-grantees Family Planning Association of Tanzania (UMATI) and Huruma Aids Concern and Care (HACOCA). A draft is currently being edited and will be submitted to USAID for approval in November 2012.

2. PMTCT Demonstration Project with the Jane Goodall Institute

AIDSTAR-One continued implementation of a community-based PMTCT demonstration project in Kigoma in collaboration with JGI, the Ministry of Health and Social Welfare (MOHSW) and the Kigoma Municipality. After successfully collecting baseline information in February 2012 and training 32 Community-based Distribution Agents (CBDAs) and eight supervisors from seven health facilities in March 2012, the first data set was collected in May 2012 by the local Technical Advisor, Ms. Grace Lusiola, and local consultant, Mr. Peter Riwa. They were assisted by two MOHSW trainers. The visit to seven implementing facilities and three control facilities was also used as the first supportive supervision and on-the-job training for the community based distributors (CBDs). The second data set for the month of May 2012 was collected in June 2012 by the Senior CBD Leader with support from JGI staff. End line data will be collected in mid-October 2012. Data analysis and the final report will be completed in early December 2012.

5.12 Nigeria

Summary and Major Accomplishments

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

A hallmark of the Nigeria program is strong partnerships and collaboration with the Government of Nigeria as well as other PEPFAR implementing partners. These partnerships encourage country ownership and strengthen the overall health system to better protect health care workers, patients, and community members. Some of the major accomplishments during FY 2012 include the following:

- Trained medical personnel (6,900) on injection safety and health care waste management (HCWM). Trained personnel consisted of 4,519 health workers, 2,270 waste handlers, and 81 logistics officers who were mainly pharmacists, storekeepers,

and ward in-charges (head of the hospital wards in the northern states). There were also 30 health workers who went through a training of trainers.

- Conducted a clinical meeting for 34 senior health personnel (director level) at the General Hospital, Minna, Niger State, to improve on best practices in injection safety and HCWM in the state.
- Procured and distributed seed stock of injection safety/HCWM commodities, including reuse prevention phlebotomy commodities.
- Conducted, published, and circulated a qualitative study exploring barriers to prevention of mother-to-child transmission of HIV and safe male circumcision in the five focal states and the FCT.
- Conducted community outreach activities on injection safety/HCWM and safe male circumcision in 24 communities each in Bauchi and Sokoto states and in eight communities in the FCT.
- Collaborated with partners to develop a HCWM strategic framework and five-year implementation plan targeting primary health care centers for the National Primary Health Care Development Agency (NPHCDA).
- Facilitated the formation of a HCWM technical task team as a subgroup of the National Prevention Technical Working Group.
- Conducted geographic information system (GIS) mapping of waste treatment equipment locations in the country to help ensure health facilities meet the minimum package for HCWM.
- Arranged for elemental analysis and toxicity tests by the National Institute for Pharmaceutical Research and Development (NIPRD) on the ash and brick from a past waste drive (including expired antiretrovirals, test kits, and lab reagents).
- Conducted a follow-up health facility assessment in 80 health facilities across the five focal states using the World Health Organization's (WHO's) Tool C-Revised.
- Advocacy efforts that resulted in the Federal Ministry of Health directive to federal tertiary health facilities to move from the use of standard disposable needles and syringes to reuse prevention needles and syringes.

Status of Workplan Activities

1. Commodity Management

The project is facilitating the integration of injection safety and HCWM commodity logistics into the harmonized health commodities logistics management information system across U.S. Government sites and Government of Nigeria partners. The project linked up federal/state Ministry of Health facilities and organizations directly with injection safety and HCWM commodity suppliers. A private company, KEBs Pharmaceuticals and Products, held a one-day sensitization meeting with health care workers to promote their reuse prevention syringes and safe phlebotomy products for continuing procurement by the Health and Human Services Secretariat of the FCT. This is a positive result of AIDSTAR-One's interventions in accordance with the Federal Ministry of Health's directive to all tertiary health institutions to discontinue the use of conventional syringes and adopt the use of safety syringes. Minjirya

Health Services Ltd. in Kano State has also expressed an interest in manufacturing safety boxes to meet the demand of the northern Nigeria market.

In addition, AIDSTAR-one has distributed seed stock of injection safety and HCWM commodities to focal states and sites, including 1,180 color-coded waste bins, 119,500 color-coded bin liners, 1,175 boots and aprons, 1,170 nose masks, and 1,175 heavy duty gloves. One hundred and fifty pieces of 60-liter color-coded wheeler bins, donated to the project by the Nigerian Department of Defense, were distributed to project focal facilities to improve HCWM. The project also procured and distributed seed stock of phlebotomy commodities comprising of 521,053 tubes including EDTA, Lithium Heparin, and Plain and Oxalate Fluoride, 176,730 tube holders and needles, as well as 14,700 safety boxes to the focal states.

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

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

2. Training and Capacity Building

The project trained a total of 6,900 medical personnel (4,519 health workers, 2,270 waste handlers, and 81 logistics officers who were mainly pharmacists, storekeepers, and ward in-charges, and 30 health workers in a training of trainers) all in the area of infection prevention and control. These trainings were conducted in 83 health facilities in 15 states and the FCT.

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

In addition, the project conducted training for the Nigeria Department of Defense on supportive supervision for senior military health officers to enhance supervisory skills and ensure best injection safety and HCWM practices in defense department sites.

3. Behavior Change Communication and Advocacy

A qualitative study exploring barriers to prevention of mother-to-child transmission of HIV and safe male circumcision was conducted in the five focal states and the FCT. The study consisted of key informant interviews and focus group discussions among married men and women, women attending antenatal clinics, HIV-positive pregnant women, and traditional birth attendants. In addition, a workshop was held to identify relevant male circumcision issues for two states (Bauchi and Sokoto) and the FCT and to come up with messages to conduct community outreach activities. The final report, *Community Perceptions of Prevention of Mother to Child Transmission Services and Safe Male Circumcision in six Focal States in Nigeria*, was completed and posted on the AIDSTAR-One website and has been widely circulated among major stakeholders and shared on social networks and listservs.

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

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

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

The project also participated in a “meet the media” event in Abuja organized by FHI360/C-Change where information on the project was shared with journalists of electronic and print media to give them a better understanding on what is being done in the area of preventing medical transmission of HIV.

The poster “Guidelines for Post Exposure Prophylaxis” was completed, incorporating suggestions from a pre-test. The information, education, and communication material depicts the immediate steps health workers should take in case of an occupational exposure. The poster will be printed and distributed to focal health facilities.

In addition, information, education, and communication materials promoting oral medication, proper management of used needles, waste segregation, HCWM steps, and storage of

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

Lastly, advocacy and technical assistance provided to the government of Bauchi State has resulted in the State Ministry of Health and Local Government Affairs awarding a contract for the procurement of 43 units of dual chamber high temperature incinerators to be installed in all of the general hospitals and strategic primary health care centers across the state.

4. Health Care Waste Management

The project facilitated a workshop for the development of a strategic framework and implementation plan for HCWM at the primary health care center level for NPHCDA. The workshop drew participants from NPHCDA and its major partners including the World Health Organization, United Nations Children's Fund (UNICEF), National Environmental Standards and Regulatory Agency, Federal Ministry of Health, Federal Ministry of Environment, and U.S. Government PEPFAR implementing partners. This was followed by a series of meetings of subgroups to fine tune the developed document and ensure each activity is budgeted. The final document and budget was presented to stakeholders by the Executive Director. Partners were requested to assist in strengthening the HCWM systems at the primary health care center level in their program areas.

AIDSTAR-One also collaborated with NIPRD and Hospitalia Consultaire (a waste management consultancy firm) to develop a plan for a public-private partnership to ensure the use of NIPRD's high temperature rotary kiln incinerator for infectious waste for health facilities within the Abuja municipal area. A memorandum of understanding was developed by the two parties, and repairs were made to the incinerator by Hospitalia Consultaire as suggested by AIDSTAR-One before commencing operations. This also led to discussions with the National Environmental Standards and Regulatory Agency on a proposal for a model HCWM system for the FCT. The FCT will be used as a pilot model that will be scaled up to other states over a period of time. In support of this effort, AIDSTAR-One facilitated a meeting between the FCT Health and Human Services Secretariat, the Abuja Environmental Protection Board, and Hospitalia Consultaire to discuss the way forward for strengthening the HCWM system in the FCT and developing a concept for a model HCWM system. The FCT hospitals management board and the FCT primary health care board are also a part of this collaboration. The draft FCT HCWM concept paper has been developed and shared with relevant stakeholders for input.

AIDSTAR-One participated in a National Prevention Technical Working Group meeting held in Kaduna, where the project presented on waste management activities including the

antiretroviral drugs and expired test kits waste drive and the collaboration with NPHCDA with a view to proffering solutions to waste management at primary health care center levels. The project facilitated the formation of a HCWM technical task team as a subgroup of the National Prevention Technical Working Group.

The project began discussions/meetings with the Hospital Services Department of the Federal Ministry of Health aimed at strengthening injection safety and HCWM systems at tertiary facilities (i.e., Federal Medical Centers, specialist hospitals, and teaching hospitals) through training, capacity building, and technical assistance. The department expressed concern with the HCWM status of most of the facilities and is working on a training plan which they will present to the project for assistance. AIDSTAR-One took the opportunity to inform the department of the need to support the facilities with the requisite commodities at the end of the training. Despite budget constraints, the Federal Ministry of Health has worked to ensure that the tertiary health facilities under their jurisdiction start using reuse prevention syringes.

AIDSTAR-One carried out training for field workers to carry out the mapping of waste treatment equipment locations within the country. The mapping exercise captured the type of equipment, its capacity, status, facility name, and geographic location. Seventy health facilities were visited; 71 percent of the equipment observed was functional, 15 percent was nonfunctional, 12 percent was not yet commissioned, and 2 percent was not yet installed. Ninety-five percent of these facilities are located in urban areas. The findings were presented to USAID/Nigeria which in turn plans to share them with PEPFAR treatment partners.

AIDSTAR-One coordinated and paid for elemental analysis and toxicity tests by NIPRD on the ash and brick from a past waste drive. The short term toxicity test results showed no toxic content in the ash and the brick. Elemental analysis also showed no presence of the toxic element lead in the ash or the brick.

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

AIDSTAR-One provided technical assistance to the National Blood Transfusion Services in Lokoja on the management of blood and blood products. The project educated National Blood Transfusion Services on best practices for managing blood products and linked them with the Federal Medical Center in Lokoja where they could use the high temperature dual chamber incinerator to treat and dispose of their waste.

AIDSTAR-One provided technical assistance to the NPHCDA logistics working group, comprised of logisticians from NPHCDA, WHO, and UNICEF, on the management of waste expected from the forthcoming December 2012 MenAfrica immunization campaign. The project developed a waste treatment matrix detailing various options, pros and cons, and

justifications for the policymakers to use in decision making. The project also provided technical assistance to NPHCDA on the dissemination of their strategic HCWM plan for the zonal level (southern and northern zones). In each of the zones, the project made presentations on the overview of HCWM to build the capacity of the participants on basic HCWM.

The project participated in a review of a HCWM baseline assessment tool to determine HCWM and injection safety status in 15 states and the FCT developed by the United Nations Health 4 (comprising UNICEF, the United Nations Population Fund, WHO, and the Canadian International Development Agency). In each of the states, four primary health care centers, one secondary health facility, and one federal medical center (where available) will be assessed.

The project facilitated the U.S. Government partners' HCWM workshop held in Lagos. The workshop, supported by USAID, the Centers for Disease Control and Prevention, Nigerian Department of Defense, and AIDSTAR-One, had the following objectives:

- Disseminate and build capacity on the U.S. Government HCWM plan
- Build capacity on standards for HCWM commodities
- Build capacity on development of facility HCWM plans with an emphasis on primary health centers; build capacity on treatment options (in line with moving towards proposed U.S. Government scale-up and decentralization to the primary health care level for all PEPFAR interventions, i.e., prevention of mother-to-child transmission of HIV and treatment at the lowest level of care).

5. Monitoring and Evaluation

- The final report of the baseline health facility assessment conducted at project inception was completed during the first half of FY 2012 and posted on the AIDSTAR-One website. In addition, the project published three success stories on the AIDSTAR-One website during FY 2012 on the following topics: 1) disposal of expired antiretrovirals and test kits in Nigeria, 2) strategy development for improving safe phlebotomy in Nigeria, and 3) ensuring the availability of safe injection commodities in Nigeria.
- Monthly supportive supervision visits were conducted in all focal states in the focal health facilities; 644 support supervision visits were made to the various focal health facilities.
- The project supported the inauguration of infection prevention and control committees in Calabar General Hospital and Ogoja General Hospital in Cross River State; Apapa, Ibeju/Lekki, and Alimosho general hospitals in Lagos State; and Kwali General Hospital in the FCT.
- The project offered technical assistance to the FCT Human and Health Services Secretariat to set up the Infection Prevention and Control Committee for the FCT. This committee will, among other activities through the sub-committees, monitor and evaluate practices in injection safety and HCWM using a standard tool and checklist, as well as track health care facility associated infections in the FCT.

- A follow-up health facility assessment was conducted in the five states where the baseline assessment was conducted. The assessment used the WHO Tool C-Revised and 80 health facilities were assessed across the five states. To ensure validity, double data entry was conducted. The data is currently being analyzed and the report is being drafted. The follow-up assessment will allow comparisons to be made with the baseline and determine how effective the AIDSTAR-One project interventions have been on health care provider practices at all levels of care across the five focal states.
- Preliminary findings from the follow-up health facility assessment showed a statistically significant improvement in a number of the project's key indicators, including:
 - Proportion of supervisors who showed both injection safety and HCWM policies rose from 1 to 60 percent
 - Immediate disposal of used sharps improved from 82 to 99 percent
 - Facilities with at least one sharps container in each injection area increased from 75 to 89 percent
 - Waste handlers who reported no needle-stick injuries in the last six months rose from 86 to 96 percent
 - Proportion of supervisors who reported no stockouts of sharps containers significantly rose from 70 to 94 percent.
- End of project evaluation tool development, revision, and data collection began and will be concluded during the next quarter.

5.13 Ethiopia

Summary and Major Accomplishments—Injection Safety

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

- Training 20 trainers and 2,028 health workers, supervisors, biomedical technicians, and waste handlers in IPC and effective teaching skills. This represents 99 percent of the annual training target. The training was provided at 87 health centers, 156 private facilities, and 10 universities.
- Training on IPC was provided to 26 media professionals, from March 12-14, 2012, in the city of Adama. The training was aimed at empowering media professionals with an accurate knowledge of reporting, informing, sensitizing, and educating communities on IPC. The training also included sessions related to IPC and health care waste management regulatory standards.

- AIDSTAR-One Ethiopia has integrated updated IPC content into the nursing curriculum of 10 targeted universities. In addition, AIDSTAR-One Ethiopia supported the integration of IPC content into midwifery and medical laboratory curricula in 9 of the 10 universities.
- An IPC commodities needs assessment was conducted. The purpose of this assessment was to gather data and evidence that could be used to improve the accuracy of quantification and the allocation of scarce resources and thereby improve the availability of essential IPC and patient safety commodities needed by the health care system to adequately protect workers, patients, and the community from health care associated infections.
- Approximately 400 additional IPC logbooks and 7,000 copies of different posters were reproduced. Approximately 24,000 copies of IPC-related behavior change communication materials targeting patients and providers were distributed to facilities during training and mentoring activities. Moreover, four different types of behavior change communication materials (diaries, table calendars, t-shirts, and pens with IPC messages) were produced and distributed to targeted audiences with the objective of promoting IPC issues among policymakers and other relevant stakeholders.
- Supported the FMOH in developing a standard IPC and patient safety training facilitator's guide and participant training manual to be used to train health workers and waste handlers.

Status of Workplan Activities—Injection Safety

1. Training and Capacity Building

AIDSTAR-One Ethiopia has trained a total of 2,028 health workers, waste handlers, and university and college instructors on IPC, patient safety, and effective teaching strategies in the past year. This represents 99 percent of the FY 2012 trainee target (2,028 of 2,040).

In FY 2012, AIDSTAR-One Ethiopia provided on-site technical assistance to 10 targeted universities to strengthen pre-service education. A joint supportive supervision visit was conducted by AIDSTAR-One technical advisors and university staff members for the 10 universities in two rounds. The objectives were to reinforce the teaching skills gained from the training, to encourage and support faculty members, and to reinforce use of the standardized IPC and patient safety syllabi.

AIDSTAR-One Ethiopia has integrated updated IPC content into the nursing curriculum of 10 targeted universities. In addition to nursing, AIDSTAR-One Ethiopia supported the integration of IPC content in to midwifery and medical laboratory curriculum in 9 of the 10 universities. The curricula, with the updated content, were duplicated and are being used to teach current and future midwife and medical laboratory students at the targeted universities.

As part of standardizing the national IPC and patient safety training, AIDSTAR-One Ethiopia supported the FMOH in developing a standard IPC and patient safety training facilitator's guide and participant training manual. The national IPC and patient safety technical working

group (TWG) supervised the development process and has the key responsibility of ensuring the technical quality of the various modules. The manuals will be used by governmental and nongovernmental bodies in the health sector to train health workers and waste handlers. The draft modules of these documents were critically reviewed in a three-day consultative workshop from October 12-14, 2011. In total, 36 experts from universities, hospitals, professional associations, and partner organizations critically reviewed each part of the document. The final drafts of the facilitator's guide and participant training manual were tested in a training of trainers training organized jointly by the FMOH and AIDSTAR-One/Ethiopia from December 26, 2011-January 7, 2012. Feedback from the pre-test was incorporated and the content of the materials has been finalized. The next steps are to complete a final review of the participant manual and facilitator's guide and obtain USAID branding exemption approval for these documents. The project will support some of the printing costs of these documents.

2. Commodity Management

Following approval from the Institutional Research Board, the national IPC commodity needs assessment began. The purpose of this assessment was to gather data that could be used to improve the accuracy of quantification and the allocation of scarce resources and thereby improve the availability of essential IPC and patient safety commodities needed by the health care system to adequately protect workers, patients, and the community from health care associated infections. The health facility based data collection was conducted January 15-February 7, 2012. Data was collected from 162 of 165 targeted facilities (98 percent). Three facilities were dropped from the sample due to inaccessibility and unavailability of key informants in the facility. In addition to the quantitative data collection, qualitative data was also collected from four hospitals through six focus group discussions. The assessment findings were used to prioritize and quantify PEPFAR-funded IPC commodities in August 2012. In addition, the findings will be disseminated to relevant partners for future use. The assessment will be used by relevant governmental and nongovernmental partners to prioritize and quantify the enlisted commodities.

3. Behavior Change Communication

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

As part of the capacity building effort, AIDSTAR-One/Ethiopia organized a health facility tour for media professionals June 3-8, 2012 in the Amhara region. The objective was to improve media professionals' understanding of the required IPC standards at the health facility level.

Participants also visited well-performing health facilities where AIDSTAR-One/Ethiopia is implementing interventions. Six media professionals who work in television, radio, and print participated in the tour and visited five well-performing health centers and one hospital.

In the past year, various types of behavior change communication materials have been produced with messages that support IPC. Approximately 400 additional IPC logbooks and over 7,000 copies of different posters were reproduced. Approximately 24,000 copies of IPC-related behavior change communication materials targeting patients and providers (i.e., posters, brochures, pocket size reference, flyers, stickers, project briefing kits, and newsletters) were distributed to facilities during training and mentoring activities. Moreover, four different types of behavior change communication materials (diaries, table calendars, t-shirts, and pens with IPC messages) were produced and distributed to targeted audiences with the objective of promoting IPC issues among policymakers and other relevant stakeholders. In addition, more than 13 hours of radio and television airtime was used to broadcast IPC message to the general public and policymakers.

4. Health Care Waste Management

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

5. Strengthening IPC Systems and Facilities

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

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

To ensure that IPC equipment and supplies are included in the national standard list for health facilities with appropriate specifications and safety features, the project assisted the Food Medicine and Health Care Administration and Control Agency in preparing a national list and specifications for medical equipment and supplies. A workshop was hosted in which a

national working group convened and drafted a list of more than 1,000 different medical supplies.

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

6. Planning, Monitoring, and Evaluation

During FY 2012, AIDSTAR-One Ethiopia conducted a total of 237 supportive supervision visits in 79 health facilities (57 public and 22 private), which represents 100 percent completion of the targeted visits for the fiscal year. The purpose of these visits was to improve IPC practices by health providers at health centers through joint assessment and feedback. Each facility received three supervision visits. Preliminary analysis was conducted and regional feedback was shared through the project regional staff.

Two regional review meetings were held in Bhair Dar Town (March 2012) and Kombolca (June 2012). A total of 32 participants in Bhair Dar and 26 participants in Kombolca attended the meetings representing the west and east side of Amhara respectively. Participants came from Zonal Health Departments, *woreda* health offices, and selected health facilities. A general performance report was presented by AIDSTAR-One/Ethiopia and thoroughly discussed. Five well-performing health centers shared their experiences with participants. Participants from facilities discussed major challenges and potential solutions.

AIDSTAR-One/Ethiopia conducted an annual stakeholders meeting on September 6, 2012 at the Harmony Hotel in Addis Ababa. In total, 24 governmental and nongovernmental stakeholders working on ICP, patient safety, and health care waste management attended the one-day meeting including participants representing the FMOH, targeted Regional Health Bureaus, AIDSTAR-One targeted universities and health facilities, and other international and local participating organizations. The objective of the meeting was to share major project achievements and challenges to the stakeholders. The project two-year performance report was presented with detailed discussion. In addition, two presentations by best performing universities and a poster presentation were conducted.

7. Policy Environment

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

8. Documentation

The project has been working on finalizing several documents to support Ethiopia's work in IPC. These include:

- Two success stories on pre-service education and one on supportive supervision
- IPC and patient safety participant and facilitator manuals that will be used by governmental and nongovernmental groups in the health sector to train on IPC and patient safety for health workers and waste handlers
- A supportive supervision report that describes the support provided by AIDSTAR-One to the health facilities and results following the support
- An IPC commodity assessment report which identifies the types of IPC commodities needed and their level of priority, and assessed the commodity type (specification) and quantities needed by different levels of health facilities.

Summary and Major Accomplishments—PMTCT

AIDSTAR-One/Ethiopia continued providing technical assistance to the FMOH and Regional Health Bureaus (RHBs) of Amhara and Tigray in coordinating the planning, implementation, and monitoring of the Accelerated Prevention of Mother-to-Child Transmission of HIV (PMTCT) program. Key activities include:

- Hired, oriented, and deployed three regional technical advisors and a national coordinator
- Established PMTCT working groups at the zonal level as indicated in the national plan
- Technically supported central and regional TWGs and monitoring and evaluation/quality improvement teams through active participation in technical meetings as well as documenting and communicating the meetings
- Coordinated quarterly review meetings at the regional level to review the performance of the Accelerated PMTCT program including sponsoring and documenting the meetings and identifying follow up actions
- Provided refresher training of trainers to health workers at the regional level
- Conducted a regional advocacy meeting/orientation workshop on PMTCT
- Conducted joint supportive supervision with RHBs including coordinating, sponsoring, and documenting findings
- Provided enhanced supportive supervision to regional technical teams jointly with the FMOH and national TWG.

Status of Workplan Activities—PMTCT

National Level

1. USAID PMTCT Partners Meeting

AIDSTAR-One participated in technical meetings of the Extended PEPFAR PMTCT/Orphans and Vulnerable Children (OVC)/Pediatrics TWG. The PMTCT/OVC/Pediatrics TWG was

established in 2009 to provide technical leadership and facilitate coordination/linkages for PEPFAR-supported PMTCT, OVC, and pediatric activities in Ethiopia, led by the Mission.

AIDSTAR-One also participated in a brainstorming exercise meeting on Option B+ rollout in Ethiopia (providing lifelong antiretroviral therapy to all HIV-infected pregnant women beginning in the antenatal care setting, regardless of CD4 cell count). The meeting was lead and facilitated by the Mission with the objective of exploring appropriate strategies for the rollout of Option B+ in Ethiopia and to better support the FMOH.

2. Technical Support to the Federal Ministry of Health

As a member of the national TWG on PMTCT, AIDSTAR-One/Ethiopia has made the following key contributions for developing and sustaining HIV and PMTCT strategies in Ethiopia through active and regular participation in the national TWG and monitoring and evaluation sub-group activities (i.e., technical meetings and assignments):

Developing Mentorship Strategy

Hosted and co-facilitated the first task force meeting on sustainable mentorship strategies, developed the concept note, and is drafting the meeting write-up.

Incremental Review and Finalization of Reporting Tools

AIDSTAR-One supports the TWG monitoring and evaluation sub-team. The AIDSTAR-One team assisted with developing the reporting tools and data dictionary that PMTCT partners will use and submit to the national PMTCT Steering Committee. The team revised several tools, including the HIV exposed infants register, antenatal care register, labor and delivery register, and post-natal care register.

Cost Gap Estimation of the Accelerated PMTCT Plan

AIDSTAR-One assisted the national PMTCT TWG in assessing the costs that would need additional coverage by RHBs and implementing partners.

National Plan on the Elimination of HIV and Congenital Syphilis

The Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive was launched in June 2011. With the goal of virtually eliminating new HIV infections of children by 2015, the plan sets ambitious targets: reducing new pediatric HIV infections by 90 percent, reducing HIV-associated deaths to women during pregnancy, childbirth, and puerperium by 50 percent, and reducing mother-to-child transmission of HIV to less than 5 percent. AIDSTAR-One/Ethiopia is providing technical assistance for the development of the National Strategic Plan (2012-2015) for the elimination of mother-to-child transmission of HIV/congenital syphilis for Ethiopia. Key accomplishment thus far includes the preparation of the initial concept and terms of reference for developing the strategic plan.

Adoption of PMTCT Option B+

Ethiopia has been implementing Option A, as described by the World Health Organization in the revised 2010 PMTCT guidelines, as of December 2011 in an accelerated mode to scale

up PMTCT service. Recent developments suggest that substantial clinical and programmatic advantages can be achieved through simplification of HIV treatment for pregnant women by adopting a single drug regimen which can be rolled out as part of maternal, newborn, and child health. In light of this, as of August 2012, the FMOH endorsed Option B+ as a treatment and prevention model to improve the health of pregnant women and avert HIV transmission to infants. Option B+ recommends providing lifelong antiretroviral therapy to all HIV-infected pregnant women beginning in the antenatal care setting, regardless of CD4 cell count. This single, universal regimen streamlines treatment and PMTCT.

Given major changes in the flow of patients through the “PMTCT cascade” resulting from the adoption of Option B+, preparing a national operational plan is imperative as the steering tool to ensure effective and efficient rollout in the country. The plan will serve as a guide on how to transit from Option A to Option B+ and provide an overview of a phased approach to implementation of option B+. The following were key tasks performed so far:

- Reviewed and enhanced the draft monitoring and evaluation section of the operational plan
- Modified reporting formats developed for the Accelerated PMTCT plan to make them simple, accommodate Option B+, and easily integrate with the routine health management information system reporting format for Ethiopian FY 2006.

Support to Regions

The national coordinator traveled to regions and provided enhanced support to regional technical advisors and technical teams of Tigray and Amhara in development of customized training/orientation tools for media professionals, re-planning and harmonization of activities with RHB plans, and participation in technical meetings and discussions with partners and RHBs.

Regional Level

AIDSTAR-One Regional Technical Advisors’ technical support has been instrumental in accomplishing planned activities for FY 2012. Upon project launch, the AIDSTAR-One Country Director, National Coordinator, and Regional Technical Advisors oriented RHBs on the role of AIDSTAR-One and the Accelerated PMTCT scale-up plan, attended RHB and partner meetings to launch the plan, established quality improvement teams at the regional and zonal levels, and developed a quarterly planning and monitoring plan in collaboration with RHBs. Over the past year, the following activities were conducted in regions and zones:

1. Refresher Training of Trainers for Health Workers

In a bid to increase the capacity of RHBs in implementing the Accelerated PMTCT plan, AIDSTAR-One organized a three-day refresher training of trainers on PMTCT. Existing trainers, who were master trained on the previous guidelines, were traced for their current business affiliation from available data at the RHB and enlisted for the training. The objective of this training of trainers is to provide adequate knowledge and understanding of World Health Organization programmatic updates including recent evolutions on PMTCT

intervention and also to introduce them to the current policy and programmatic approach to scale up PMTCT services in Ethiopia. A total of 20 participants took the course.

2. Demand Creation

Advocacy Workshop to Community Leaders

A two-day workshop was convened in July where 26 community and religious leaders from different local community structures and religions came together and were sensitized on HIV in general and PMTCT in particular. The workshop aimed to promote PMTCT among members of the selected target group in order to reach and educate communities through the various existing means and ultimately raise demand for PMTCT. During the workshop, RHB and AIDSTAR-One facilitators assisted participants to identify their roles in PMTCT demand creation and draft specific activities for implementation.

Orientation Workshop for Media Professionals

In order to improve demand creation and communication for PMTCT services, AIDSTAR-One collaborated with RHBs and organized two workshops on the orientation of media professionals on PMTCT. The purpose of the workshops was to enhance/strengthen multi-sectoral collaboration in reducing mother to child transmission of HIV. Twenty-four participants attended the first workshop, and 26 participants attended the second.

Orientation Workshop for Women

In collaboration with Amhara RHB, a two-day orientation workshop was organized for women affairs experts drawn from regional and zonal offices in Amhara on the Accelerated PMTCT plan. The objective of the workshop was to sensitize women working in public women affairs institutions on PMTCT and empower them with the accurate knowledge to inform, sensitize, and mobilize communities to seek out and utilize maternal, newborn, and child health/PMTCT services.

3. Monitoring and Evaluation

Review Meeting

A review meeting on the Accelerated PMTCT plan in Amhara region was conducted for two days in mid-August. The meeting reviewed the mid-year progress of the implementation of the 2012 Accelerated PMTCT plan of the region, identified major challenges/bottlenecks, and proposed practical solutions/recommendations to be implemented in the second half of the year. More than 70 participants from the FMOH, RHB and zonal health offices, and partner organizations participated in the meeting. AIDSTAR-One documented the meeting and the report was shared with stakeholders for follow-up on action points.

Supportive Supervision

Jointly with the Amhara RHB, AIDSTAR-One coordinated and participated in supportive supervisions in different zones and woredas of Amhara and Tigray regions. A checklist was customized from the national/regional Accelerated PMTCT plan and Integrated Supportive Supervision tool of the RHB. To maximize the information gained from the tool, the most relevant zonal/woreda health office or health facility member(s) involved in managing

pregnant women and child health services were interviewed. Observations (such as of meeting minutes at the zonal/woreda level and review of records/stocks in health facilities) were also conducted to verify findings. Each visit was concluded with feedback (summary of strengths to sustain and gaps for improvements) to the respective institutions.

4. Establishment and Strengthening of PMTCT Working Groups

Regional Technical Advisors travelled to zones to further refine, enhance, and advocate for the FMOH's Emergency Plan, including support to implementing teams. The Emergency Plan aims to improve the referral and linkage system for HIV-positive pregnant women, the quality of services for PMTCT, retention in care, and country-wide roll-out of the World Health Organization's 2010 PMTCT guidelines. Activities include:

- Held advocacy meetings and oriented zonal level stakeholders on the Accelerated PMTCT plan
- Facilitated and held discussions and planning with zonal and woreda health offices regarding facility mapping based on up-to-date/current information on the status of primary health service coverage, i.e., number and location as well as human and basic infrastructural capacities of government health centers and private health facilities
- Provided on-site support to continuous quality improvement teams
- Supported RHBs in the preparation of costing of the emergency plan and developed a resource mobilization plan.

5. Project Management and Administration

The Project recruited and hired three regional PMTCT advisors on a consultancy basis. The technical advisors were oriented on the national and regional program design, current status, job description, and the rules, regulations, and requirements (administrative and management) of USAID, JSI, and AIDSTAR-One. The officers were deployed in early March to their respective regional areas, two officers for Amhara and one for Tigray. After a delay due to the ban of secondment in the Ministry, the national coordinator position was filled by a full-time AIDSTAR-One team member in June.

5.14 Uganda

Summary and Major Accomplishments

AIDSTAR-One/Uganda continued to pursue, through a public-private partnership (PPP), the establishment of a sustainable, centralized waste treatment and disposal facility in Eastern Uganda. Activities implemented during the reporting period included: conducting consultative meetings at the national and district levels; signing of memorandums of understanding (MOUs) that will govern project operations; developing business implementation and monitoring plans; providing technical support to the PPP partner, Green Label Services Limited (GLSL), in setting up the waste treatment and disposal facility; training of district- and operational-level technical teams; conducting technical supportive supervision; participating at district planning and performance review meetings; developing information, education, and

communication material; and securing grants for the districts for transportation and disposal of health care waste. In addition, the project continued to support U.S. Government implementing partners and their local government counterparts to improve health care waste management (HCWM) practices at their sites.

Major accomplishments in the reporting period include:

- Several MOUs were signed among collaborating partners, including the Ministry of Health and district leaderships in Mbale, Kapchorwa, Bugiri, Sironko, and Kamuli.
- A comprehensive business plan that will govern operations of the waste treatment and disposal facility project was developed. An accompanying Project Monitoring Plan was also developed, submitted, and approved by USAID/Uganda.
- A total of 213 health facility managers and 236 operational-level health workers were equipped with knowledge and skills in HCWM, mentoring, and problem solving. The trained individuals will provide technical oversight to ensure compliance with best practices in HCWM at health facility level.
- Two hundred six (206) health workers at sites supported by the Strengthening TB and HIV AIDS Response-SW (STAR-SW) and the Uganda Health Marketing Group were trained in safe HCWM with support from the respective projects.
- AIDSTAR-One/Uganda evaluated progress made by several U.S. Government partners toward achieving recommended standards in HCWM. Generated reports were used by the partners as the basis for further planning.
- The project, through discussions with USAID/Uganda, secured grants for the districts to support the collection and disposal of waste generated in the six project focus districts.
- Technical supportive supervision was provided to 213 health facilities in the six project districts.

Status of Workplan Activities

1. Consultative Meetings and Signing of MOUs

Memorandums of understanding that will govern the operations of the proposed PPP between the Ministry of Health, local governments in the districts of Kamuli and Mbale, and AIDSTAR-One/Uganda were signed. Following the signing, the project conducted a series of consultative meetings to gain consensus on how the established facility will be used. Roles and responsibilities of each entity were agreed on, and a joint performance monitoring plan was developed and submitted to and approved by USAID.

2. Development of a Detailed Business Plan

In a two-day workshop that took place at Brisk Hotel Jinja, AIDSTAR-One/Uganda, together with stakeholders, including U.S. Government partners, policy makers, health managers at the Ministry of Health level, and HCWM focal persons from selected participating districts in Eastern Uganda, developed a business plan detailing how the PPP will be implemented. Activity and monitoring and evaluation plans were also developed and agreed on.

3. Training of Health Workers

In preparation for rolling out the project plans, a central team of 18 trainers was trained to provide quality training to district staff. Smaller teams of central trainers rolled out the training to the districts. A total of 449 health facility managers and operational-level health workers from 213 health facilities were trained in HCWM, mentoring, and problem solving. The training was aimed at preparing the managers and HCWM focal persons for their new role in supporting health care workers under their supervision to achieve high levels of waste segregation. Fifty seven percent of the trained workers were female. The number of health workers trained exceeded the targeted 200 because districts strongly recommended that two people be trained per health facility instead of one (as had been planned by the project). Each training workshop was preceded by a pre-training field visit to help the participants gain insight into current challenges for achieving best practices in managing HCW. This approach was rated as a promising practice by all the participants.

The project continued to support USG implementing partners in improving the knowledge and skills of operational-level health workers in managing waste. As part of this effort, the Uganda Health Marketing Group and STAR-SW were supported in training 206 health workers in HCWM at the implementing sites.

4. Securing District Grants to Support Collection, Transportation, and Safe Disposal of Health Care Waste

AIDSTAR-One, through discussions with the Activity Manager at USAID/Uganda, secured district grants for collection, transportation, and disposal of health care waste generated at health facilities in the six project districts. This funding, authorised by the Mission, will come from Category A district grants aimed at improving service delivery in the individual districts. The grants are being managed by the Strengthening Decentralization for Sustainability project.

5. Supportive Supervision, Monitoring, and Evaluation

Through supportive supervision visits, AIDSTAR-One/Uganda supported health facilities in the project districts to improve waste segregation practices. The major challenge in achieving the desired standard practices is the unavailability of waste bins and bin liners. Although taking longer than expected, arrangements have been made between the Ministry of Health and the management at National Medical Stores to procure and distribute the required commodities to the districts. National Medical Stores confirmed that the commodities are expected to arrive in the country in early October and will be distributed soon thereafter. Information, education, and communication materials, including a poster on waste segregation, a fact sheet on HCWM, and a briefer on the PPP, were widely distributed to district managers. The posters were displayed at service delivery points where HCW is generated to guide waste generators when disposing of waste.

The project evaluated the progress made by STAR-Eastern Uganda and STAR-East Central Uganda, Reach-out Mbuya, Mayanja Memorial Foundation, the Infectious Disease Institute, and Mild May Uganda in addressing HCWM concerns. Most of the partners had made progress at improving knowledge of health workers; however, commodity support and support for treatment and disposal of waste were far below expected levels. Reports generated were provided to the individual projects and are being used for further planning.

6. Participation in District Planning and Performance Review Meetings

For improved coordination and better alignment of project activities with district priorities, it is a requirement of USAID/Uganda that all implementing partners actively participate in district operational planning meetings. AIDSTAR-One/Uganda participated at district operational planning meetings in the districts of Kapchorwa, Mbale, Sironko, Bugiri, and Kamuli. Benefits of participating in the meeting are summarized below.

- AIDSTAR-One/Uganda was able to mobilize resources for training of waste handlers in the district of Kamuli.
- In all five districts, AIDSTAR-One was able to schedule field activities (such as trainings and technical supportive supervision) and incorporate these in the quarterly district workplans. As part of this process, the project was able to book and confirm availability of district personnel that are key in the implementation of project activities. This helped AIDSTAR-One to implement most of the planned district activities on time.
- AIDSTAR-One/Uganda shared quarterly reports with the district management teams, as well as other USAID implementing partners working in the respective districts. This improved the districts' understanding in regard to the project activities.

7. Green Label Services Limited (GLSL)

GLSL is the private company that will be working with AIDSTAR-One in a PPP to collect, transport, and dispose of HCW from the six project districts mentioned above. As part of the MOU, GLSL secured 10 acres of land, conducted environmental, social, and topographical impact assessments, and submitted the assessment reports to the Uganda National Environment Management Authority. The reports were approved and a certificate granting GLSL permission to proceed with the project was granted. In addition, the report was submitted to the USAID/Uganda technical officer in charge of environmental issues, and Mission approval was received. At the time of this reporting, GLSL has finalized laying water pipes to bring water to the premises, planted four acres of forest cover to serve as a carbon sink around the facility, and has constructed a well-designed structure for housing the incinerator, autoclave, and shredder. Provision has been made for a sanitary landfill and lagoons. GLSL plans to use its former disposal site in Nakasongola to dispose of waste until the new site becomes fully functional in November 2012.

5.15 Zambia

Summary and Major Accomplishments

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

- Rapid and accurate updates to essential functions so that FY 2011 annual performance reporting and FY 2012 semi-annual performance reporting data collection could be completed on an accelerated schedule
- Performed additional activities, per clients' requests, addressing short-turnaround requirements while providing high quality results.

Status of Workplan Activities

The following activities were completed in FY 2012.

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

ZPRS collected FY 2011 annual and FY 2012 semi-annual data during FY 2012. ZPRS collects data after the reporting period is over for partners. ZPRS has started collecting FY 2012 data since the end of September, and this will be ongoing until around the end of November.

Activities:

- Updated the Excel service facility template worksheet and the Access Consolidation System for data collection.
- Created a new indicator narrative template to replace the legacy prime partner template.
- Administered and added improvements to the SQL server database.
- Modified the upload/update data section on the ZPRS website to accept the newly changed data structure and display the uploaded reports.
- Updated the quality assurance report indicators validation for facility-based data, to verify if data collected meets validation rules. If it does not meet the rules (for example, the total of breakdown numbers should equal the number in the total field), an error message will be shown to the user to spot the problem field. This report improves quality because ZPRS uses excel templates to collect data, and users sometimes modify the formulas which could cause potential errors.
- Updated the standard indicator reports.
- Created a new indicator narratives report by technical area.
- Updated the "Details for One or More Indicators" report.
- Updated the de-duplication data entry form and de-duplication indicator report at the country level.
- Provided technical support to users on identifying and correcting any data collection problems.

2. Additional Activities

In late 2011, in response to requests from the U.S. Centers for Disease Control and Prevention, SSS created a 2011 Partner Performance Indicator Report that has target 2010 annual performance reporting, 2011 semi-annual performance reporting, and 2011 annual performance reporting data for partners to compare results. This report required data mapping and data cleaning across reporting periods. SSS also created, by request, a new cumulative male circumcision figures report by partner. Finally, SSS updated the master database for administrator users to download new indicator narratives files.

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

In July 2012, SSS conducted a demonstration of the DHIS2 system and its application to the U.S. Government reporting needs in Zambia. SSS has been in contact with Justus Kamwesigye, Monitoring and Evaluation Advisor at USAID/Zambia, to confirm further support to ZPRS either under AIDSTAR-One or another funding mechanism. SSS provided USAID/Zambia with a budget to move forward with adapting DHIS2. As of the end of FY 2012, no information has been received from USAID/Zambia on activities after support under AIDSTAR-One ends at the end of November 2012.

ANNEX 1: PERFORMANCE MONITORING

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

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

Result September 2012: 96%

Target: 25%

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

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

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

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

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

Result September 2012: Yes

Cumulative: Yes

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

2010 that examined the functionality of the redesigned site. Participants noted the breadth of information provided on the site and the effective search function. Based on usability findings, several web design features and information architecture enhancements were added across the site, including breadcrumb navigation, keyword tagging taxonomy and visual signposts to orient users who find specific resources through search engines such as Google. These features were developed in FY 2011. In FY 2012, web development was focused on enhancing usability of specific technical resources and improving the ability to share them through email and social media networks.

SR 1.1.2 Number and percent of good and promising practices with a gender component

Result September 2012: 19%

Target: 50%

Summary: Fifteen practices have a primary gender focus. AIDSTAR-One maintains the Promising Practices Database on the website; however they have not been updated nor promoted since September 2010, therefore, the results for this indicator have remained the same since the last reporting period.

The Promising Practices Database continues to draw visitors, the database was the second most visited resource/database on the AIDSTAR-One website during FY 2012 (after the HIV Prevention Knowledge Base). In the AIDSTAR-One Annual Survey, 14 percent of web users surveyed reported using or adapting resources from the Promising Practices database.

SR 1.1.3: Number and percent of good and promising practices with a quality assurance/quality improvement (QA/QI) component

Result September 2012: 41%

Target: 50%

Summary: Thirty-two practices include a QI plan, at a minimum. Some provide results of an implemented QA/QI initiative. AIDSTAR-One maintains the Promising Practices Database on the website, however, the site has not been updated nor promoted since September 2010. Therefore, the results for this indicator have remained the same as the last reporting period.

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

Result September 2012: 29

Target: 21

Summary: As of September 2012, the Prevention Knowledge Base covers 29 topics. Resources are available in one of four areas: combination approaches (4), behavioral interventions (10), biomedical interventions (12), and structural interventions (3). Sections that were added or received substantial revision during this reporting period:

- Overview of Combination Prevention
- Serodiscordant Couples
- Oral Pre-exposure Prophylaxis (PrEP) for HIV Prevention
- Comprehensive Condom Use Programs

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

SR 1.1.5: Total number of unique pageviews by focus area

Result September 2012: 279,366 Cumulative: 554,239 Target: 110,000

Summary: As AIDSTAR-One publishes more content on the website, the number of unique pageviews⁴ continues to increase (see Table 8). The number of unique pageviews between October 1, 2011 and September 30, 2012, was 279,366 – compared to 194,089 unique pageviews in FY 2011, a 44 percent increase in FY 2012.

In total, the AIDSTAR-One website has received over 550,000 unique pageviews since October 2008 (plus an additional 8.5 months of unique pageviews that were not tracked as cookies were disabled from the AIDSTAR-One website).

Table 8. Number of unique pageviews by focus area

Focus Area	FY 2009	FY 2010 (Oct-Feb)*	FY 2011 (Nov.15- Sep.30)**	FY 2012	Cumulative
Prevention	5,081	8,416	59,145	80,711	153,353
Treatment	1,798	3,034	10,019	14,494	29,345
Care and Support	164	385	5,095	10,950	16,594
HTC	215	388	5,948	10,100	16,651
PMTCT	600	723	7,774	11,679	20,776
OVC	395	287	3,619	6,257	10,558
Gender	680	931	7,553	19,906	29,070

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

Note: Downloads are not included in this data.

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

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

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

⁴ Unique pageviews are the number of visits during which the specified page was viewed at least once.

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

Result September 2012: 288

Target: 18

Summary: Approximately 12 percent of all visits to the AIDSTAR-One website during FY 2012 were referred by external websites.⁵ In total, 288 websites that link to the AIDSTAR-One website generated visits during FY 2012, however, additional sites may have links to the AIDSTAR-One website. Most of the links to AIDSTAR-One are through HIV or health-related websites that link to a specific resource on the site. They include: GHDonline.com, k4health.org, comminit.com, aidsspace.org, gbvnetwork.org, aidsalliance.org, and others. Partner organizations also link to AIDSTAR-One.com including: jsi.com, encompassworld.com, and icrw.org.

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

The number of websites that link to AIDSTAR-One.com continues to grow – a total of 288 websites sent visitors to AIDSTAR-One during FY 2012, compared to 79 in FY 2011. This demonstrates both the success of AIDSTAR-One's strong dissemination strategy as well as the quality of the web content.

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

Result September 2012: 99%

Target: 80%

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

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

Use of TA/conference materials	% conference attendees (n=104)	% TA recipients (n=79)
Inform programs/program design	46	42
Service delivery	36	39

⁵ Search engines such as Google and Yahoo are not considered websites.

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

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

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

Result September 2012: 100

Cumulative: 278

Target: 70

Summary: AIDSTAR-One has already exceeded the target for the end of the project. In total, 278 AIDSTAR-One-developed products that have been produced and are available for dissemination (see Table 4). The project has an additional 10 products that are currently pending USAID/Technical Working Group (TWG) approval.

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

Focus Area	Resources produced and available* FY 2012	Cumulative resources available**
Prevention	33	116
Treatment	7	21
Care and Support	4	22
HTC	8	24
PMTCT	1	4
OVC	4	10
Gender	24	42
Private Sector	–	2
Field Support/Other	19	37
Totals	100	278

*Produced and available: products approved by USAID/TWGs for publication/dissemination during FY 2012.

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

Note: The majority of technical products take more than 12 months to produce on average. An additional 91 products are currently pending USAID approval (10) or are in development (81).

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

Result September 2012: 96%

Target: 80%

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

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

R 2.2: Number of AIDSTAR-One pilot interventions implemented

Result September 2012: 6

Cumulative: 6

Target: 5

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

1. Alcohol related HIV risk in Namibia

AIDSTAR-One initiated a significant demonstration project on reducing alcohol-related HIV risk during FY 2010 to explore an approach to addressing alcohol-related HIV risk. AIDSTAR-One continued a program of activities to reduce alcohol-related HIV risk in a peri-urban community of Windhoek, Namibia through FY 2012 and conducted endline data towards the end of the fiscal year. The final demonstration project report will be ready in early FY 2013.

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

Through this demonstration project, AIDSTAR-One is implementing a capacity-building strategy for CHWs in seven JGI-supported villages in Kigoma District. The capacity-building strategy will include but is not limited to training, supportive supervision, exchange tours, and the provision of basic supplies for the CHWs and their facility-based supervisors. It is hypothesized that CHWs are a critical linkage between the facility and community levels, and they promote access, uptake, and retention in PMTCT services within traditionally hard-to-reach communities. Baseline data was collected in March 2012 and end line data will be collected in October 2012, followed by analysis. This demonstration project specifically seeks to leverage the work of both the PMTCT and AIDSTAR-One Tanzania Teams to identify an effective model for strengthening community linkages to facility-based PMTCT services. This project will not only inform programming of future PEPFAR funds in Tanzania, but also offer value added to the PMTCT global knowledge base.

3. *WASH curriculum pilot in Ethiopia and Kenya*
AIDSTAR-One piloted its WASH training curriculum, Improving the Lives of People Living with HIV (PLHIV) through WASH: Water, Sanitation, and Hygiene, in Ethiopia in April 2011 and in Kenya in February 2011. Liaising with the Government of Ethiopia Ministry of Health and the Kenya Ministry of Sanitation and Public Health, AIDSTAR-One implemented two comprehensive 3-4 day training of trainers reaching 37 health care staff (16 in Kenya, 21 in Ethiopia) from 21 health facilities (8 in Kenya, 13 in Ethiopia). The three goals of the training were: 1) to field-test the new training curriculum and receive feedback from participants, 2) to build the capacity of individual health care providers to adopt WASH approaches, and 3) to provide guidance to program planners and administrators in developing facility-wide WASH approaches. An impact assessment in Kenya and Ethiopia was conducted in FY 2012.

4. *Pilot tools to increase the use of co-trimoxazole among PLHIV in Uganda*
AIDSTAR-One developed adaptable, low-literacy, and user-friendly tools for providers, community health workers, and for clients to increase the use of co-trimoxazole among PLHIV. The tools, posted on the AIDSTAR-One website, provide practical job aids, posters, and client take-home brochures to guide provider prescription of co-trimoxazole. Client materials target men, women, children, and infants, aim to increase the demand for co-trimoxazole and encourage use of this important prophylaxis, and reinforce consistent messages on use and prescription. The tools are adaptable for use in multiple country settings and use graphics with minimal text to help explain benefits, dosing requirements, and side effects, including what to do in the case of side effects. These tools were piloted in Northern Uganda and an assessment of the tools' acceptability and feasibility of integration was conducted.

5. *Mental health and HIV integration pilot in Zimbabwe*
AIDSTAR-One carried out a trip to Zimbabwe April 9-13, 2012 to lay the groundwork for the mental health and HIV integration pilot activity and to gather additional information for the Situational Analysis: There is No Health without Mental Health: Mental Health and HIV Service Integration in Zimbabwe which has been completed and posted on the AIDSTAR-One website. To begin the pilot activity, AIDSTAR-One traveled to Zimbabwe and delivered a mental health training of trainers and follow on supportive supervision July 1-14, 2012. The training of trainers was attended by 9 pilot HIV care and treatment sites. The training materials include a Training of Trainer's Manual, an Integration Leader's Site Training Manual, and a Participant's Workbook. These materials include information on: 1) the mental health needs and vulnerability among PLHIV, 2) mental health screening tools, 3) protocol for positive mental health screens, and 4) logistics of the pilot activity. Attendees of the pilot training have taken on the responsibility to train their sites as well as community based organizations within their catchment area on the pilot activities. An evaluation of the mental health and HIV integration pilot activity will take place in November of 2012. Findings from the pilot activity will inform a roadmap for other countries to carry out similar integration work. Training materials and the roadmap will be posted on the AIDSTAR-One website when finalized.

6. *Pilot toolkit for transition of care and other services for adolescents living with HIV in Kenya and Mozambique*

AIDSTAR-One presented the *Toolkit for Transition of Care and Other Services for Adolescents Living with HIV*, which is currently in draft form, at the regional technical consultation, *Transitioning Care, Support and Treatment Services for Adolescents Living with HIV* which took place in Gaborone, Botswana February 7-12, 2012. A pilot activity for the Toolkit will take place at health facilities and community based organizations in Kenya and Mozambique starting in October of 2012. The pilot will consist of a one day training of trainers for health and community care providers followed by site trainings and supportive supervision visits attended by AIDSTAR-One staff. Training materials, which consist of a Trainer of Trainer's Manual, a Transition Leaders Site Training Manual and a Participant's Workbook were created to provide: 1) information on the special needs of adolescents living with HIV, 2) a walk-through of the Toolkit, 3) how to utilize the Toolkit with a case study approach, and 4) logistical information on the pilot activity. An assessment of the Toolkit pilot activity will take place in January of 2013. Final adaptations to the toolkit will be made based upon pilot findings and the Toolkit and Toolkit training materials will be available on the AIDSTAR-One website.

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

Result September 2012: 41

Target: 25

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

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

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

towards HIV prevention. We have used the resources to guidelines for our interventions in advocacy, stigma.

- The resources were used to inform the development of guidelines for implementation of a project which aims at improving the care and support for children affected by HIV/AIDS. The project focuses on promoting access to PMTCT and pediatric HIV/AIDS services.

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

Result April 2012: 6 Cumulative: 14 Target: 14

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

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

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

AIDSTAR-One also provided technical and logistical support to six technical consultations, two debates, and two VMMC events during FY 2012, reaching nearly 3,000 participants (see Table 11).

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

Technical Area	Title	Date	Location	Participants
Care and Support	PEPFAR Regional Consultation: Meeting the HIV, MNCH and Social Support Needs of Mothers and Their Young Children	Nov. 7-10, 2011	Addis Ababa, Ethiopia	93
Prevention	World Bank / USAID Debate: Treatment as Prevention	Nov. 11, 2011	Washington, DC	865 ⁶
Prevention	VMMC Pre-Meeting	Dec. 3, 2011	Addis Ababa, Ethiopia	30
Prevention	VMMC Press Conference	Dec. 5, 2011	Addis Ababa, Ethiopia	100

⁶ Including participants attending the debate at the World Bank's Preston Auditorium as well as viewing through video conferencing at sites across Africa, Europe, and Latin America.

Technical Area	Title	Date	Location	Participants
Africa Bureau	Transitioning care, support and treatment services for adolescents living with HIV	Feb. 6-10, 2012	Gaborone, Botswana	65
Prevention	HIV Prevention, Care and Treatment for Men who have Sex with Men: A Review of Evidence-Based Findings and Best Practices	Feb. 14-16, 2012	Johannesburg, South Africa	150
Gender and OVC	PEPFAR Expert Meeting on Post-Rape Care for Children in Primary Health Centers that Provide HIV Care	Apr. 26, 2012	Washington, DC	27
Gender and OVC	Post-rape Care for Children Brown Bag	Apr. 27, 2012	Washington, DC	35
Prevention	World Bank / USAID Debate: Funding Allocations for HIV/AIDS	Jul. 23, 2012	Washington, DC	1,435 ⁷
Prevention	HIV Prevention, Care, and Treatment for MSM and TG: A Review of Evidence-based Findings and Best Practices	Aug. 28-30, 2012	Bangkok, Thailand	82
Field Support	Substance Use and HIV Prevention, Care, and Support in Latin America	Sep. 18-20, 2012	Antigua, Guatemala	25
TOTAL PARTICIPANTS				2,907

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

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

Result September 2012: 11 Cumulative: 13 Target: 8

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

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

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

⁷ A total of approximately 375 people attended the debate at the World Bank's Preston Auditorium, over 60 people attended the AIDS Conference satellite session, and nearly 1,000 people watched the webcast of the debate live and during the week after the conference.

Cumulative: 7

Target: 3

Summary: AIDSTAR-One provided field support-funded implementation support to seven countries. In each of these countries, AIDSTAR-One has an office and local staff that provide support ranging from strengthening the national AIDS program, to provision of grants to NGOs, to support of national injection safety/health care waste management programs. The countries where AIDSTAR-One is providing field-support funded implementation support include Ethiopia, Nigeria, Uganda, India, Honduras, Brazil, and the Dominican Republic.

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

Results September 2012: 4

Target: 100%

Summary: AIDSTAR-One Honduras provided technical assistance to the Health Secretariat in order to implement Quality Assurance and Quality Improvement interventions through a Quality Improvement Training of Trainers (TOT) of 26 participants, carried out with Health Secretariat staff from 8 ARV clinics from 5 prioritized regions. Trained participants will work with other service staff to develop and implement ten (10) quality assurance plans in their HIV/AIDS services nationwide.

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

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

ANNEX 2: AIDSTAR-ONE PUBLICATIONS

Completed publications as of September 30, 2012 (available at: www.aidstar-one.com)

Prevention

Case Studies:

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

Technical Briefs:

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

Other Technical Reports and Tools:

- [Prevention Update](#): 35 monthly updates
- [HIV Prevention Knowledge Base](#): 29 topics posted
- Spotlight on Prevention: [Ready, Set, Rectal Microbicides: An Update on Rectal Microbicide Research and Advocacy](#)
- Spotlight on Prevention: [Reinvigorating Condoms as an HIV Prevention Tool](#)

- [Skills-Building Workshop: Key Findings for Guiding Programming For MARPs In Mixed Epidemic Settings](#)
- Spotlight on Prevention: [Eliminating Pediatric HIV/AIDS: What It Will Take and What It Will Bring](#)
- [Addressing the Impact of Alcohol on the Prevention, Care, and Treatment of HIV in Southern and Eastern Africa: Research, Programming, and Next Steps—Report on a PEPFAR Technical Consultation Held in Windhoek, Namibia, April 12–14, 2011](#)
- [Reducing Alcohol-related HIV Risk in Katutura, Namibia: A Multi-level Intervention](#)
- [Emerging Issues in Today's HIV Response: Debate Six—Treatment as Prevention](#)
- [PEPFAR Technical Consultation Report on HIV Prevention in Mixed Epidemics](#)
- Spotlight on Prevention: [Alcohol and Risky Sex: Breaking the Link](#)
- [PEPFAR Caribbean Regional HIV Prevention Summit on Most-at-Risk Populations and Other Vulnerable Populations: Nassau, Bahamas, March 15–17, 2011](#)
- Spotlight on Prevention: [A Holistic Approach to HIV Prevention Programming for Female Sex Workers](#)
- [Emerging Issues in Today's HIV Response: Debate 5—The Ethics of Material Incentives for HIV Prevention](#)
- Video and Brochure: [In It to Save Lives: Scaling Up Voluntary Medical Male Circumcision for HIV Prevention for Maximum Public Health Impact](#)
- [Southern and Eastern Africa Region Male Circumcision Communication Meeting: A Joint UNAIDS & PEPFAR Coordinated Meeting, September 22-24, 2010](#)
- [Emerging Issues in Today's HIV Response: Debate 4—Concurrent Sexual Partnerships](#)
- Spotlight on Prevention: [Balancing Research With Rights-Based Principles of Practice for Programming for Men Who Have Sex With Men](#)
- Spotlight on Prevention: [Reducing HIV Infection in Young Women in Southern Africa](#)
- [Emerging Issues in Today's HIV Response: Debate 3—Discordant Couples and HIV Transmission](#)
- [Emerging Issues in Today's HIV Response: Debate 2—Behavior Change for HIV Prevention](#)
- [Emerging Issues in Today's HIV Response: Debate 1—Test and Treat: Can We Treat Our Way Out of the HIV Epidemic?](#)
- [Interventions With Most-At-Risk Populations In PEPFAR Countries: Lessons Learned And Challenges Ahead](#) (technical consultation held February 18-20, 2009 in Chennai, India)
- [Addressing Multiple and Concurrent Sexual Partnerships in Generalized Epidemics](#) (technical consultation held October 29-30, 2008 in Washington D.C.)
- Spotlight on Prevention: [The Astonishing Neglect of an HIV Prevention Strategy: The Value of Integrating Family Planning and HIV Services](#)
- Spotlight on Prevention: [Uganda's Zero Grazing Campaign](#)

Treatment

Case Studies:

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

Technical Briefs:

- [WHO's 2010 Recommendations for HIV Treatment: National Guideline Revision Challenges and Lessons Learned](#)
- [Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners: Critical Elements and Lessons Learned](#)
- [Decentralization of Antiretroviral Treatment at Primary Healthcare Level In Public And Private Sectors In Generalized Epidemic Resource-Constrained Settings](#)
- [Adult Adherence to Treatment and Retention in Care](#)
- [Implementation of World Health Organization's \(WHO\) 2008 Pediatric HIV Treatment Guidelines](#)

Other Technical Reports and Tools:

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

Prevention of Mother-to-Child Transmission

Technical Brief:

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

Other Technical Reports and Tools:

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

HIV Testing and Counseling

Case Studies:

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

Other Technical Reports and Tools:

- [HBHTC Literature Selection](#)
- [PITC Literature Selection](#)
- [Rapid Testing-Rapid Results: Scaling up HIV Rapid Testing with Same-Day results in the Asia-Pacific Region](#)
- [Assessment of Provider-Initiated Testing and Counseling Implementation: Cambodia](#)
- [Increasing Access and Uptake of HIV Testing and Counseling Among Men Who Have Sex with Men in Thailand](#)
- [South-to-South Technical Assistance on Home-based HIV Testing and Counseling: Swaziland \(includes a set of 7 deliverables\)](#)
- [Home-Based Testing and Counseling: Program Components and Approaches](#) (technical consultation held November 3-5, 2009 in Nairobi, Kenya)
- [Provider-Initiated Country Policy Review](#) (also available in Russian)

Care and Support

Case Studies:

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

Technical Brief:

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

Other Technical Reports and Tools:

- [Technical Report: Water, Sanitation, and Hygiene Pilot Curriculum Assessment, Kenya](#)
- [Situational Analysis: “There is no Health without Mental Health”: Mental Health and HIV Service Integration in Zimbabwe](#)
- [Meeting the HIV; Maternal, Newborn, and Child Health; and Social Support Needs of Mothers and Their Young Children. Field-Driven Learning Meeting, Addis Ababa, Ethiopia, November 8 to 10, 2011](#)

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

Gender

Case Studies:

- [*Swaziland Action Group Against Abuse \(SWAGAA\)*](#)
- [*Civil Society and Government Unite to Respond to Gender-based Violence in Ecuador*](#)
- [*Public Sector Response to Gender-based Violence in Vietnam*](#)
- [*Allowing Men to Care—Fatherhood and Child Security Project: A Program to Engage Men on HIV, Violence, and Caregiving in South Africa*](#)
- [*Addressing HIV and Gender from the Ground Up—Maanisha Community Focused Initiative to Control HIV: A Program to Build the Capacity of Civil Society Organizations in Kenya*](#)
- [*Rebuilding Hope—Polyclinic of Hope Care and Treatment Project: A Holistic Approach for HIV-Positive Women Survivors of the Rwandan Genocide*](#)
- [*Risky Business Made Safer—Corridors of Hope: An HIV Prevention Program Targets Behavior Change among Sex Workers, Truck Drivers, and Others in Zambian Border and Transit Towns*](#)
- [*Earning Their Way to Healthier Lives—Mulheres Primero \(Women First\): Health and Legal Training Combined with Income Opportunities Help Rural Mozambican Women Mitigate HIV Risk*](#)
- [*Different Needs But Equal Rights: Giving Voice to Transgender Communities through ASPIDH in El Salvador* \(also available in Spanish\)](#)
- [*“Follow the Voice of Life”: HIV Prevention and Empowerment of Men Who Have Sex with Men in Orenburg, Russia*](#)
- [*Breaking New Ground: Integrating Gender into CARE’s STEP Program in Vietnam*](#)
- [*Sex Work and Life with Dignity: Sex Work, HIV, and Human Rights Program in Peru*](#)
- [*Empowering Men Who Have Sex with Men to Live Healthy Lives: Integrated Services at Bogotá’s Lesbian, Gay, Bisexual, and Transgender Community Center*](#)
- [*SANGRAM’s Collectives: Engaging Communities in India to Demand their Rights*](#)

- [STIGMA Foundation: Empowering Drug Users to Prevent HIV in Indonesia](#)
- [More Than Just HIV Prevention: Outreach to Most-at-Risk Populations Through SIDC in Lebanon](#)
- [PRASIT: Using Strategic Behavioral Communication to Change Gender Norms in Cambodia](#)

Technical Briefs:

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

Other Technical Reports and Tools:

- [PEPFAR Expert Meeting on Clinical Post-Rape Care for Children in Primary Health Care Centers that Provide HIV Care. Washington DC, April 26, 2012 Summary Report](#)
- [Analysis of Services to Address Gender-based Violence in Three Countries](#)
- Spotlight on Gender: [Evidence-Based Approaches to Protecting Adolescent Girls at Risk of HIV](#)
- [Integrating Multiple PEPFAR Gender Strategies to Improve HIV Interventions: Recommendations from Five Case Studies of Programs in Africa](#)
- [Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs](#) (also available in Spanish, French, Portuguese, and Swahili)
- [Findings Report: Integrating PEPFAR Gender Strategies into HIV Programs for Most-at-Risk Populations](#)
- [Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models, and Resources](#)
- [Scaling Up the Response to Gender-based Violence in PEPFAR: PEPFAR Consultation on Gender-based Violence, Washington, DC, May 6-7, 2010](#)
- [South-to-South Technical Exchange on Integrating PEPFAR Gender Strategies](#)
- Spotlight on Gender: [Preventing Gender-Based Violence and HIV: Lessons from the Field](#)
- [PEPFAR Gender Fact Sheets](#) (3)
- [Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa](#)

Orphans and Vulnerable Children

Case Studies:

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

Technical Briefs:

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

Other Technical Reports and Tools:

- [*Community-Based Early Childhood Development Centers for Reaching OVC: Considerations & Challenges*](#)
- [*Literature Review on Program Strategies and Models of Continuity of HIV/MNCH Care*](#)
- [*Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect*](#)

Family Planning and HIV Integration

Case Study:

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

Private Sector

Case Study:

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

Technical Brief:

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

Field Support (by region)

Africa

Case Study:

- [*The Jane Goodall Institute in Tanzania: Mainstreaming HIV Programming into Natural Resource Management and Economic Growth Activities*](#)

Technical Briefs:

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

Other Technical Reports and Tools:

- Fact Sheet: [*Health Care Waste Management in Uganda*](#)
- Issue Brief: [*Public-Private Partnerships for a Centralized Waste Disposal Treatment Plant in Eastern Uganda*](#)

- [Transitioning Care, Support, and Treatment Services for Adolescents Living with HIV: Regional Technical Consultation Report, February 7–10, 2012, Gaborone, Botswana](#)
- [Community Perceptions of PMTCT Services and Safe Male Circumcision in Six Focal States in Nigeria](#)
- [Success Story: Ensuring the Availability of Safe Injection Commodities in Nigeria](#)
- [Success Story: Strategy Development for Improving Safe Phlebotomy Practices in Nigeria](#)
- [Success Story: Disposal of Expired ARVs and Test Kits in Nigeria](#)
- [Assessment of Injection Safety in Selected Local Government Areas in Five States in Nigeria](#)
- [Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for Children Living with HIV in Africa](#)

Europe and Eurasia

Case Studies:

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

Technical Briefs:

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

Other Technical Reports and Tools:

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

- [*Situation Analysis of Infection Prevention Control in Bishkek and Osh, Kyrgyzstan*](#)

India

Case Studies:

- [*District Comprehensive Approach for HIV Prevention and Continuum of Care in Maharashtra, India*](#)
- [*Linking Resources for Antiretroviral Adherence*](#)
- [*Integrating HIV Care: Improving Programs, Improving the Lives of People Living with HIV*](#)
- [*Mobile Clinics in India Take to the Road: Bringing HIV Testing and Counseling and STI Services to Those Most at Risk*](#)

Technical Reports and Tools:

- [*Six Desk Reviews*](#)

Latin America and Caribbean, and Mexico

Case Studies:

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

Technical Briefs:

- [*Uso de drogas y transmisión del VIH en América Latina*](#) (Substance use and HIV)
- [*Men Who Have Sex with Men and HIV in the Anglophone Caribbean*](#)

Other Technical Reports and Tools:

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

Publications in development

Prevention

- PKB topic update for contraception and structural overview (in development)
- Structural position papers and resource toolkit (in development)
- MSM workshop report, South Africa (in review)
- MSM workshop report, Asia (in review)

- Case study: Comprehensive approaches for IDUs, Georgia (in review)
- Case study: TOP program, Myanmar (in review)
- Case study: VMMC (in development)
- Program review of prevention portfolios in Togo and Bukina Faso (in development)
- Meeting report for Debate 7 (in review)
- Report on Namibia alcohol demonstration (to be developed)

Treatment

- Update of treatment regimens summary table (in development)
- Assessment report of pediatric care and treatment, Zambia (finalizing)
- Assessment of PMTCT scale-up, Nigeria (in development)
- Assessment report of pediatric care and treatment, Nigeria (in review)
- Case study: Integration and social supports for young children and mothers, DRC (in development)
- Case study: Emergency planning for continuation of HIV services, Côte d'Ivoire (in development)
- Pediatric disclosure materials (existing materials being updated/translated)
- Pediatric toolkit (modules being programmed)
- Capacity assessment tool (being piloted)
- Report on treatment failure in children, Zimbabwe (to be developed)
- PMTCT demonstration project report, Tanzania (to be developed)
- Models of care for the integrated delivery of NCDs and HIV care and treatment (to be developed)
- Case study: Integration and social supports for young children and mothers, Zambia (to be developed)

HIV Testing and Counseling

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

Orphans and Vulnerable Children

- Food and nutrition security programming for OVC in an HIV context (in review)
- Granting assessment literature review (in development)
- Psychosocial support, evidence and recommendations (in development)
- Reports on post-rape care activity, Lesotho and Mozambique (to be developed)
- Literature reviews, post-rape care activity, Lesotho and Mozambique (in development)
- Case study: Integration of HIV, MNCH and social services (to be developed)
- Technical brief: Integration of HIV, MNCH and social services (to be developed)
- Technical brief: ECD and disability (to be developed)

Gender

- Translation into French: GBV case studies findings report, Africa case studies findings report, MARPs case studies findings report, Mozambique case study, El Salvador

MARPs case study, Peru MARPs case study, Colombia MARPs case study, Vietnam GBV case study, and Swaziland GBV case study

- Translation into Spanish: El Salvador MARPs case study, Peru MARPs case study, Colombia MARPs case study, Africa case studies findings report, MARPs case studies findings report, GBV case studies findings report, and El Salvador GBV case study
- Translation into Portuguese: Africa case studies findings report, MARPs case studies findings report, GBV case studies findings report, and Mozambique case study
- Technical brief: Structural interventions (in development)
- South to South exchange assessment (in development)

Care and Support

- Mental health toolkit and final report (in development)
- WASH assessment report, Ethiopia (finalizing for approval)
- Cotrim assessment report, Uganda (in development)
- IAS satellite session report (in development)

Field Support (by region)

Africa:

- Case study: Mainstreaming HIV/AIDS in natural resource management (AWF/LOOCIP), Tanzania (in development)
- Technical brief: Mainstreaming HIV/AIDS in natural resource management, Tanzania (in development)
- Infection prevention and control needs assessment, Ethiopia (in review)
- Infection prevention and control supportive supervision report, Ethiopia (in development)
- Facilitator and participant training guides: Infection prevention and patient safety training resource package (in development)
- Injection safety success stories, Uganda (4 in review)
- Injection safety health care waste management success story, Ethiopia (in review)
- Toolkit for transition of care and other services for adolescents living with HIV (in review)
- ALHIV toolkit pilot report (to be developed)

India:

- Case study: A positive partnership: Integrating HIV and TB in Karnataka, India (finalizing for approval)
- Case study: Community-based approach and HIV management among marginalized groups (in review)
- Case study: Technical assistance to state and national level HIV and AIDS services: The USAID supported Samastha Project experience (in development)
- Case study: Micro-planning: A community-based system for ensuring quality care of people living with HIV (in development)

Latin America and Caribbean:

- Assessments in four countries for transgender populations, Guatemala, El Salvador, Panama, Nicaragua (in development)
- HIV and substance use technical consultation report (in development)
- Technical brief on HIV commodity security (in development)
- Case study: Dominican Republic NGOs (in review by USAID)
- Developing 3 manuals for ASONAPVSI DAH in Honduras, as well as an organization assessment (in development/review)
- Developing 12 norms, guidelines, and frameworks for the Honduras Health Secretariat (in development/review)

ANNEX 3: LOCATION OF AIDSTAR-ONE'S WORK

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Sub-Saharan Africa						
Region-wide		Grant to APCA provides TA to national palliative care programs				
Botswana		South-to-south TA to PEPFAR implementing partner on integrating gender strategies		Transitioning Care, Support, and Treatment Services for Adolescents	O Icheke Campaign on multiple and concurrent partnerships (MCP)	
Burkina Faso		HIV prevention program planning				
Cote d'Ivoire					-Legal Units: Child Protection Support -Emergency Planning for HIV Treatment Access	
Democratic Republic of Congo		-TA to National AIDS Commission in testing and counseling -Training for OVC partners on child protection policies			Early infant diagnosis of HIV	Technical brief on access to ART in emergency settings

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Ethiopia	Training and capacity building in prevention of medical transmission of HIV and other bloodborne infections	<ul style="list-style-type: none"> -Training for OVC partners on child protection policies -Support for Federal MOH Emergency Plan for PMTCT -Training on WASH Curriculum 	Impact Assessment of Pilot WASH Training	<ul style="list-style-type: none"> -Meeting the HIV, MNCH and Social Support Needs of Mothers and Their Young Children -Accelerating Scale-up of VMMC for HIV Prevention in Eastern & Southern Africa 	<ul style="list-style-type: none"> -Coffee, Popcorn, Soup and HIV -FP/HIV Integration 	
Ghana		<ul style="list-style-type: none"> -HIV prevention program planning support to USAID Regional Health Office -Facilitate local HIV skills-building workshop for programmers and HIV government planners 		HIV Prevention in Mixed Epidemics	Engaging New Partners and New Technologies to Prevent HIV among MSM	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Kenya		-Development and pilot testing of Transition Toolkit for Care and Other Support Services for Adolescents Living with HIV -Training on WASH Curriculum	-Food by Prescription Assessment -Impact Assessment of Pilot WASH Training	Home-Based HIV Testing and Counseling	-PITC and the Private Sector -Home-based Testing and Counseling -Addressing HIV and Gender from the Ground Up -FP/HIV Integration -Emergency Planning for HIV Treatment Access	Video developed on Kenyan experience in scaling up VMMC
Lesotho		Training for OVC partners on child protection policies	Post-Rape Care Assessment			
Malawi		Training for OVC partners on child protection policies				
Mozambique		-Training for OVC partners on child protection policies -Development and pilot testing of Transition Toolkit for Care and Other Support Services for Adolescents Living with HIV		-Linkages to and Retention in HIV Care and Support Programs -Regional OVC Forum	Earning Their Way to Healthier Lives (health and legal training to help rural women mitigate HIV risk)	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Namibia				Reducing Alcohol-associated HIV Sexual Risk Behaviors	Prevention Planning Process	-Demonstration project on reducing alcohol-related HIV risk
Nigeria	Training and capacity building in injection safety and health care waste management	-Training for OVC partners on child protection policies -Pilot testing of Capacity Assessment Tool for transitioning management of care and treatment programs to local partners	-Pediatric and adolescent care and treatment program -Injection safety in selected local government areas -PMTCT/ MNCH integration assessment		-Nigeria's Mixed Epidemic	-Technical brief on access to ART in emergency settings -Success stories written on disposal of expired ARVs and test kits, improving safe phlebotomy, and the availability of safe injection commodities
Rwanda					-Rebuilding Hope (HIV-positive women survivors of Rwandan genocide) -Mixed epidemics	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
South Africa		Training for OVC partners on child protection policies		-Strengthening Gender Programming in PEPFAR -Male Circumcision Communication -MSM Guidelines Dissemination Meeting	-Wising Up to Alcohol-Related HIV Risk -Scrutinize Campaign (MCP) -Allowing Men to Care (engaging men in caregiving)	-Study tour to Soul City South Africa to learn about their alcohol intervention
Swaziland		-South-to-south TA to National AIDS Program in HBTC -Training for OVC partners on child protection policies -TA and mentoring for practitioners providing post-rape care for children			-Secret Lovers Kill (MCP) -Swaziland Action Group Against Abuse: Addressing Gender-based Violence (GBV)	-Support of m2m in expansion of services for pregnant women and new mothers with HIV -Video developed on Swaziland experience in scaling up VMMC

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Tanzania		<p>-Ongoing TA in HIV integration for PEPFAR natural resource/ economic growth partners</p> <p>-Training for OVC partners on child protection policies</p>	<p>-PMTCT/ MNCH integration assessment</p> <p>-Rapid assessment of HIV mainstreaming activities of PEPFAR natural resource/ economic growth partners</p>	Size Estimation of MARPs	<p>-Inter-generational Sex through the Fataki Campaign</p> <p>-Creating Community Safety Nets for Vulnerable Youth</p> <p>-Mainstreaming HIV Programming into Natural Resource Mgt. Activities (Jane Goodall Institute and Africa Wildlife Foundation)</p> <p>-USG-supported VMMC programs</p>	Demonstration project using community health workers to promote PMTCT services
Togo		HIV prevention program planning				

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Uganda	Training and capacity building in health care waste management		<ul style="list-style-type: none"> -Nutrition Assessment Counseling and Support (NACS) Program Assessment -Adult and pediatric ART in emergency settings -Assessment of materials to increase appropriate prescription and use of cotrimoxazole 		<ul style="list-style-type: none"> -Prioritizing HIV in Mental Health Services Delivered in Post-Conflict Settings -Emergency Planning for HIV Treatment Access 	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Zambia			Pediatric and adolescent care and treatment program		-Club Risky Business (MCP) -Implementing WHO's 2010 ART Recommendations -Risky Business Made Safer – Corridors of Hope (prevention among sex workers and truck drivers in border and transit towns) -PMTCT Integration case study on the Community Mother-Baby Follow-Up Registers	Ongoing support for Zambia Partner Reporting System on PEPFAR results
Zimbabwe		Training for health care workers on integrating mental health and substance use screening tools	Treatment failure in children and adolescents		USG-supported VMMC programs	Mental Health/HIV Integration Pilot Project
Asia						
Burma					Scaling Up HIV Programming by Mobilizing Sex Workers	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Cambodia			Provider-initiated Testing and Counseling		PRASIT: Using Strategic Behavioral Communication to Change Gender Norms in Cambodia	
India	Documentation of promising practices; support to National AIDS Control Program; support to State AIDS Control Societies and Technical Support Units in Uttar Pradesh and Uttarkhand; publication of 6 technical desk reviews; management and technical support to PEPFAR country team			Interventions with MARPs in PEPFAR Countries	-Alcohol Consumption and HIV Risk -Empowering Communities of MSM to Prevent HIV -Avahan AIDS Initiative -SANGRAM's Collectives: Engaging Communities in India to Demand Their Rights -8 additional case studies on USG programs implemented by Avert Society and Samastha Project	
Indonesia					STIGMA Foundation: Empowering Drug Users to Prevent HIV	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Kyrgyzstan		Training of hospital staff in infection prevention control	-Situation analysis of infection prevention control in hospitals -Needs assessment for MARPs -Gender assessment			
Thailand			Situation analysis of testing and counseling for MSM	-HIV Rapid Testing- Rapid Results -MSM Guidelines Dissemination Meeting	-HIV testing and counseling among MSM -HIV testing and counseling among transgender people	
Vietnam					-Breaking New Ground: Integrating Gender into Care's Step Program in Vietnam -Public Sector Response to GBV -Mental Health and Care and Support	
Europe and Eurasia						

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Georgia					Georgia Harm Reduction Network	
Russia					HIV prevention and empowerment of MSM in Orenburg, Russia	
Ukraine				PWID Regional Meeting	International HIV/AIDS Alliance	
Middle East						
Lebanon					More Than Just HIV Prevention (outreach to MARPs)	
Latin America and Caribbean						
Antigua and Barbuda			Mid-term Evaluation of PEPFAR Caribbean Regional Program			
Bahamas			Mid-term Evaluation of PEPFAR Caribbean Regional Program	Effective Prevention with MARPs and OVPs in the Caribbean		

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Barbados			Mid-term Evaluation of PEPFAR Caribbean Regional Program			
Belize				Presentation of PEPFAR Caribbean Program preliminary findings at PANCAP Annual Meeting		
Brazil	Training, capacity building, and communication for expanding access to TB and HIV interventions	-TA in BCC strategies and peer-to-peer efforts -TA to national and priority State Secretariats of Health				
Colombia				HIV Testing and Counseling Consensus Meeting	Empowering MSM to Live Healthy Lives	
Dominican Republic	-Grants and TA to NGOs working with MARPs and vulnerable populations -Train grantees on financial and programmatic reporting in accordance with USAID and AIDSTAR-One regulations			ART Regional Technical Consultation	HIV in the Land of Baseball and Bachata	

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Ecuador					Collaboration in Ecuador on GBV Services	
El Salvador			HIV vulnerability, needs, services and barriers for transgender persons	Central American consultation to develop a regional strategy for comprehensive services and human rights for trans persons	Different Needs but Equal Rights: Giving Voice to Transgender Communities	
Guatemala			-Community-based continuum of care and prevention -HIV vulnerability, needs, services and barriers for transgender persons	-Effective Prevention with MARPs in Latin America -Substance Use and HIV Prevention, Care, and Support in Latin America technical consultation		
Guyana					HIV Treatment Guidelines	
Haiti		Training for OVC partners on child protection policies				

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Honduras	-TA and capacity building to Health Secretariat and National Assoc. of PLHIV	-TA to CCM of GFATM -National Strategy for Integrated Care for STI/HIV/AIDS services	-Services provided by Integrated Care Centers -Services provided by ASONAPV-SIDAH			
Jamaica			Mid-term Evaluation of PEPFAR Caribbean Regional Program			
Mexico					-HIV Prevention on the US-Mexico Border -FBOs and HIV Prevention in Mexico	
Nicaragua			HIV vulnerability, needs, services and barriers for transgender persons		New Models of Masculinity to Prevent HIV Among MSM	
Panama			-HIV vulnerability, needs, services and barriers for transgender persons			

Region/ Country	Country Office	Technical Assistance	Assessment	Regional Meeting	Case Study	Other
Peru					Sex work, HIV, and human rights program in Peru	
Trinidad and Tobago			Mid-term Evaluation of PEPFAR Caribbean Regional Program	Size Estimation of MARPs		

ANNEX 4: FINANCIAL/LEVEL OF EFFORT STATUS REPORT

Technical Area	Workplan Budget FY12	Cumulative Obligations	Actual Expenses FY08 - FY11	Actual Expenses FY 12					Cumulative Expenses	Obligations Less Expenses	% Obligations Spent	% FY12 Workplan Spent	Months Remaining
				Q1	Q2	Q3	Q4	Total					
CENTRAL FUNDS													
PMTCT	713,018	1,436,189	723,171	136,071	106,305	139,747	160,634	542,757	1,265,928	170,261	88%	76%	4
GP&Y	1,389,594	4,838,683	3,449,089	175,146	180,001	267,704	324,423	947,275	4,396,364	442,319	91%	68%	6
MARP's	948,296	4,261,916	3,313,620	104,911	259,609	227,856	177,664	770,039	4,083,660	178,256	96%	81%	3
Prevention (GHAI)	0	750,000	750,000	0	0	0	0	0	750,000	0	100%	0%	0
VMMC	147,575	147,575	0	67,256	8,579	38,639	25,814	140,288	140,288	7,287	95%	95%	1
CARE & SUPPORT	862,506	3,155,852	2,293,346	101,525	83,861	154,845	153,678	493,910	2,787,256	368,596	88%	57%	9
OVC	904,182	1,958,507	1,054,325	72,015	30,893	136,319	225,148	464,376	1,518,700	439,807	78%	51%	11
HIV COUNSELING & TESTING	450,556	2,600,958	2,150,402	51,482	79,073	74,617	63,262	268,435	2,418,837	182,121	93%	60%	8
ADULT TREATMENT	296,650	3,200,000	2,903,350	24,960	42,729	69,007	61,913	198,608	3,101,958	98,042	97%	67%	6
PEDIATRIC TREATMENT	861,295	956,339	95,044	147,284	111,010	209,983	134,458	602,736	697,780	258,559	73%	70%	5
STRATEGIC INFORMATION	0	630,000	630,000	0	0	0	0	0	630,000	(0)	100%	0%	0
OTHER (FP/HIV integration in FY11)	0	1,360,000	1,360,000	0	0	0	0	0	1,360,000	0	100%	0%	0
GENDER	623,251	3,115,033	2,491,782	43,901	48,625	127,329	162,598	382,453	2,874,234	240,799	92%	61%	8
KM	152,861	190,000	37,139	5,652	1,923	2,290	512	10,377	47,516	142,484	25%	7%	165
APCA Support	102,306	250,000	147,694	641	68,223	12,897	705	82,465	230,159	19,841	92%	81%	3
HIV Care and Support Conf.	0	50,000	50,000	0	0	0	0	0	50,000	0	100%	0%	0
SUBTOTAL CENTRAL FUNDS	7,452,090	28,901,052	21,448,962	930,846	1,020,831	1,461,233	1,490,808	4,903,719	26,352,681	2,548,371	91%	66%	6
MISSION FUNDS				Q1	Q2	Q3	Q4						
Central Asia Region (Kyrgyzstan)	53,430	164,000	110,570	119	460	543	1,084	2,206	112,776	51,224	69%	4%	279
Honduras	1,876,910	3,483,458	1,606,547	290,882	311,224	325,355	441,973	1,369,434	2,975,981	507,477	85%	73%	4
Guatemala	0	70,000	70,000	0	0	0	0	0	70,000	0	100%	0%	0
Central America Program	0	60,000	60,000	0	0	0	0	0	60,000	0	100%	0%	0
LAC Bureau	1,134,340	1,582,400	448,060	95,800	96,923	99,200	206,579	498,502	946,562	635,838	60%	44%	15
AFR Bureau	771,362	1,146,263	374,901	54,786	124,478	49,087	27,023	255,374	630,275	515,988	55%	33%	24
E&E Bureau	20,867	50,000	29,133	2,018	6,092	1,164	11,378	20,652	49,785	215	100%	99%	0
Ethiopia	2,197,754	5,543,652	3,345,898	413,027	664,343	329,205	247,334	1,653,908	4,999,806	543,846	90%	75%	4
Nigeria	3,027,577	6,225,000	3,197,423	644,204	472,417	406,873	813,805	2,337,300	5,534,723	690,277	89%	77%	4
Uganda	744,596	1,312,500	567,904	75,084	64,123	209,689	78,900	427,797	995,700	316,800	76%	57%	9
Mexico	0	52,000	52,000	0	0	0	0	0	52,000	0	100%	0%	0
India	1,136,000	2,250,000	1,114,000	192,836	220,144	480,265	242,665	1,135,910	2,249,910	90	100%	100%	0
Swaziland	0	500,000	500,000	0	0	0	0	0	500,000	0	100%	0%	0
Tanzania	367,109	710,000	342,891	87,513	115,789	83,893	44,718	331,912	674,804	35,196	95%	90%	1
Zambia	83,419	150,000	66,581	24,532	733	13,928	6,213	45,407	111,988	38,012	75%	54%	10
Dominican Republic	2,964,611	3,200,000	235,389	333,428	763,118	504,985	544,227	2,145,758	2,381,147	818,853	74%	72%	5
Brazil	1,108,516	1,110,000	1,484	166,327	264,135	224,486	273,995	928,943	930,427	179,573	84%	84%	2
PMTCT Ethiopia	198,076	198,076	0	0	0	29,083	63,941	93,024	93,024	105,052	47%	47%	14
Caribbean	200,000	250,000	0	0	0	32,363	127,198	159,561	159,561	90,439	64%	80%	7
SUBTOTAL MISSION FUNDS	15,884,566	28,057,349	12,122,781	2,380,558	3,103,977	2,790,120	3,131,033	11,405,688	23,528,470	4,528,880	84%	72%	5
TOTAL	23,336,656	56,958,401	33,571,744	3,311,404	4,124,808	4,251,354	4,621,842	16,309,407	49,881,151	7,077,250	88%	70%	5

Level of Effort(LOE)	FY 08-11 Actual	Actual LOE FY 12				Cumulative Total	Contract Ceiling	Balance
		Q1	Q2	Q3	Q4			
CENTRAL FUNDS								
PMTCT	680	65	109	123	166	1,143		
GP&Y	3,405	236	206	261	246	4,354		
MARP's	3,272	157	233	182	192	4,036		
Prevention (GHA)	740	0	0	0	0	740		
VMMC	0	74	11	53	32	171		
CARE & SUPPORT	2,279	116	140	181	178	2,895		
OVC	1,077	51	43	67	101	1,339		
HIV COUNSELING & TESTING	2,169	90	134	119	87	2,599		
ADULT TREATMENT	2,929	35	73	93	60	3,190		
PEDIATRIC TREATMENT	233	142	133	149	54	711		
STRATEGIC INFO	1,108	0	0	0	0	1,108		
OTHER	1,422	0	0	0	0	1,422		
GENDER	2,375	73	42	78	64	2,632		
KM	25	0	2	2	0	29		
APCA Support		1	3	24	1	29		
TOTAL CENTRAL FUNDS	21,714	1,040	1,131	1,332	1,181	26,398	39,109	12,711
MISSION FUNDS								
Central Asia Region (Kyrgyzstan)	280	4	1	1	1	286		
Honduras	3,054	501	863	899	1,138	6,454		
Guatemala	301	0	0	0	0	301		
Central America Program	16	0	0	0	0	16		
LAC Bureau	521	124	144	107	177	1,073		
AFR Bureau	503	81	129	60	69	843		
E&E Bureau	30	3	5	1	3	41		
Ethiopia	10,266	1,257	2,154	681	819	15,176		
Nigeria	3,909	1,229	887	1,089	1,116	8,230		
Uganda	1,763	219	277	327	261	2,847		
Mexico	52	0	0	0	0	52		
India	1,285	300	346	778	2,354	5,062		
Swaziland	15,317	0	0	0	0	15,317		
Tanzania	546	104	137	133	40	960		
Zambia	66	20	1	26	1	113		
Dominican Republic	166	406	451	575	556	2,155		
Brazil	1	137	305	250	254	947		
PMTCT Ethiopia	0	0	0	20	287	307		
Caribbean	0	0	0	26	66	91		
TOTAL MISSION FUNDS	38,073	4,384	5,698	4,973	7,142	60,271	104,352	44,081
TOTAL	59,787	5,424	6,829	6,305	8,323	86,669	143,461	56,792

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