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CAPACITY ASSESSMENT TOOL FOR COUNTRY OWNERSHIP OF HIV CARE AND TREATMENT

PART I—INTRODUCTION AND METHODOLOGY

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

JULY 2013

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AIDS Support and Technical Assistance Resources Project

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BACKGROUND

“To us, country ownership in health is the end state where a nation’s efforts are led, implemented, and eventually paid for by its government, communities, civil society and private sector. To get there, a country’s political leaders must set priorities and develop national plans to accomplish them in concert with their citizens, which means including women as well as men in the planning process. And these plans must be effectively carried out primarily by the country’s own institutions, and then these groups must be able to hold each other accountable.”
(PEPFAR n.d.)

Secretary of State Hillary Rodham Clinton, June 1, 2012

The 2008 Leadership Act, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) reauthorizing legislation, endorses principles of harmonization and coordination in the HIV response, emphasizing alignment of U.S. efforts with national strategies of partner governments and other public and private entities to support country ownership of HIV programs (Lantos and Hyde 2008). A critical component of the PEPFAR 2010–2014 Strategic Plan is transitioning ownership of HIV programs to host countries. To this end, the U.S. Agency for International Development, other donors, and host country governments are identifying mechanisms to transfer greater management of HIV care and treatment programs to national governments, developing systems that create an environment conducive to this transition, and addressing potential challenges that may occur during the transition period (Office of the U.S. Global AIDS Coordinator 2009). PEPFAR has prioritized a common approach to understanding country ownership, which identifies the following four dimensions (PEPFAR 2011):

- **Political ownership/stewardship.** Ownership by the government of the vision for sector support. The government, with support from civil society, the private sector, and other funding partners, clearly articulates its priorities and plans for program development and has visibility into and oversight of the specific activities conducted by all stakeholders.
- **Institutional ownership.** Local institutions (e.g., governmental, nongovernmental, faith-based) own the final decisions for each stage of program development, and local institutions manage the funds and have responsibility for programs.
- **Capabilities.** For programs to be sustained and of quality, country leadership must have the technical and management capabilities to oversee programs and make adjustments and shifts over time. Planning must be deliberate to provide ample opportunities for local capacity to perform activities. These efforts could include outsourcing to capable entities as well as modifications to programs when new evidence emerges for program improvement.
- **Accountability.** Meaningful ownership requires a strong sense and defined accountability between governing bodies and the citizens they serve, and mutual accountability between country leadership and donors for measurable results over time. Information and processes must be transparent with mechanisms for input and feedback from recipients of services including civil society. Explicit roles and responsibilities should be identified, with consequences for failure in performance.

DESIGN AND DEVELOPMENT OF TOOL

In 2011, AIDSTAR-One published two resources to support PEPFAR's strategy for sustainable HIV care and treatment by facilitating transition of management to country ownership: a technical brief and capacity assessment tool. The technical brief provides a general overview of the concepts of transition of management and country ownership, and the tool provides a mechanism by which to assess and actualize transition of management to country ownership. Key informant interviews informed the development of both resources.

The technical brief, *Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners. Critical Elements and Lessons Learned* (Crye 2011)¹, draws from examples worldwide to present a framework for transitioning management, identify best practices and factors of success, and serve as a resource for country programs and implementing partners.

This *Capacity Assessment Tool for Country Ownership of HIV Care and Treatment* provides PEPFAR program managers and implementing partners a set of guidelines for assessing a country's capacity to assume greater ownership and responsibility for HIV care and treatment programs and resources.

The following three principles underlie the development of this tool:

1. This tool focuses on the **assessment of capacity at the national or provincial level** to take on greater responsibility and accountability for planning, organizing, and managing HIV care and treatment programs and services. It does not focus on capacity at the site or facility level to deliver HIV care and treatment services. Other tools are designed to assess the service delivery level such as the *Tool to Assess Site Readiness for Initiating Antiretroviral Therapy (ART) or Capacity for Existing ART Sites* (John Snow, Inc. 2007).
2. This tool concentrates on **eight domains of organizational capacity**. This does not negate the importance of considering multiple socioeconomic, political, cultural, environmental, and contextual factors that impact a country's (or province's) ability to plan, organize, and manage HIV care and treatment programs. It is beyond the scope of this tool to address all those factors, and users are urged to consider the context in which the assessment is being conducted and to incorporate it into the interpretation of results and subsequent decision making.
3. Transitioning full ownership of HIV care and treatment programs to countries is a long-term, nonlinear process that implies facilitating sustainable change that requires whole systems change and strengthening with broad stakeholder participation. Decisions about what to transition to whom and how requires a deep understanding of the country context beyond a simple rating scale on capacity. This capacity assessment tool is but one of the sources of information to assist with the planning process.

¹ This Technical Brief can be downloaded from the AIDSTAR-One website at the following link:
http://www.aidstar-one.com/focus_areas/treatment/resources/technical_briefs/transition_of_management

The capacity of a country (or province) to transition from donor reliance to country ownership of HIV care and treatment programs and resources refers to the extent to which countries:

- Have sufficient human resources
- Have strong leadership
- Are guided by effective policies
- Work in well-functioning operating systems
- Work under good management systems
- Have sustainable infrastructure and resources
- Maintain fiscal transparency and accountability
- Work in harmony through partnerships, networks, and alliances.

These interrelated and overlapping eight domains form a framework for assessing critical management functions essential for a country (or province) to effectively plan and manage HIV care and treatment programs.

In August 2012, AIDSTAR-One piloted this tool in Kogi state, Nigeria to validate the tool's content and determine how it can be used most effectively in countries and be adapted to local contexts. USAID/Nigeria expressed interest in using the AIDSTAR-One Capacity Assessment Tool to assess the readiness of all states supported by their implementing partners to transition PEPFAR projects to country (or state) ownership. A collaborative planning process was initiated between USAID/Nigeria and AIDSTAR-One to clarify the purpose of the pilot, identify the implementing partners who would participate in the process, and develop an agenda for the assessment. Key findings from the pilot include:

- The AIDSTAR-One tool is useful and informative for implementing both partners and a diverse group of stakeholders in evaluating the capacity in transitioning to country ownership of HIV care and treatment.
- The AIDSTAR-One tool can be used by diverse stakeholders on an annual basis to assess readiness at the provincial or national level.
- The methodology used is as important as the tool itself. When used in a collaborative manner in a joint session, it allows stakeholders to arrive at a realistic assessment of the country's or province's level of readiness and reach consensus on the priority areas for capacity building and action planning for transition to greater country ownership. The process works best when planned and guided by skilled facilitators who ensure it is collaborative and participatory so as to promote greater ownership of both process and results.
- This tool is best implemented with a diverse group of stakeholders with capacity to take decisions and implement agreed upon actions on behalf of national or provincial governments (e.g., Ministries of Health, decentralized HIV agencies, PEPFAR implementing partners, health facilities, civil society organizations).

- The benefits of a joint session include shared learning across programs and provinces (south-to-south learning exchanges), providing a reality check on the status of HIV care and treatment and local capacity for implementation, and helping to build consensus among stakeholders and implementing partners on the way forward.

The results of the Nigeria pilot were used to further refine and improve the tool's content, structure, and methodology and to finalize the tool, which consists of three main parts:

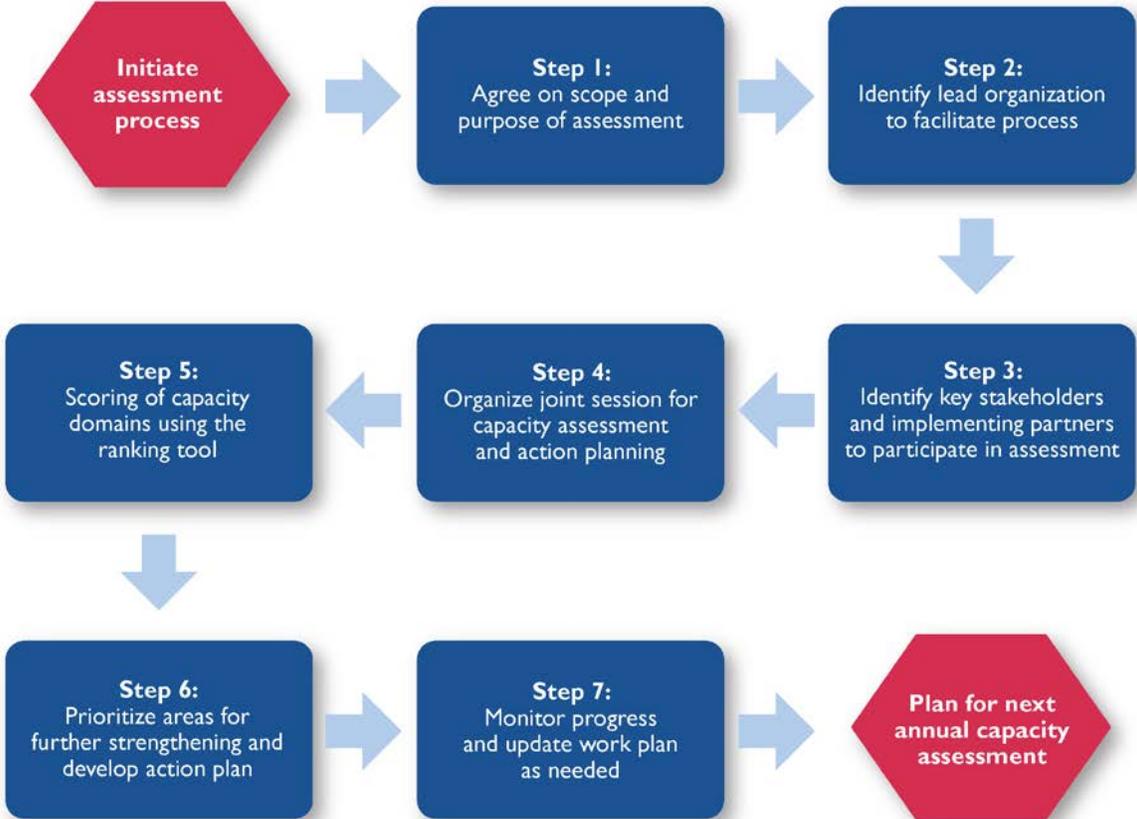
- **Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Part I – Introduction and Methodology** provides background information, an introduction to the scope and purpose of the tool, and a methodological framework on how to use the tool for a country (or provincial level) assessment. Part I also contains annexes with additional guidelines and templates to facilitate implementation.
- **Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Part II – Rating Scales** consists of the rating and scoring sheets in Excel format. It contains detailed descriptions of eight primary domains and subdomains with descriptive anchors to allow scoring on a 10-point scale. Rating scores are automatically summarized and graphically represented. A comparison score sheet is also available to record scores manually from different stakeholder groups for comparison, review, and discussion.
- **Capacity Assessment Tool for Country Ownership of HIV Care and Treatment: Part III – Interpretation and Use of Results** outlines the stages of readiness and provides guidelines on the interpretation and use of the assessment results for developing an action plan to progress to the next stage for greater country ownership of HIV care and treatment.

METHODOLOGY FOR IMPLEMENTATION

This section outlines an approach to assessing capacity at the national or provincial level to determine readiness for country ownership of HIV care and treatment programs. This tool can be used by a range of stakeholders to promote dialogue between PEPFAR implementing and national or provincial partners about their vision, goals, and expectations about transitioning to country ownership, and what that might mean in terms of their system of HIV care and treatment. The results of the capacity assessment can be used to develop an action plan with stakeholders to achieve greater country ownership and sustainability in their HIV care and treatment programs that align with the national HIV strategic plan. It can also be used on an annual basis to monitor progress.

Figure 1 illustrates the stepwise process for implementing the tool, followed by more detailed descriptions of each step.

Figure 1. Stepwise Approach for Implementing the Capacity Assessment Tool



STEP 1: AGREE ON THE SCOPE AND PURPOSE OF THE CAPACITY ASSESSMENT

The AIDSTAR-One Capacity Assessment Tool was designed for use by PEPFAR Program Managers or implementing partners for higher order assessment of readiness at the national and provincial levels to assume greater ownership of HIV care and treatment. The assessment process can be initiated by any organization, governmental or nongovernmental, but it is important to clarify the boundaries or focus among those participating in the assessment. This tool does not assess site- or facility-level capacity, but could be used in conjunction with tools for that purpose, if appropriate. If HIV program management is decentralized, assessment at both national and decentralized levels would be useful. It would be critical to ensure that province-level (decentralized) assessments are linked to national HIV care and treatment plans and priorities.

STEP 2: IDENTIFY A LEAD ORGANIZATION TO SERVE AS THE FACILITATOR FOR THE CAPACITY ASSESSMENT PROCESS

The role of the facilitator is critical to the success of the capacity assessment process. The facilitator must be familiar with the local context and national priorities. A national or provincial level implementing partner with the means, motivation, and skills for planning and organizing a collaborative, participatory process with diverse participants could facilitate the AIDSTAR-One Capacity Assessment Tool in a joint session for both data gathering and forward planning. Annex 1 provides an illustrative session design to allow the lead organization to take the AIDSTAR-One tool “off the shelf” and use it within their country context.

STEP 3: IDENTIFY THE KEY COUNTRY AND IMPLEMENTING PARTNERS TO PARTICIPATE IN THE CAPACITY ASSESSMENT PROCESS

Broad participation by stakeholders and all PEPFAR implementing partners engaged in HIV care and treatment in the geographical area of interest (national or province) is essential for producing results that are valid and relevant to the local context and for generating engagement in joint planning on the way forward to greater country ownership. Participants should include governmental and community-based organizations, PEPFAR staff and implementing partners, national- or provincial-level representatives, policymakers, donors, and health care facilities.

STEP 4: ORGANIZE A JOINT SESSION WITH ALL KEY STAKEHOLDERS AND IMPLEMENTING PARTNERS

A joint meeting of all stakeholders in a one-and-one-half day, facilitated session is a cost-effective way to conduct a capacity assessment on the readiness of the country or province to assume greater ownership, identify areas of strengths and weaknesses, and build consensus among stakeholders and

implementing partners on the way forward. A joint session brings in the multiple perspectives of the stakeholders and uses participatory, adult learning methods that allow country stakeholders to *own* the process and arrive at a common vision and plan of action for progressing toward greater country ownership. In addition, a joint session provides an opportunity for shared learning across programs and provinces and promotes south-to-south exchanges for capacity building. An illustrative session design is included in Annex 1 that describes how to facilitate use of the tool for joint assessment and decision making.

STEP 5: SCORE CAPACITY DOMAINS USING PART II (RATING SCALES)

The rating scales (see Part II) enable stakeholders to arrive at a collective profile of the country's or province's capacity to assume greater ownership of HIV care and treatment. The AIDSTAR-One Capacity Assessment Tool can be sent to participants in advance of the joint session so they can review and conduct individual assessments prior to the joint meeting. Ideally, during the joint meeting, scoring on the domains is done in three steps: first individually, second in stakeholder groups, and third in mixed-stakeholder groups to develop a consensus score on all domains. After step 2, stakeholder group scores for each domain can be entered in Part II where the scores are automatically calculated and graphically represented on the score sheet (Part II, tab 9). Stakeholder group scores can also be manually entered on the comparison sheet (Part II, tab 10) and projected on the wall for review and discussion in plenary. Comparison of scores from different stakeholder groups can be revealing and stimulate dialogue about the different perspectives on in-country capacity. The third step is to conduct a consensus scoring, with mixed stakeholder groups each taking two to three domains. These consensus scores can be inputted manually into tab 10 next to the comparison sheet and can be used in developing a work plan or action plan.

STEP 6: INTERPRET RATINGS USING PART III, PRIORITIZE THE AREAS FOR FURTHER STRENGTHENING, AND DEVELOP A WORK PLAN FOR ACTION

Part III serves as a guide for stakeholders and PEPFAR implementing partners to interpret and use the ratings from Part II to determine the current level of national or state capacity along five stages of readiness to assume greater country ownership of HIV care and treatment. Based on this interpretation, country and implementing partners can reach agreement on priority areas for strengthening and then develop a work plan or action plan to move them to the next stage of readiness.

The work plan or action plan is a concrete product of the joint session that reflects the consensus reached through participatory dialogue on the priority areas for further strengthening in order to progress to the next stage of readiness for country ownership. It includes means of verification for progress made, as well as responsible parties, sources of support, and a projected timeline for completion. This serves not only as a planning tool, but also as concrete evidence of the commitments made by stakeholders and is a starting point for continued action to build capacity for country ownership of HIV care and treatment. Guidelines for priority setting are included in Annex 2, and a template of the work plan is included in Annex 3.

STEP 7: MONITOR PROGRESS AND PLAN FOR THE NEXT ANNUAL CAPACITY ASSESSMENT

Understanding that transitioning to full country ownership is a long-term process, an annual gathering of stakeholders and implementing partners to assess progress, identify lessons learned, and plan for the next phase is important both for the continuity and augmentation of actions taken toward greater country ownership. While the joint session should be done on an annual basis, the work plan should be reviewed quarterly or after six months to assess progress, identify challenges, and updated as necessary. The ultimate value of the capacity assessment process depends on the extent to which country partners and stakeholders are committed to working together to bring about sustainable, whole system strengthening to advance the country's (or province's) capacity to assume greater ownership and management of HIV care and treatment on a national or provincial level.

GO TO PARTS II AND III

REFERENCES

- Crye, Lisa. 2011. *Transition of Management and Leadership of HIV Care and Treatment Programs to Local Partners: Critical Elements and Lessons Learned*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1. Available at http://www.aidstar-one.com/sites/default/files/AIDSTAR-One_Transition_of_Management_Treatment_0.pdf
- John Snow, Inc. 2007. *Tool to Assess Site Readiness for Initiating Antiretroviral Therapy (ART) or Capacity for Existing ART Sites*. Boston, MA: John Snow, Inc.
- Lantos, Tom, and Henry J. Hyde. 2008. *United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008*. Available at <http://www.govtrack.us/congress/bills/110/hr5501> (accessed February 2013).
- OGAC (Office of the U.S. Global AIDS Coordinator). 2009. *Guidance for PEPFAR Partnership Frameworks and Partnership Framework Implementation Plans, Version 2.0*. Washington, DC: OGAC.
- PEPFAR (U.S. President's Emergency Plan for AIDS Relief). n.d. PEPFAR Supporting Country Ownership, Key to a Sustainable Response. Available at <http://www.pepfar.gov/documents/organization/195465.pdf> (accessed February 2013)
- PEPFAR. August 2011. *PEPFAR FY 2012 COP Guidance*. Available at <http://www.pepfar.gov/documents/organization/169694.pdf> (accessed Marcy 2013).

ANNEX I

SESSION PLAN FOR JOINT MEETING

The primary purpose of this joint meeting is to provide an opportunity for key stakeholders and PEPFAR implementing partners to participate in a collaborative process to assess the readiness of the country or province in assuming greater ownership of the planning, implementation, and management of HIV care and treatment. The process is guided by the AIDSTAR-One Capacity Assessment Tool designed specifically for this type of assessment and provides a means for using the results for action planning to advance to greater country ownership.

The specific objectives of the joint session are to:

- Bring in the individual and collective perspectives of the stakeholders and implementing partners on the capacity of the country or province to assume ownership of HIV care and treatment
- Gain a better understanding of the current stage of readiness and challenges in assuming greater country or provincial ownership of HIV care and treatment
- Develop a consensus on priority areas for further strengthening and capacity building to advance the country's (or province's) readiness for country ownership
- Develop a work plan or action plan with verifiable targets and timelines to advance to the next stage of readiness for country ownership.

DAY I	
9:00	Welcome and Introductions
9:15	Meeting Overview <ul style="list-style-type: none"> • Review meeting objectives.
9:30	Orientation to the AIDSTAR-One Capacity Assessment Tool <ul style="list-style-type: none"> • Clarify purpose of tool • Walk through component parts of Part II.
10:30	BREAK
10:45	Individual scoring <ul style="list-style-type: none"> • Each person scores domains and subdomains on own.
11:30	Scoring by stakeholder group <ul style="list-style-type: none"> • Break into stakeholder groups and reach consensus on score for each domain/subdomain • Post group scores for each subdomain on sticky wall.
12:30	LUNCH
1:30	Comparison of scores and plenary discussion <ul style="list-style-type: none"> • Review experience of developing groups consensus on scoring <ul style="list-style-type: none"> – What struck you? – What surprised you? – What concerned you? • Review scoring matrix on wall <ul style="list-style-type: none"> – What strikes you about the matrix of scores? – What differences, similarities do you notice? – What surprises you?
2:30	Consensus scoring for each domain in mixed groups <ul style="list-style-type: none"> • Group the domains into pairs • Break into mixed groups (self-selected) with at least one representative from each major stakeholder group • Each group works on their two domains to arrive at a consensus score that they can verify or defend using the illustrative indicators as benchmarks.
3:15	BREAK

3:30	<p>Review of scores in plenary</p> <ul style="list-style-type: none"> • Old scores on sticky wall removed and replaced with new consensus scores • Each group presents the scores and rationale (“means of verification”) for the their two domains • Plenary discussion after each presentation and reach consensus on scores • Repeat for each group.
4:45	Preview of Day 2
5:00	End of Day I
DAY 2	
9:00	Recap of Day I
9:15	<p>Plenary discussion of the country or provincial level of readiness for country ownership</p> <ul style="list-style-type: none"> • Continue from previous day until consensus has been reached on all domains and subdomains • Enter all scores into scoring sheet and project scores and percentages on screen; compare with original scores from Day I stakeholder groups and discuss • Compare scores and interpret scores using Part III.
10:30	BREAK
10:45	<p>Prioritization of areas for strengthening and capacity building</p> <ul style="list-style-type: none"> • Use prioritization guide to identify three to four areas for capacity building over the next year.
11:30	<p>Development of work plan/action plan</p> <ul style="list-style-type: none"> • Review Part III of the AIDSTAR-One tool for suggested steps forward • Break into small groups (self-select) with representation from each stakeholder group • Each group takes one priority area to develop an action, using the action plan template.
12:30	<p>Presentation and discussion of action plan</p> <ul style="list-style-type: none"> • Presentation and discussion of action plan for each priority area • Agree on timing for six-month review/check-in on action plan.
1:00	Closing comments
1:30	End of meeting

ANNEX 2

PRIORITY SETTING GUIDELINES²

PURPOSE

The Priority Matrix helps teams rank (strategic results/objectives/activities) based on criteria.

The criteria can be set by the group. An example of criteria to be used could be as follows:

- What **impact** will the intervention have?
- How **important/urgent** is the issue?
- How **feasible** is the intervention?

PROCESS

Over the allocated time, please choose five interventions (strategic results/objectives /activities) and rank the interventions on a scale from 1 to 3 (1 being low and 3 being high).

Add the points, and the highest score = the top priority!

Strategic Results/Activity	Impact	How Important/Urgent	How Feasible	Total Score

² Developed by Management Sciences for Health/Nigeria.

ANNEX 3

ACTION PLAN TEMPLATE³

Capacity Domain	Domain Stage	Goal Stage	Key Priority Activities (2-3)	Means of Verification	Department Responsible	Is this activity in any existing operational plan?	Source of Support	Time Frame
I. Human Resources 1.1 Staffing levels 1.2 Human resources planning and management 1.3 Training, skills development, and supervision								
2. Leadership 2.1 Leadership 2.2 Country (or provincial) ownership								

³ Adapted from the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) project Continuous Quality Improvement Capacity Building Action Plan.

3. Effective Policy 3.1 National HIV strategy and action plans 3.2 Policy and decision-making process								
4. Operating Systems 4.1 Operational system of care 4.2 Laboratory capacity and management 4.3 Drug management and procurement 4.4 Communications and information systems								
5. Management Systems 5.1 Standards of care and quality assurance 5.2 M&E and performance management 5.3 Knowledge management								
6. Infrastructure and Resources 6.1 Supporting infrastructure 6.2 Financial resources and resource mobilization								
7. Fiscal Management 7.1 Fiscal management and accountability								
8. Partnerships and Alliances 8.1 National partnerships 8.2 International partnerships								

For more information, please visit aidstar-one.com.

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