

## NARRATIVE REPORT

1 July 2005 — 30 September 2006

# Horizons

*Global Leadership, Research & Development*  
Responsibilities & Best Practices in HIV/AIDS

Population Council  
International Center for Research on Women  
International HIV/AIDS Alliance  
Program for Appropriate Technology in Health  
Tulane University  
Family Health International  
Johns Hopkins University



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**Narrative Report**  
**July 1, 2005 – September 30, 2006**

Contents

I.	Introduction and Background	
	A. Summary Program Description	1
	B. Summary of Activities: Project Director's Assessment	2
	C. Horizons Accomplishments	4
	D. Dissemination of Research Findings	8
	E. Information and Highlights from Partner Organizations	9
	F. Other Collaborating Entities	16
II.	Performance Review	
	A. List of Technical & Analytical Documents and Presentations	19
	B. Articles Based on Horizons Findings Published by, Accepted by, or Submitted to Peer-Reviewed Journals	31
	C. Summary of Results Achieved	36
	1. Activity Matrix: Non-Research Activities	36
	2. Detailed Description of Research Activities	39
III.	Financial Summary	
	A. Financial Status Report	84
	B. Cost Share Update	85
	C. Core and Mission Funding	85
IV.	Annexes	
	A. Program Organizational Chart	86
	B. Project Locations – Past and Present	87

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# ***HORIZONS PROGRAM***

## **Narrative Report**

July 1, 2005 – September 30, 2006

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### **I. INTRODUCTION AND BACKGROUND**

#### **A. Summary Program Description**

USAID awarded a cooperative agreement to the Population Council for implementation of the operations research program entitled Global Leadership, Research and Development–Best Practices in HIV/AIDS in July 1997. Since then, the program known as “Horizons” has been implemented by Population Council, in close collaboration with the following current list of institutional partners: International Center for Research on Women, Program for Appropriate Technology in Health, The International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University. Spanning a crucial decade in the universal fight against HIV/AIDS, Horizons has made major contributions to the goals of USAID and the Office of the Global AIDS Coordinator (OGAC) by conducting operations research (OR) to identify effective approaches for strengthening and scaling up HIV prevention, care, and treatment programs. Study findings have been widely disseminated in numerous ways, including publications, journal articles, by website, oral and poster presentations at national, regional, and international conferences, and via distribution of CDs that compile study findings to date. Horizons results and tools have been widely utilized in the development of policy, program strategies and service delivery strengthening.

Horizons’ overall objectives are as follows:

- Identify cutting edge issues to research
- Suggest refinements for existing programs and activities
- Propose innovative approaches that can be tested through field-based, program-oriented operations research
- Recommend demonstrated best practices for implementation and going to scale

The HIV/AIDS epidemic continues to wreak havoc with lives and economies around the world. Numerous programs have been implemented to ameliorate the crisis. However, the impact of many programs is not known. Being field-based and oriented to programs, operations research is a basic tool that helps shed light on what approaches are most effective. Operations research approaches are carefully designed to assess the impact and costs of programs and to increase the efficiency, effectiveness, and quality of HIV/AIDS services while making services more acceptable, available, and accessible.

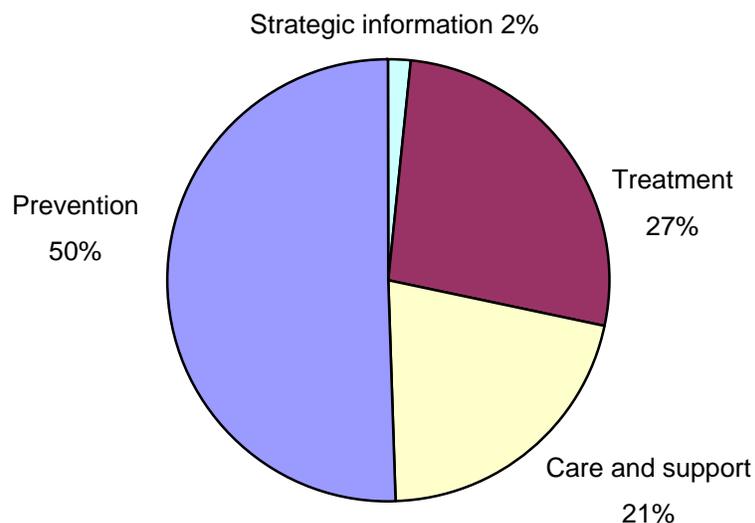
## B. Summary of Activities: Project Director's Assessment

Horizons continues to produce impressive research in terms of the quantity and quality of output, the range of research topics and the impacts of the results. Horizons studies directly respond to the President's Emergency Plan for AIDS Relief (PEPFAR) goals of treating 2 million people with antiretroviral therapy, preventing 7 million new infections, and providing care and support to 10 million people affected by HIV/AIDS. Specifically, Horizons contributes to these goals by conducting operations research to:

- Improve the coverage, quality and effectiveness of HIV/AIDS treatment
- Identify comprehensive approaches to HIV/AIDS prevention
- Expand efforts to provide care and support to those infected and affected by HIV/AIDS

The chart below shows the breakdown by priority focus area of 47 Horizons studies in the reporting period, based on the total cost of carrying out these activities.

**Chart of Horizons activities by cost for prevention, treatment, care and support , & strategic information**  
(not including six institutional partnerships)



Every study is designed to:

- Address operational, program, and policy-relevant issues related to HIV/AIDS that affect a relatively large geographic area
- Build research capacity and interest in research findings
- Promote utilization of operations research results to expand and improve program implementation

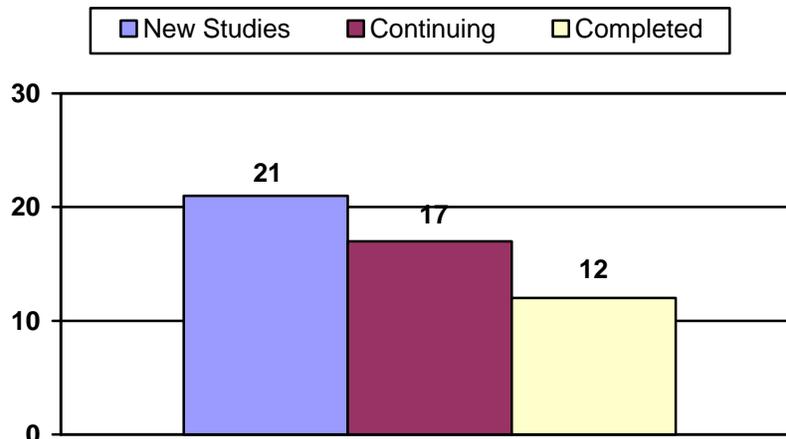
To accomplish these aims, Horizons staff located in Washington DC, Nairobi, Johannesburg, Accra, New Delhi, Bangkok, and Campinas (Brazil) work closely with a broad range of local and international research partners and service delivery organizations, including faith-based groups, in Africa, Asia, and Latin America. The program has worked with over 380 groups in 28 countries (see complete listing in Section I.F.). The majority of research activities are carried out in Africa, followed by Asia and Latin America. To date, Horizons has conducted 146 research related activities in 28 countries, including 21 global and 7 regional projects, as shown below.

**Summary of Studies/Activities by Country**  
(8/1997 to present)

Country	Number	Country	Number
Botswana	1	Rwanda	1
Brazil	10	Senegal	6
Burkina Faso	2	South Africa	20
Cambodia	1	Swaziland	1
Dominican Republic	1	Tanzania	4
Ghana	1	Thailand	7
India	10	Uganda	6
Kenya	19	Vietnam	3
Madagascar	1	Zambia	9
Malawi	1	Zimbabwe	7
Mexico	1	Africa Region	5
Nepal	2	Interregional	2
Nicaragua	1	(Brazil, Burkina, Ecuador, Ghana, India, Latvia, Zambia)	
Nigeria	1	Global	21
Pakistan	1		
Paraguay	1		
		<b>TOTAL</b>	<b>146</b>

The following shows the number of study activities initiated, continuing and completed during this reporting period.

**Horizons Studies – July 1, 2005 – September 30, 2006**



In the period covered by this report, Horizons' efforts were directed at a number of areas critical to preventing new HIV infections, expanding access to antiretroviral (ART) treatment for those in need, and providing care and support to people living with HIV and their affected families and communities. In all of these areas, Horizons conducted multiple studies in different geographic locations in order to examine regional differences and look for results with cross-cultural programmatic relevance. Horizons current research areas include:

- Testing strategies to increase adherence to highly active antiretroviral treatment, and expanding adult and pediatric ART services (India, Kenya, South Africa, Thailand, and Zambia)
- Examining innovative approaches to comprehensive prevention including promotion of the ABCs, STI control and prevention for people living with HIV, mobile populations, and men who have sex with men (Brazil, Ghana, Kenya, Senegal, and South Africa)
- Testing approaches to mitigate the impact of HIV/AIDS on special population groups such as elderly caregivers, teachers, health care workers, and youth-headed households (Kenya, Rwanda, South Africa, and Zambia)
- Replicating and scaling up successful studies from the first phase of Horizons in the areas of PMTCT, youth involvement in care and support, and men who have sex with men (Botswana, India, Kenya, Senegal, South Africa, Swaziland, and Zambia)
- Focusing on the role of men and gender norms in the prevention of HIV transmission (Brazil, India, Kenya, Senegal, and Tanzania)
- Reducing stigma as an obstacle to effective diagnosis, treatment, and prevention of HIV/AIDS (Kenya, Tanzania, and Vietnam)

Almost 25 percent of our budget is being provided through country operational plan budgets, specifically from Kenya, South Africa and Vietnam (see figure in Section III.C.). Horizons staff work closely with each Mission to ensure that the studies funded through this mechanism respond not only to the specific country plan and needs but also contribute to a larger global agenda of strengthening HIV programs.

## **C. Horizons Accomplishments**

### ***Horizons research gets global attention and has measurable influence***

Horizons promotes the utilization of study findings through a highly active publication and dissemination program. In the 15-month period covered by this report, Horizons produced 48 publications, including 14 peer-reviewed articles, eight summaries, six research updates, two CDs, and ten final reports. We initiated a regular relationship with Global AIDSLink and SAfAIDS such that articles based on Horizons study findings now appear regularly in these newsletters.

Horizons publications and study results continue to garner significant attention from decision makers, implementers, and the media. For example, Horizons results have

been an influence on the development of OGAC's focus on the role of gender in HIV risk and prevention. OGAC has recently determined that more attention should be directed toward, and funds designated for, addressing gender-related issues. OGAC convened a gender Expert Meeting in June 2006 where Horizons actively participated. Emerging from the meeting were three gender priority areas: (1) shifting harmful gender norms and perceptions of masculinity, particularly via working with men, (2) confronting gender-based violence, and (3) meeting the health and economic needs of vulnerable girls and women. Horizons' operations research studies in Brazil and India were highlighted as key examples of successful strategies to address gender norms and their results as contributors to the formulation of this OGAC priority.

A Horizons study on the sexual and reproductive health needs of men who have sex with men (MSM) in Kenya has contributed to the National AIDS Control Council (NACC) taking the bold step of explicitly including MSM (as a part of 'vulnerable groups') in the most recent national HIV/AIDS strategy (*The Kenya National HIV/AIDS Strategic Plan 2005/6-2009/10*). In order to meet the objectives and targets set out in the national strategy, they are considering developing a National HIV/AIDS Action Plan for Men who have Sex with Men, one of the first in sub-Saharan Africa. An intervention study addressing the sexual and reproductive health needs of MSM in Senegal has contributed to the inclusion of MSM in the 2006-2010 National HIV/AIDS Program Framework and the initiation by the government of Senegal of direct funding support to MSM programs by incorporating MSM among the target vulnerable groups. Service delivery for MSM was explicitly included as part of a recent request for assistance opened for bids to local and international non-governmental organizations (NGO).

Horizons staff made 14 oral and 16 poster presentations to more than 1200 delegates at the PEPFAR Annual Meeting, The 2006 HIV/AIDS Implementers' Meeting in Durban, South Africa. In particular, a presentation by Horizons on findings from a South Africa study on the ABCs earned wide press coverage. More than 12 African news outlets ran a story which highlighted the confusion young people have about the meaning of abstinence—one of the study's key findings. Presentations on a number of Horizons studies were on also on the program of the International HIV/AIDS Conference in Toronto, Canada in August 2006. During the conference multiple news sources, including the Washington Post, ran an article about the confusion surrounding the meanings of abstinence and be faithful, pointing to findings from another Horizons study on the ABCs conducted in Kenya.

Horizons tools—both research and intervention—also have global impact. The original 4,000 copy print run of the Horizons publication *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources* was disseminated in less than ten months. We have since reprinted 3,500 copies and requests from around the world are received weekly for hard copies, including requests for multiple copies for further dissemination. For example, the Director of Graduate Studies for the School of Healthcare Sciences at the University of Wales recently requested 200 copies to disseminate at talks he gives throughout the year in the UK on research ethics.

Manuals for facilitating an intervention to encourage more gender equitable norms among young Indian men, developed by Horizons staff and collaborators on the basis of

a Horizons studies in Brazil and India, were released by the Director General of the National AIDS Control Organization in September, 2006 in a function attended by 125 participants. Officials from USAID/India were present during the release and have shown keen interest in how this gender approach can be utilized in their major programs in Tamil Nadu, Maharashtra and Karnataka. The release of the manual was also used as an opportunity to initiate a very encouraging dialogue and form regional and national networks of agencies, groups and individuals working on the issues of men and boys.

The Technical Advisory Group of the Interagency Gender Working Group has hailed the 24-item Gender-equitable Men (GEM) Scale, developed by Horizons and partners, as an important research tool. The scale, which Horizons piloted in Brazil and has since successfully adapted for the Indian context, has been adapted by other organizations for use in more than ten countries, including Ethiopia, Nepal, Mexico, and the United States. Horizons receives weekly requests for the scale, especially from NGOs who report finding it easy to use for evaluating their programs.

### ***Horizons leads with the initiation of innovative HIV/AIDS operations research***

An important role for Horizons continues to be the identification of cutting-edge issues to assess what is known and what research is needed. One way Horizons does this is by convening expert consultative meetings. During this reporting period, Horizons convened a symposium to examine care and support services in the era of treatment. This one-and-a-half day symposium in Johannesburg, South Africa, discussed strengthening care and support programs and linking them to treatment services. The symposium drew more than 70 program managers, researchers, policymakers, and donors from the region. The symposium reinforced the importance of home and community-based (HCBC) programs in the era of treatment. The presentations and discussions highlighted that these programs can take on a number of important roles to improve uptake of treatment by HIV-infected individuals and help ensure positive clinical and virological outcomes. For example, care and support programs can identify and refer individuals for ART and help them with the screening process to access treatment services. Outside caregivers can provide needed support to HIV-infected individuals to facilitate disclosure to at least one person, which is a requirement for accessing treatment in South Africa. They can also increase treatment literacy, help with the management of side effects, and support adherence. But, regardless of the availability of treatment in the community, HCBC programs continue to play an important role in the continuum of care that individuals with HIV need over time. A report that synthesizes program experiences; research findings; and program, policy, and research recommendations discussed at the meeting was produced and is available on the Horizons website.

Horizons also initiated research on a number of cutting-edge topics. For example, Horizons is conducting two important studies on food security and HIV with direct policy implications, as they explore the urgent question of how to 'put food on the table' and provide nutritional support beyond the distribution of food and nutrition supplements. In Uganda, Horizons and partners are developing and testing strategies that link knowledge and technologies from different sectors (e.g., HIV/AIDS, agriculture, nutrition) in order to improve the ability of vulnerable individuals to consume a sufficient

quantity and quality of food to meet their daily needs. Horizons research in Kenya and Zambia is exploring the role that livelihood strategies play, in particular, the ability to achieve food security or adequate access to food in maintaining nutritional status among antiretroviral patients.

Another emerging topic is the negative impact of alcohol use on HIV prevention as well as disease management and treatment in developing countries. Horizons is conducting novel operations research in Kenya to provide a profile of the prevalence of use of alcohol by voluntary counseling and testing (VCT) clients and/or their partners, assess the needs of VCT counselors for training and support to screen for and counsel on alcohol abuse, and test the feasibility of an intervention to mitigate the negative impacts of alcohol use on HIV prevention and care. Baseline results indicate that there is a need to: (1) provide more information/counseling for VCT clients, especially male clients and partners of female clients who drink and (2) encourage couple counseling so that partner alcohol use can be addressed. A screening, counseling and referral intervention has been introduced in seven VCT sites.

A third example of innovative research from Horizons in this reporting period is the rapid situation analysis of pediatric HIV care in South Africa. The study found that several antiretroviral programs are treating children successfully; however, all institutions surveyed identified numerous concerns and challenges, including early identification of HIV-infected children, effective referral, standardized training in pediatric HIV management for health professionals, and increased community awareness and support. Results have been disseminated to the study sites to help them strengthen their services and shared with advocacy groups and government policymakers to inform their ongoing antiretroviral rollout planning processes. The study has also been shared with UNICEF who was very pleased to see this type of level documentation of country-level experience that highlights what is working in particular settings and how to learn and scale-up from those experiences.

Operationalizing interventions that emphasize the “B” message (be faithful) of the ABCs is challenging. Horizons has responded to this challenge by developing and evaluating an innovative HIV prevention intervention promoting mutual monogamy in South Africa. Based on results from focus group discussions and in-depth interviews with 57 individuals from five churches and one faith-based organization in Soweto, a training curriculum has been developed entitled, “One Marriage, One Partner.” The curriculum has been piloted in five churches and a center has been established to provide general counseling to the community. Results to date show that:

- Members of faith-based organizations are willing and able to deliver messages about monogamy
- Counselors discuss monogamy during counseling sessions and make referrals for voluntary counseling and testing
- It is feasible to hold public discussions, marches, and sermons on this sensitive topic

Based on positive initial findings, activities will be scaled up in other provinces through the South African Council of Churches.

## D. Dissemination of Research Findings

Dissemination of research findings and recommendations continues to be a major area of focus. During the period covered by this report, the Washington-based Horizons Communications, Dissemination, and Utilization team (CDU) produced numerous reports, research summaries, newsletters, and other print materials, including posters used at regional and international conferences. In addition, Horizons-based field staff organized a number of meetings/seminars around specific themes for the benefit of policy-makers, donors, and others who are involved in HIV/AIDS activities. Horizons' dissemination activities reach thousands of individuals via the website, where research findings are available in detailed as well as summary format. A news capsule entitled "On the Horizons" is produced periodically and sent via email to an ever-expanding group list of service providers, policy-makers, and colleagues working in the HIV/AIDS area. These dissemination efforts are a crucial component of our program, reaching out to the widest possible audience, seeking to encourage the use of Horizons research results for maximum impact on prevention, treatment, and care activities.

Reports on research findings are published and widely disseminated in all regions of the world via end-of-project workshops and at numerous national and regional conferences. During this period, Horizons had a major presence at the PEPFAR Implementer's Conference in Durban, South Africa (14 orals and 16 posters) and at the XVI International AIDS Conference in Toronto (6 orals, 23 posters).

In addition, information from Horizons studies is disseminated via the Population Council's website. Since we started tabulating statistics in January 2003, many thousands of hits have been registered.

Horizons produces a research summary for wide distribution on each research activity upon its completion. In addition, depending on the topic and the demand, a longer research report is also prepared. During this period, Horizons produced publications (either a summary, full report, or both) on such key research topics as pediatric HIV treatment, ABC messages, prevention of mother-to-child transmission (PMTCT), gender norms, care and support, most at risk populations, sex workers, adherence to antiretroviral therapy, and orphans and vulnerable children. Horizons also produced two editions of the newsletter (Horizons Report); one on HIV prevention and the other on strengthening HIV service delivery. In addition, Horizons updated its CD-ROMs, "Findings from the Field," a compilation of publications to date, and "AIDSQuest," an HIV/AIDS survey library. Finally, Horizons produces tools and resources that can be used by program managers and resources. In October 2005, Horizons, together with the IMPACT Project, published *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*.

Horizons presents major findings via peer-reviewed journal articles. To date, a total of 38 papers have been published in peer-reviewed journals and another four have been accepted for publication. During the reporting period, papers on Horizons studies have appeared in AIDS Care, American Journal of Public Health, Journal of Adolescent Health, and Studies in Family Planning. Horizons also works with international and regional newsletters, such as Global AIDSLink and SAfAIDS News, to publish articles on Horizons studies.

## E. Information and Highlights from Partner Organizations

Institutional partners are an integral part of the Horizons Program, essential to the conduct and monitoring of our operations research activities. Each partner plays an important role in Horizons and brings unique skills that no one partner alone could offer. Together, the partners have developed professional working relationships that benefit from open communication and close collaboration.

Major areas of work and collaboration of Horizons' partners during the past year are discussed below.

### **Family Health International (FHI)**

FHI and Population Council have a history of successful collaboration in the area of economic evaluation of family planning and HIV/AIDS programs and services in many areas of the world. As a Partner in the Horizons Program, FHI staff (Drs. Barbara Janowitz, John Bratt, and Rick Homan) carry out evaluations tailored to specific interventions, including:

- Assessment of intervention costs
- Cost and revenue analyses for sustainability (including willingness-to-pay and household income and expenditure surveys)
- Estimation of the unit cost of services or persons reached
- Cost-effectiveness studies

During this reporting period, FHI participated in disseminating results from one study, launched two new studies, concluded three studies and continued work on still another one. Dissemination: Results of the cost of introducing an ARV program at Coast General Provincial Hospital in Mombasa, Kenya were disseminated in two venues in October 2005. One meeting was held in Mombasa for this purpose and another in Nairobi. In both settings, Rick Homan highlighted the financial and non-financial resources required to support the introduction of ARVs in a provincial hospital. Subsequent analyses of the data from this study will focus on the economic impact of receiving ARVs on households. The final report on Mombasa activities is expected by January 2007. New activities: In April 2006 Rick Homan consulted with Fiona Samuels of Overseas Development Institute on methods for measuring food poverty within the context of Kenya, specifically in our Mombasa cohort. The ultimate goal is to assess whether food security influences ARV adherence. In May 2006 Rick Homan provided technical assistance to the Straight Talk Foundation in Uganda to assist in organizing their program data and financial data so they can assess the cost of their programs and the relative cost-effectiveness of their interventions. A half-day workshop was followed by two days of data collection and organization within the headquarters. Subsequent TA was provided via e-mail. The final report for this project should be completed by November 2006.

Two following two studies were brought to conclusion:

- Assessment of the program to provide psychosocial support to health care workers in Zambia (the economic evaluation of which was cancelled)

- Examination of how programs in three provinces of South Africa can complement services provided to PLHA by family and household members and how to relieve the burden on the household, in part through obtaining services from formal caregivers. The final report for this project was submitted in January 2006

FHI has prepared a report on the cost analysis of interventions to increase the use of PMTCT services in Kenya and is in discussions with Horizons colleagues as to whether or not a cost-effectiveness analysis of these interventions is desired.

In addition to these studies, FHI continues to provide less intense technical assistance to assess the cost of approaches to providing HIV/AIDS education to truck drivers in Brazil. A final summary report on the costs of resources to support this project should be available in November 2006. FHI has also provided technical support to Tulane University on an OVC intervention project in Rwanda. FHI is awaiting data from this project so that a summary cost analysis document can be prepared.

### **International Center for Research on Women (ICRW)**

The Horizons Program benefits from two full-time staff persons seconded from ICRW. As Research Utilization Director for Horizons, Ellen Weiss supervises the communications and dissemination team. Specifically, she is responsible for technical review of all publications, including research reports, study summaries, synthesis papers, and newsletter articles, and the implementation of strategies to foster the utilization of Horizons' research findings. Tobey Nelson, who joined Horizons in August 2005 and is seconded from ICRW, focuses on a number of youth-related studies in South Africa and Uganda.

During the reporting period, ICRW staff carried out a number of key activities, such as developing and reviewing research proposals (including one on the integration of AB messages into Life Skills Programs for Youth in South Africa); monitoring study progress (such as the Youth Caregivers study in South Africa); participating in consultative meetings (including one on evaluating ABY programs); providing technical support to research teams for developing data collection instruments and evaluation plans, analyzing data and writing research reports; and presenting data from Horizons studies at seminars and conferences, including the 2006 Durban PEPFAR Implementers Meeting and the XVI International AIDS Conference in Toronto. Specifically, ICRW staff presented posters at Durban and Toronto on findings from the Kenya Girl Guides study, and made an oral presentation at Durban on young adolescents' understanding of ABC messages in KwaZulu Natal, South Africa.

ICRW staff also wrote or contributed to several Horizons publications, including two issues of the newsletter, "Re-focusing on HIV Prevention" and "Strengthening HIV Service Delivery," a commissioned report for UNESCO on HIV Treatment Education, and several research reports, summaries and updates on findings from studies on stigma and discrimination, ART adherence, orphans and vulnerable children, ABC messages, and men who have sex with men.

### **International HIV/AIDS Alliance**

The AIDS Alliance approach is based on evidence that HIV/AIDS services and activities are particularly effective when carried out by local organizations that are guided and

supported by local people. These activities are linked to the Alliance's network of information, expert technical support and lessons learned on HIV/AIDS at the national, regional and global level. The Alliance is active in more than 40 countries.

During the period of July 2005 to September 2006 the Alliance contributed to Horizons through the involvement of the Secretariat, especially the Research, Evaluation and Learning team, and also country-level staff. Fiona Samuels was responsible for the two major studies listed below, as well as backup on a number of other studies, based in the Alliance secretariat in Brighton. Ms. Samuels left the Alliance in January 2006 to become a Research Fellow at the Overseas Development Institute (ODI) but she continues to manage two major studies (she spends 20% of her time on this, funded through the Alliance/Horizons) with support since May 2006 from the new head of Research, Evaluation and Learning at the Alliance, Daniel Jones.

In particular, the following has been achieved over this period:

- The first round of qualitative data collection, analysis and report writing for the study in India entitled 'Reducing HIV risk behaviors among key populations by strengthening programs through community involvement', was completed. This is part of a broader Gates-funded initiative in India (Frontiers Prevention Project-FPP). This period also saw the completion of some work triangulating the above qualitative data set with similar themes and topics in a quantitative data set generated for the same FPP project.
- The second round of data collection is currently underway, carried out by the same local research institute (IHS) that undertook the first round of data collection. A Horizons/Alliance study liaison person was recruited, to be based within IHS.
- A Horizons Research Update on the study was produced and made available at a Population Council dissemination meeting in New Delhi in April. A further Research Update is currently being prepared on the qualitative/quantitative triangulation work. One poster on the study was accepted for the USAID Durban conference in June 2006 and two posters on the study were presented at the International AIDS conference in Toronto in August 2006. The KIT book with a chapter written by Fiona Samuels, Ravi Verma and C.K. George on stigma and discrimination among FSW and MSM came out in June 2006.
- This period also saw the completion of both the quantitative and qualitative data analysis and report writing for the study entitled "Community education and referral: supporting ARV adherence and HIV prevention in Zambia" which is being carried out in Lusaka and Ndola. An analysis workshop with intervention and research partners took place in August 2005.
- A start-up workshop for the second round of data collection was held in July 2006. This workshop reviewed the instruments, the respondent recruitment strategy and undertook some further training. Since then, data collection has been completed and analysis is underway. A first analysis workshop is planned for November 2006.

### **Program for Appropriate Technology in Health (PATH)**

PATH provides leadership and technical support for Horizons behavior change communication (BCC) projects through collaboration in strategic planning and program development, and in the design and development of behavioral and social science research directed at the prevention and mitigation of HIV and AIDS.

PATH has seconded two full-time staff members to Horizons: Dr. Julie Pulerwitz (Washington, DC office), who is the Research Director for Horizons, and responsible for the overall research portfolio, as well as principal or co-investigator on HIV prevention studies in Brazil, Nicaragua, India, Kenya, South Africa and Vietnam, and Dr Karusa Kiragu, based in Nairobi, and the Horizons team leader in Kenya.

In addition to her portfolio as Research Director, Dr. Pulerwitz is currently leading research on interventions to promote equitable gender dynamics among young men and women as an HIV prevention strategy, such as collaborating on the work in India, building on the successful study on the same theme with partner Instituto Promundo in Brazil. Another ongoing study in Vietnam evaluates an intervention to reduce HIV-related stigma and discrimination in the healthcare setting in Vietnam. Dr. Pulerwitz and PATH Senior Advisor Dr. Mary Ellsberg have provided technical assistance to Leon University and Puntos de Encuentro Foundation in Nicaragua for the evaluation of an “edutainment” program to reduce stigma and reduce HIV risk among young men and women. Data collection and analysis is finished and the final report is almost completed. During the report period, Dr. Pulerwitz submitted or had accepted for publication seven articles and reports and eight presentations at international conferences.

Dr. Kiragu has completed and presented the final report for the study on HIV testing practices among health workers in Kenya. She also provided follow-up assistance to the Zambia health worker study, and has submitted a journal article on this subject. Kiragu continues to provide assistance to an ongoing study examining alcohol and substance abuse as factors in VCT utilization together with partner Liverpool VCT and Care. Data collection and preliminary analysis have been completed. She also provides technical assistance to a number of other studies, including the evaluation of the Straight Talk foundation program in Uganda and the Kenya Girl Guides study. During the report period, Dr. Kiragu submitted four articles, and was the primary or co-author on 12 presentations, including seven posters and oral presentations at the Toronto and Durban AIDS conferences.

### **Johns Hopkins University (JHU)**

Faculty from the JHU Bloomberg School of Public Health, Department of International Health provides technical input to Horizons. Key faculty includes Drs. Michael Sweat and Deanna Kerrigan of the Social and Behavioral Interventions Program. Expertise brought to Horizons includes HIV voluntary counseling and testing, cost-effectiveness analysis of HIV behavioral interventions, behavioral aspects of HIV prevention of mother to child transmission programs, HIV and violence, structural and environmental interventions, and the impact of HIV/AIDS treatment on risk behavior.

Current collaborative projects include: (1) a systematic review of HIV behavioral preventions, also in collaboration with WHO and the National Institute of Mental Health,

and (2) continued analysis of data collected in the sex worker intervention trial earlier supported by Horizons. Specific JHU activities include the following:

- *Synthesis Project.* This project systematically reviewed strength of evidence of HIV behavioral interventions in developing countries around seven topics. After initial support from Horizons ended, funding was secured from the National Institutes of Health. A special satellite session on this project was conducted at the International AIDS Meeting in Toronto in August 2006 with support from the National Institute of Mental Health. At the satellite oral sessions were presented on (1) Abstinence-Based Interventions (Kevin O'Reilly); (2) Condom Social Marketing (Michael Sweat); (3) Effect of HIV Treatment on Risk Behavior (Caitlin Kennedy); (4) Mass Media (Jane Bertrand); (5) Needle Exchange (Michael Sweat); (6) Peer Education (Amy Medley); (7) Voluntary Counseling and Testing (Julie Denison); (8) The multi-dimensional character of HIV interventions: A Taxonomy (Kevin O'Reilly); (9) Looking across intervention studies (Michael Sweat); and Dr. Thomas Coates from UCLA acted as discussant. Publications are being developed on these topics, and multiple papers are currently under publication review. Further information can be obtained from JHU.
- *Analysis of Dominican Sex Worker Data.* Drs. Kerrigan & Sweat together with a graduate student (Ms. Clare Barrington) are currently working on additional analysis from the Horizons supported sex worker project in the Dominican Republic. ). Earlier the Johns Hopkins team completed the efficacy trial of the 100% condom intervention in the Dominican Republic. The final report has been submitted to Horizons, and several manuscripts have been published on the results of the study. This year Dr. Sweat published a cost-effectiveness analysis of the intervention in the Journal, Health Education Research. Additionally the team is working on analysis for new manuscripts, which they anticipate to be sent for publication review in the coming year.

### **Tulane University**

The Tulane University Department of International Health and Development has technical depth and a strong record in the areas of applied research, monitoring and evaluation, and information systems in HIV/AIDS, reproductive and adolescent health. Tulane has developed and implemented operations research studies in the areas of stigma and discrimination and mitigation of the orphan crisis.

This year, Tulane staff devoted time to implementing the *Rwanda OVC Study*. In collaboration with Rwanda School of Public Health (RSPH) and World Vision Rwanda (WVR), Tulane is conducting a three-year study to test a program of community-based adult mentorship through home visitation of child-headed households (CHH). Tulane completed the following activities during this reporting period:

- Data collection for the follow-up survey among 608 youth was completed in March-April 2006. A half-day dissemination meeting was held with WVR staff in late April 2006. Information presented included annual monitoring and evaluation (M&E) indicators, results from the focus groups among youth and mentors (six within each group), and frequencies from the mentor ratings provided by 271

participants (survey data were presented as preliminary findings as double data entry and cleaning was not complete at the time).

- Timing of dissemination activities had particular relevance to WVR as they are planning to expand the Mentorship program to all of the Area Development Program (ADP) communities where they have a presence. Specifically, the program will occur in a total of 15 ADPs, including: four in Gikongoro (original targets), four in Byumba, three in Bugsera, two in Kigali, one in Umetara and one in Ruhungeri. Mentor Facilitators have been recruited among recent college graduates, are currently receiving training and support from Mugira (who has moved to Kigali to manage all in-country OVC activities), and attended the dissemination meeting.
- The first paper from baseline data was published in AIDS Care in April 2006 and a poster was prepared and presented at the Toronto AIDS conference on Depression among the YHH at baseline.

*AMKENI study.* Kate Macintyre of Tulane University provides technical assistance on the AMKENI study. During this reporting period she prepared an analysis plan and dummy tables and met with Horizons staff in Kenya to discuss the analysis plan.

*Tanzania Stigma Study.* As of January 2006, Lianne Brown is providing technical assistance to ICRW on the Tanzania stigma study. During this reporting period, Brown reviewed draft data collection instruments.

### **Population Council**

Population Council has overall responsibility of the management and technical leadership of the Horizons Cooperative Agreement. Naomi Rutenberg, Program Director, and Beverly Ben Salem, Operations Director, along with other members of the management team, provide overall technical, administrative and financial management of Horizons, as well as ensuring good coordination with Partner institutions. Council staff based in DC and six field offices take the lead in several key technical areas:

- Population Council staff continued work on several Horizons studies on the prevention of mother-to-child transmission of HIV, focused on integrating PMTCT and HIV into family planning programs. Highlights were expansion of previous work in Kenya, launching innovative new projects in Botswana and Swaziland, and an evaluation of The Mothers' Program in South Africa. Population Council staff members coordinated two FP/HIV Integration Working Group meetings in Washington DC, with funding from USAID (Nov.3-4, 2005 and May 18-19, 2006).
- Population Council staff continued to work on HIV prevention with vulnerable populations, including groundbreaking prevention work with MSM in Senegal, Kenya and Brazil.
- Building upon findings of a situation analysis of pediatric ARV roll out strategies in South Africa, Population Council staff developed studies to strengthen program approaches. After initial consultations with expert practitioners and stakeholders to introduce the study and identify key issues, a study was designed to test a family centered approach to providing pediatric HIV care.

- Dr. Avina Sarna, based in New Delhi, takes the lead on Horizons studies relating to HIV/AIDS medication and treatment, which includes evaluating a DAART approach in Mombasa, Kenya. Through this study, Horizons published a training manual for people training health workers to help patients with ARV adherence. Additional adherence studies led by Dr. Sarna have evaluated a peer support approach in Thailand and examined factors associated with adherence in India.
- Population Council staff has continued their work with orphans and AIDS-affected children in Zambia and South Africa. Under the leadership of Katie Schenk, Horizons' point person for AIDS-affected children, Horizons has developed guidelines for ethically approaching the use of children and adolescents in research, which is in the final stages of production.

Population Council staff is on the cutting edge of data management with innovative work in data collection using small handheld computer equipment. Scott Geibel and Lou Apicella coordinated the process of introduction and testing this cost-efficient and timesaving technology and training staff to use it for data collection. Horizons studies in which this technology has been utilized include the following:

- Mothers Program Evaluation in KwaZulu Natal (baseline and endline)
- Male Sex Worker study in Mombasa, Kenya
- Promoting Gender Equity to reduce HIV/AIDS vulnerability among youth (India)
- Assessing risk factors for HIV in sex workers and MSM (Paraguay)

On June 6, 2006 Horizons organized a seminar held at ICRW (Washington DC) in which staff member Louis Apicella described hand-held technology and its usefulness in carrying out studies. This useful information was disseminated for the benefit of other organizations that do research. Participants included about 50 persons from other agencies in DC.

The Council's Washington office houses the Communications, Dissemination, and Utilization team of Horizons, comprised of three Population Council staff members under the leadership of Ellen Weiss (seconded from ICRW). Through their work Horizons publications can be designed and posters printed in-house. This enables Horizons to have fast turn around time and consistent, quality publications. In an effort to ensure that results and findings from Horizons' studies are disseminated to those who need them most, CDU coordinates all domestic and international conference participation. Similarly, CDU manages the Horizons mailing list and database, facilitating the dissemination of information to those in the field. CDU keeps in constant communication with other CAs, keeping their finger on the pulse and ensuring that Horizons is getting the best services for the lowest price.

## F. Other Collaborating Entities

### Global

Academy for Educational Dev.  
Family Health Int'l  
Ford Fdn.  
Health Communication Partnership  
InterAction  
Int'l Ctr. for Research on Women  
Int'l HIV/AIDS Alliance  
Johns Hopkins Univ.  
London School of Health & Tropical  
Medicine  
Management Sciences for Health  
Overseas Dev. Inst.  
Population Services Int'l/AIDSMark  
Prog. for Appropriate Tech. in Health  
Tulane University  
United States Agency for Int'l Dev.  
World Vision

### Multilateral

Joint UN Prog. on HIV/AIDS  
UN Children's Emergency Fund  
UN Dev. Fund for Women  
UN Educational, Scientific, & Cultural  
Organization  
UN Population Fund  
World Health Organization

### Africa Region

Network of AIDS Researchers in  
East & South Africa  
Project Support Group  
Regional AIDS Training Network  
Southern Africa AIDS Info  
Dissemination Service

### Botswana

Botswana Government & Centres for  
Disease Control & Prevention  
Botswana Nat'l PMTCT Prog.,  
Family Health Division,  
Ministry of Health  
Premiere Personnel

### Brazil

Agência Rodolfo Teófilo  
Ceará Unido Contra as DST  
Centers for Disease Control and  
Prevention  
Centro de Comunicação para o  
Desenvolvimento  
DKT  
Durex  
EADI Customs Administration  
Estudos e Comunicação em  
Sexualidade e Saúde Reprodutiva  
Federal Univ. of Ceará  
Goodyear  
Inst. for Social Dev. Studies  
Instituto NOOS  
Instituto PROMUNDO  
John Snow Brasil  
MacArthur Fdn.  
Ministry of Health: National Program  
of STD and AIDS  
Municipal Program of STD & AIDS of  
Corumbá  
Municipal Secretariats of Health

Oswaldo Cruz Fdn. – FIOCRUZ  
Pathfinder do Brasil  
Programa de Apoio ao Pai  
Programa Integrado de  
Marginalidade  
Reprolatina  
Salud y Género  
Sociedade de Estudos E Pesquisas  
em Drogadiccao  
SSL International  
State of Ceará Secretariat of Health  
State STD and AIDS Program,  
MatoGrosso South  
Summit Foundation  
Univ. of Campinas:  
Centro de Pesquisas em Saúde  
Reprodutiva de Campinas  
Dept. of Clinical Medicine  
Dept. of Obstetrics & Gynecology

### Burkina Faso

Appui Moral Matériel et Intellectuel à  
l'Enfant  
Association African Solidarité  
Association Laafi la Viim  
Association Responsabilité Espoir,  
Vie, Solidarité +  
Global Network of People Living with  
HIV/AIDS  
La Bergerie-Foi, Univers,  
Compassion  
Laboratoire de Santé  
Communautaire  
Ministry of Health:  
Community Health Lab  
Directorate of Family Health  
Mwangaza Action  
Private Community Initiative  
Univ. of Ouagadougou:  
Cellule de Reproduction – Health  
Research Unit  
Unité d'Enseignement et de  
Recherche en Demographie

### Cambodia

Cambodian Researchers for Dev.  
Khemara  
Medecins Sans Frontières  
Ministry of Health  
National AIDS Program

### Dominican Republic

Centro de Orientacion y  
Investigacion Integral  
Centro de Promoción y Solidaridad  
Humana  
Instituto Dermatológico y Cirugía de  
Piel  
STD Control Program

### Ecuador

Fundación Dios, Vida y Esperanza  
Fundación Esperanza  
Fundación Siempre Vida  
Fundación Vivir  
Juan Cesar Garcia Inst.  
Kimirina

### Ghana

Ghana Nat'l Chemical Sellers Assn.  
Ghana Social Marketing Foundation  
Enterprises Limited  
Institute of Statistics, Social and  
Economic Research  
Ministry of Health:  
Family Health Division  
Ghana Health Service  
Health Research Unit  
National AIDS Control Program  
Public Health Division  
Pharmacy Council  
University of Ghana Medical School:  
OB/GYN Dept.  
West Africa Project to Combat AIDS  
and STIs

### India

Administrative College of India  
All India Inst of Medical Sciences  
Asha Karana  
Batra Hospital and Medical  
Research Centre  
Center for Int'l Community Health  
Committed Communities Dev Trust:  
Project CHILD  
Committee for Resource  
Organization for Literacy  
DAUD Center for Rural Dev.  
DAUD Memorial Trust Gorakhpur  
Employees State Insurance  
Corporation  
Freedom Foundation  
Institute of Economic Growth  
Inst. of Health Systems, Hyderabad  
Instituto PROMUNDO  
Int'l Institute for Population Sciences  
Lady Hardinge Medical College  
MacArthur Foundation  
Maharashtra Network for Positive  
People  
MAMTA Health Institute for Mother  
and Child  
Medical and Allied Incorporated  
National AIDS Control Organization:  
Financial Management System  
National Council of Applied  
Economic Research  
National Institute of Public Health  
Northern Railway Hospital, Delhi  
Ruby Hall Clinic & Grant Med  
Foundation, Pune  
Salvation Army Mumbai HIV/AIDS  
Community Development Program  
Sangath Society for Child  
Development Family Guidance  
SHADOWS  
Shanthy Bhavan  
Social Awareness Service Org.  
Society for Development, Research  
and Training  
Society for Service to Urban Poverty  
Society of Friends of Sassoon  
Hospitals  
Socio-Legal Aid Research and  
Training Center

**India, continued**

SSL International  
St. Joseph of Cluny Hospital  
Tata Institute for Social Sciences  
University of Madras  
University of Pune  
Y.R. Gaitonde Centre for AIDS  
Research and Education

**Jamaica**

Ministry of Health

**Kenya**

AMKENI  
Bamburi Health Centre  
Bomu Mkomani Clinic  
Ctr. for Disease Control & Prevention  
Coast Provincial General Hospital  
Elizabeth Glaser Pediatric AIDS Fdn.  
Engender Health  
Galebitra  
Government of Kenya  
Institute of African Studies  
Int'l Center for Reproductive Health  
International Medical Corporation  
Ishtra  
Kenya AIDS NGOs Consortium  
Kenya Association of Professional  
Counselors  
Kenya Girl Guides Association  
Kenya Institute of Education  
Kenya Scouting Association  
Kenyatta National Hospital:  
Adolescent Counseling Clinic  
Kibera Community Self-Help  
Programme  
Likoni Health Centre  
Liverpool VCT and Care  
Magongo Health Centre  
Management Sciences for Health –  
Rational Pharmaceutical  
Management Plus  
Ministry of Education, Science and  
Technology  
Ministry of Health  
National AIDS and STD Control  
Programme  
National AIDS Control Council  
Plan International/Kenya  
Port Reitz District Hospital  
Riruta City Council Clinic  
Steadman Research Services Int'l  
St. Johns Community Center  
Teachers Service Commission  
University of Ghent  
University of Nairobi  
Wazu Dance Troupe

**Latvia**

Ministry of Health  
National AIDS Program

**Madagascar**

Abbott Laboratories  
Fikambanan'ny Vehivavy Mpiakatra  
An Tsambo Antsiranana  
Ministry of Health

**Malawi**

Save the Children US/Malawi

**Mexico**

Mexican Institute of Research on  
Family and Population  
National Institute of Public Health

**Nepal**

Asia Foundation

**Nicaragua**

Puntos de Encuentro  
Nat'l Autonomous Univ. of Nicaragua -  
León: Centro de Investigación de  
Demografía y Salud

**Nigeria**

Association for Reproductive and  
Family Health  
HIV Center/Columbia University

**Paraguay**

Center for Attention, Prevention, and  
Surveillance of boys, girls, and  
adolescents  
Ministry of Public Health & Welfare:  
National STI/HIV/AIDS Program  
Prevention Alto Paraná  
Program to Combat AIDS in Ciudad  
del Este

**Rwanda**

Rwandan School of Public Health  
World Vision/Rwanda

**Senegal**

Africa Consultants International  
African AIDS Research Network  
Alliance Nationale Contre le SIDA  
Center for Ambulatory Care  
Centre Régional "Paul Corréa" de  
Formation sur le MST et la SIDA  
ENDA Santé  
Ministry of Health & Prevention:  
STI/HIV/AIDS Division  
Organisation Panafricaine de Lutte  
contre le SIDA au Senegal  
Programme Nationale de Lutte  
Contre le SIDA  
Senegal Nat'l AIDS Control Council  
Université Cheikh Anta Diop, Institut  
des Sciences de l'Environnement

**South Africa**

Age-in-Action  
AIDS Care Training and Support  
AIDS Work Group  
Alice Hospice  
Baragwaneth Hospital  
Butterworth Local Council of  
Churches HIV/AIDS Ministry  
Carletonville AIDS Action Committee  
Church Mission Ministries  
Council for Scientific and Industrial  
Research  
Dept. of Education: Mpumalanga

Department of Health:  
Provincial Health Depts of Gauteng,  
KwaZulu Natal, Limpopo,  
Mpumalanga, and North West  
Mpumalanga Provincial Support  
Association  
National Department of Health  
Department of Social Dev & Welfare  
Development Research Africa  
Dioceses of Rustenberg  
DRA-Development  
Dutch Reformed, Lutheran, and  
Roman Catholic Churches of  
Carletonville  
East London (CM)  
Eastern Cape Provincial Council of  
Churches  
Elizabeth Glaser Pediatric AIDS Fdn.  
ESKOM  
Gold Fields, Ltd.  
Greater Involvement for People with  
AIDS  
Health Systems Trust  
Hope World Wide Program  
Human Services Research Council  
Institut National de la Santé et de la  
Recherche  
Italian Cooperative  
Living in Hope  
London School of Economics  
Maternal, Child & Women's Health  
McCord Hospital  
Medecins Sans Frontieres -  
Lusikisiki, Khayelitsha  
Medical Care Development Int'l  
Medical Research Council of South  
Africa  
Ministry of Health  
Mothusimpilo Intervention Project  
Nat'l Union of Mineworkers  
Nelson Mandela Children's Fund  
Partners Network  
Perinatal Health Research Unit  
Policy & Praxis  
Progressus  
Project Support Association of South  
Africa  
Reproductive Health Research Unit  
Right to Care  
Sakhisiwze  
Save the Children  
South African Institute for Medical  
Research  
South African Council of Churches  
University of Cape Town  
University of Free State  
University of Natal – Durban  
The Mothers' Program  
Tholulwazi  
Umuzi Wabantu Dev. Initiative  
Valley Trust

**Swaziland**

Basic Support for Institutionalizing  
Child Survival  
Central Statistical Office  
Elizabeth Glaser Pediatric AIDS Fdn.  
Linkages Project  
Ministry of Health and Social Welfare  
USAID/Regional HIV/AIDS Program

## **Tanzania**

DATEX  
Kimara Peer Educators and Health Promoters Trust Fund  
Muhimbili Health Information Centre  
Muhimbili University College of Health Sciences  
The Tuelewane Project  
Univ. of Dar es Salaam Drama Dept.

## **Thailand**

American International Assurance  
Chiang Mai University:  
Department of Psychiatry in the Faculty of Medicine  
Research Inst. for Health Sciences  
Lampang Provincial Health Office  
Ministry of Education  
Ministry of Public Health:  
AIDS, TB and STD Bureau  
AIDS Division  
Center for Disease Prevention & Control, Region 10  
Thailand Business Coalition on AIDS  
The Northern NGOs Coalition on AIDS  
The Upper Northern Thai PLHA Network

## **Uganda**

AIDS Control Program  
AIDS Information Center  
Buganda Kingdom Youth Project Ctr.  
Department for Int'l Development  
Kitovu Hospital Mobile Home Care Programme  
Luwero Catholic Diocese  
Makerere University:  
Department of Sociology  
Institute of Social Research  
Ministry of Health  
Naguru Teenage Information and Health Center  
National Agricultural Research Organisation  
National Community of Women Living with AIDS  
Plan International  
Straight Talk Foundation  
The AIDS Support Organization

## **USA**

Academy for Educational Dev.  
Ctr. for Disease Control & Prevention  
Save the Children  
The Futures Group  
University of Alabama - Birmingham  
Univ. of California, San Francisco:  
Center for AIDS Prevention Studies  
Univ of North Carolina: MEASURE

## **Vietnam**

Haiphong TB & Pulmonary Hospital  
Ho Chi Minh City Labor Union  
Ho Chi Minh City Nat'l University:  
College of Social Sciences and Humanities  
Ho Chi Minh City Standing AIDS Bureau  
Inst. for Social Development Studies  
Quang Ninh TB and Pulmonary Hospital

## **Zambia**

Africa Directions  
Bwafwano Central Board (Mporokoso district)  
CARE International  
Catholic Archdiocese: Lusaka, Ndola, and Mansa  
Catholic Secretariat: Sacred Heart Sisters  
Central Board of Health / Zambia  
Copperbelt Health Education Project  
Development AID from People to People  
District Education Office, Mporokoso  
Family AIDS Caring Trust  
Family Health Trust  
FAPCAS  
Hope Humana  
Human Resource Trust  
Institute for Economic and Social Research  
Japan Int'l Cooperation Association  
Kara Counseling  
Kasama School of Nursing  
Linkages Project  
Luapula District AIDS Task Force  
Luapula Foundation  
Mantumbusa Community Club, Mansa  
Ministry of Education  
Ministry of Health  
Mutiti Community Youth Club  
Mwengu Social Health Research Ctr.  
National AIDS Control Programme  
Nat'l Food & Nutrition Commission  
Ndola Central Hospital  
Ndola District Health Management Team  
Network of Zambian People Living with HIV/AIDS  
Northern Province Health Education Project  
Project Concern International  
Salvation Army Chikankata Mission Hospital  
Society for Women Against AIDS, Mansa

St. Paul's Mission Hospital  
Support to the HIV/AIDS Response in Zambia  
Traditional Health Practitioners Assn. of Zambia  
Tropical Diseases Research Center  
University of Zambia  
University Teaching Hospital:  
Dept. of Obstetrics & Gynaecology  
Dept. of Pediatrics & Child Health  
Youth Forum Zambia  
Zambia Health Education and Communication Trust  
Zambia HIV MTCT Working Group  
Zambia Integrated Health Programme  
Zambia Medical Association

## **Zimbabwe**

Catholic Relief Services/STRIVE  
Concession District Hospital  
Development Alternatives, Inc.  
Hope for a Child in Christ  
Management Systems International  
Ministry of Health: Maternal and Child Health  
Nat'l AIDS Coordination Programme  
Regional Psychosocial Support Initiative for Children Affected by AIDS  
Salvation Army  
Step Forward, Abbott Laboratories Fund  
Target Research Incorporated  
University of Zimbabwe:  
Center for Population Studies Trust  
Dept. of Community Medicine  
Department of Psychology  
Zambuko Trust  
Zimbabwe AIDS Prevention Project  
Zimbabwe Association of Microfinance Institution

## II. PERFORMANCE REVIEW

### A. List of Technical and Analytical Documents and Presentations (July 1, 2005 - September 30, 2006)

#### PUBLICATIONS:

- Barnes, Carolyn. 2005. "Microcredit and households coping with HIV/AIDS: A case study from Zimbabwe," *Journal of Microfinance* 7(1): 55–77.
- Brown, Lisanne, Tonya R. Thurman, and Leslie Snider. 2005. "Strengthening the psychosocial well-being of youth-headed households in Rwanda: Baseline findings from an intervention trial," *Horizons Research Update*. Washington, DC: Population Council.
- Busza, Joanna. 2005. "How does a risk group perceive risk: Voices of Vietnamese sex workers in Cambodia." *Journal of Psychology & Human Sexuality* 17(1/2): 65 – 82
- Denison, J.A., Nalakwanji Lungu, Wendy A. Dunnett-Dagg, Ann McCauley, and Michael D. Sweat. 2006. "Social relationships and adolescents' HIV counseling and testing decisions in Zambia," *Horizons Research Summary*. Washington, DC: Population Council.
- Díaz, Juan, Magda Chinaglia, and Hena Khan. 2006. "Addressing the HIV prevention, testing, and treatment needs of mobile populations: Focus on truckers in Brazil," *Horizons Research Update*. Washington, DC: Population Council.
- Duerr, A, S Hurst, A Kourtis, N Rutenberg, and D Jamieson. 2005. "A case for strengthened integration of services for family planning and prevention of mother-to-child HIV transmission in resource-limited settings." *Lancet* 366:261-263.
- Duraisamy, P, A.K. Ganesh, R. Homan, N. Kumarasamy, C. Castle, P. Sripriya, V. Mahendra, and S. Solomon. 2006. "Costs and financial burden of care and support services to PLHA and households in South India," *AIDS Care* 18(2): 121–127.
- Espinoza, Henry. 2005. "Using edutainment and social activities to challenge machismo in Nicaragua: The example of Somos Diferentes, Somos Iguales," *Sexual Health Exchange* 2: 9–10.
- Esu-Williams, Eka, Katie Schenk, Scott Geibel, Joseph Motsepe, Anderson Zulu, Petronella Bweupe, and Ellen Weiss. 2006. "We are no longer called club members but caregivers": involving youth in HIV/AIDS caregiving in rural Zambia. *AIDS Care* 18(8): 888-894.
- Gilborn, Laelia, Lou Apicella, Jonathan Brakarsh, Linda Dube, Kyle Jemison, Mark Kluckow, Tricia Smith, and Leslie Snider. 2006. "Orphans and vulnerable youth in Bulawayo, Zimbabwe: An exploratory study of psychosocial well-being and psychosocial support," *Horizons Final Report*. Washington, DC: Population Council.
- Greene, ME, M Mehta, J Pulerwitz, D Wulf, A Bankole, and S Singh. 2006. "Involving men in reproductive health: Contributions to development." Occasional paper prepared for United Nations Millenium Project.

- Horizons Program. Updated 2006. *AIDSQuest: The HIV/AIDS Survey Library*. Washington, DC: Population Council.
- Horizons Program. 2006. "Strengthening care and support services in the era of treatment: Symposium report, 22–23 November 2005, Johannesburg, South Africa," *Horizons Symposium Report*. Washington, DC: Population Council.
- Hutchinson, Sherry, Hena Khan, Alison Lee, and Ellen Weiss, eds. 2005. *The Horizons Report*. December 2005.
- Hutchinson, Sherry, Hena Khan, Alison Lee, and Ellen Weiss, eds. 2005. *The Horizons Report*. June 2006.
- James, Shamagonam, Priscilla Reddy, Robert AC Ruiters, Ann McCauley, and Bart van den Borne. 2006. "The impact of an HIV and AIDS life skills program on secondary school students in KwaZulu-Natal, South Africa." *AIDS Education and Prevention* 18(4): 281-294.
- Juma, Milka, Margaret Mwaniki, and Charity Muturi. 2005. "Evaluating the Kenya Girl Guides Association's HIV/AIDS peer education program for younger youth: Baseline results," *Horizons Research Update*. Nairobi: Population Council.
- Kerrigan, Deanna, Luis Moreno, Santo Rosario, Bayardo Gomez, Hector Jerez, Clare Barrington, Ellen Weiss, and Michael Sweat. 2006. "Environmental–structural interventions to reduce HIV/STI risk among female sex workers in the Dominican Republic," *American Journal of Public Health* 96(1): 120–125.
- Khan, Hena. 2006. "Understanding messages," *AIDSLink* 98: 17.
- Kiragu, Karusa, Thabale Ngulube, Mutinta Nyumbu, Panganani Njobvu, Peter Eerens, and Chilufya Mwaba. 2006. "Sexual risk-taking and HIV testing among health workers in Zambia," *AIDS and Behavior*, published online ahead of print, 16 June.
- Kiragu, K., M. Kimani, C. Mannathoko, and C. Mackenzie. 2006. "Teachers matter: Baseline findings on the HIV-related needs of Kenyan teachers," *Horizons Research Update*. Nairobi: Population Council.
- Mahendra, Vaishali, Naomi Rutenberg, Avina Sarna, Ashok Rau, L. Birendrajit Singh, Rupa Mudoi, Archan Oinam, Venkat Pakkela, Sucheta Panda, Rajendra Prasad, and Shalini Bharat. 2006. "Exploring linkages between PPTCT programs and HIV and sexual and reproductive health services experiences from India," *Horizons Research Update*. Washington, DC: Population Council.
- Mahendra, Vaishali Sharma, Laelia Gilborn, Bitra George, Luke Samson, Rupa Mudoi, Sarita Jadav, Indrani Gupta, Shalini Bharat, and Celine Daly. 2006. "Reducing AIDS-related stigma and discrimination in Indian hospitals," *Horizons Final Report*. New Delhi: Population Council.
- . 2006. "Reducing stigma and discrimination in hospitals: Positive findings from India," *Horizons Research Summary*. Washington, DC: Population Council.

- Meekers, D and K Richter. 2005. "Factors associated with use of the female condom in Zimbabwe." *International Family Planning Perspectives* 31(1): 30-7.
- Michaels, Desireé, Brian Eley, Lewis Ndhlovu, and Naomi Rutenberg. 2006. "Exploring current practices in pediatric ARV rollout and integration with early childhood programs in South Africa: A rapid situational analysis," *Horizons Final Report*. Washington, DC: Population Council.
- Michaels, Desireé, Brian Eley, Lewis Ndhlovu, Naomi Rutenberg, and Hena Khan. 2006. "Expanding pediatric access to antiretroviral therapy in South Africa," *Horizons Research Summary*. Washington, DC: Population Council.
- Ndhlovu, Lewis, Catherine Searle, Johannes van Dam, Yodwa Mzaidume, Bareng Rasego, and Solly Moema. 2005. "Reducing the transmission of HIV and sexually transmitted infections in a mining community: Findings from the Carletonville Mothusimpilo intervention project: 1998 to 2001," *Horizons Final Report*. Washington, DC: Population Council.
- Ogden, Jessica, Simel Esim, and Caren Grown 2006. "Expanding the care continuum for HIV/AIDS: bringing carers into focus." *Health Policy and Planning* 21: 333-342.
- Onyango-Ouma, W., Harriet Birungi, and Scott Geibel. 2006. "Understanding the HIV/STI prevention needs of men who have sex with men in Kenya," *Horizons Research Summary*. Washington, DC: Population Council.
- Onyango-Ouma, W., Harriet Birungi, and Scott Geibel. 2005. "Understanding the HIV/STI risks and prevention needs of men who have sex with men in Nairobi, Kenya," *Horizons Final Report*. Washington, DC: Population Council.
- Pulerwitz, Julie, Gary Barker, Márcio Segundo, and Marcos Nascimento. 2006. "Promoting gender-equity among young Brazilian men as an HIV prevention strategy," *Horizons Research Summary*. Washington, DC: Population Council.
- . 2006. "Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy," *Horizons Final Report*. Washington, DC: Population Council.
- Pulerwitz, Julie, Tiffany Lillie, Louis Apicella, Ann McCauley, Tobey Nelson, Simon Ochieng, Peter Mwarogo, Karusa Kiragu, and Edward Kunyanga. 2006. "ABC messages for HIV prevention in Kenya: Clarity and confusion, barriers and facilitators," *Horizons Final Report*. Washington, DC: Population Council.
- . 2006. "ABCs for HIV prevention in Kenya: Messages, beliefs, and barriers," *Horizons Research Summary*. Washington, DC: Population Council.
- Reddy, Priscilla, Shags James, and Ann McCauley. 2005. "Programming for HIV prevention in South African schools: A report on program implementation," *Horizons Final Report*. Washington, DC: Population Council.

- Ricardo, C, G Barker, J Pulerwitz, V Rocha (in press). Gender, sexual behavior and vulnerability among young people. In *Contextualizing young people's sexuality: sexual health in developing country settings* (Ed. R Ingham and P Aggleton).
- Rutenberg, Naomi and Carolyn Baek. 2005. "Field experiences integrating family planning into programs to prevent mother-to-child transmission of HIV." *Studies in Family Planning*. 36(3): 235–245.
- Samuels, Fiona, Ravi K. Verma, and C. K. George. 2006. "Reducing HIV risk behaviors among key populations by increasing community involvement and building social capital: Baseline findings from Andhra Pradesh, India," *Horizons Research Update*. New Delhi: Population Council.
- Samuels, Fiona, Ravi Verma, and C. K. George, "Stigma, Discrimination and Violence against female sex-workers and men who have sex with men in Andhra Pradesh", *Gender, Society and Development: Gender and Health, Policy and Perspective, A Global Resource Book* Edited by Anke Van Der Kwaak and Madeleen Wagelin Shuringa KIT, The Netherlands, Pxfam GB , 95-110 June 2006.
- Sarna, Avina, Indrani Gupta, Sanjay Pujari, A. K. Sengar, Rajiv Garg, and Ellen Weiss. 2006. "Examining adherence and sexual behavior among patients on antiretroviral therapy in India," *Horizons Final Report*. Washington, DC: Population Council.
- Sarna, Avina, Sanjay Pujari, Indrani Gupta, A. K. Sengar, Rajiv Garg, and Ellen Weiss. 2006. "Examining adherence and sexual behavior among patients on antiretroviral therapy in India," *Horizons Research Summary*. Washington, DC: Population Council.
- Schenk, Katie. 2005. "Reducing stigma through care and support," in Nick Perkins and Sam Mulyanga (eds.), *My Right to Belong: Stories of Stigma Reduction Efforts Across Africa*. Nairobi: ActionAid International Africa.
- Schenk, KD, T Murove, and J Williamson. 2006. "Protecting children's rights in the collection of health and welfare data." *Health and Human Rights* 9(1): 80-100.
- Thurman, Tonya R., Leslie Snider, Neil Boris, Edward Kalisa, Eleazer Nkunda Mugarira, Joseph Ntaganira, and Lisanne Brown. 2006. "Psychosocial support and marginalization of youth-headed households in Rwanda," *AIDS Care* 18(3): 220–229.
- Verma, R, J Pulerwitz, V Mahendra, S Khandekar, G Barker, P Fulpagare, and SK Singh. 2006. "Changing gender norms among young men in India to reduce HIV risk." Forthcoming in *Reproductive Health Matters* 14(28): 1-10.
- Verma, Ravi K., Julie Pulerwitz, Vaishali Sharma Mahendra, Sujata Khandekar, Gary Barker, P. Fulpagare, and S.K. Singh. 2006. "Shifting support for inequitable gender norms among young Indian men to reduce HIV risk and partner violence," *Horizons Research Summary*. New Delhi: Population Council.

## **PRESENTATIONS:**

### **July 2005**

*Sexual violence and HIV risk in Mumbai slums: Perspectives of young men as perpetrators of violence*, oral presentation by Vaishali Sharma Mahendra et al at the 7th International Congress on AIDS in Asia and the Pacific (ICAAP), Kobe, Japan, 2 July 2005.

*Reducing stigma and discrimination in health care settings in India: Findings from operations research*, poster presentation by Vaishali Sharma Mahendra at the 7th International Congress on AIDS in Asia and the Pacific (ICAAP), Kobe, Japan, 2 July 2005.

*Engaging Men Who Have Sex with Men in Operations Research in Kenya: Methods and Issues*, oral presentation by W. Onyango-Ouma at a seminar sponsored by the African Population and Health Research Center, Nairobi, Kenya, 15 July 2005.

*Using situation analysis to expand and scale-up paediatric ARV treatment in South Africa*, poster presentation by Desiree Michaels et al, at the 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil, 25 July 2005.

*Exploring sexual behavior of people living with HIV prior to HAART: Experiences from Thailand*, oral presentation by Aurmporn Oberdorfer et al, at the 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil, 26 July 2005.

*Effectiveness of a directly administered antiretroviral therapy (DAART) intervention in fostering adherence in Mombasa, Kenya*, oral presentation by Avina Sarna et al, at the 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil, 27 July 2005.

*Protecting the health care workers*, oral presentation by Karusa Kiragu, at the 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil, 27 July 2005.

### **October 2005**

*Young schooling adolescents' attitudes and behaviors toward PLHA and orphans*, oral presentation by Milka Juma et al, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 19 October 2005.

*Ethical challenges working among children affected by HIV/AIDS*, oral presentation by Katie Schenk, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 19 October 2005.

*Risk perceptions and behaviors among young schooling adolescents in Kenya*, oral presentation by Milka Juma, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 20 October 2005.

*'We are afraid': HIV testing among teachers in Kenya*, oral presentation by Karusa Kiragu, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 20 October 2005.

*Self-stigmatization: Experiences of PLHA participating in a HAART program in Mombasa, Kenya*, oral presentation by Susan Kaai et al, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 21 October 2005.

*Promoting adherence to antiretroviral therapy in Mombasa, Kenya: An update*, oral presentation by Avina Sarna et al, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 21 October 2005.

*Perceptions of how boys and girls should be treated among Kenyan adolescents*, poster presentation by Milka Juma et al, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 19-20 October 2005.

*The burden of HIV/AIDS and stigma among teachers in Kenya*, poster presentation by Karusa Kiragu et al, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 19-20 October 2005.

*The impact of HIV on work-related stress among health workers in Zambia*, poster presentation by Karusa Kiragu et al, at the 12th Priorities in Reproductive Health and HIV Conference, Stellenbosch, South Africa, 19-20 October 2005.

#### November 2005

*Examining community needs and barriers to care treatment in South Africa*, oral presentation by Catherine Searle at the "Repositioning Care and Support in the Era of Treatment" symposium, Johannesburg, South Africa, 22 November 2005.

*Meeting the needs of children with HIV*, oral presentation by Lewis Ndhlovu at the "Repositioning Care and Support in the Era of Treatment" symposium, Johannesburg, South Africa, 22 November 2005.

*Trapped in a difficult situation: The role of the elderly in the care of OVC and the sick in the Eastern Cape*, oral presentation by Priscilla Reddy at the "Repositioning Care and Support in the Era of Treatment" symposium, Johannesburg, South Africa, 22 November 2005.

#### December 2005

*Assessing HIV-positive women's fertility desires and demand for family planning in prevention of mother-to-child transmission of HIV (PMTCT) programs in Nairobi, Kenya*, oral presentation by Carolyn Baek et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 12 December 2005.

*Community support of orphans and other vulnerable youth in Rwanda*, oral presentation by Tonya Thurman et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 12 December 2005.

*Studies find positive attitudes and use of condoms by HIV-positive women: An opportunity for PMTCT programs*, oral presentation by Naomi Rutenberg et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 12 December 2005.

*Protecting the human rights of children in international health research activities*, oral presentation by Katie Schenk et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 12 December 2005.

*Children of Rwanda: Strategies for care and protection of HIV/AIDS-affected child-headed households*, poster presentation by Leslie Snider et al, at the American Public Health

Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 12 December 2005.

*Psychosocial issues facing orphan-headed households in Rwanda*, poster presentation by Lisanne Brown et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 12 December 2005.

*HIV-related stigma and risk among youth in Nicaragua*, poster presentation by Irela Solorzano et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 12 December 2005.

*Does promoting gender equity among men make a difference? Positive results from a pilot HIV risk reduction intervention among young men in India*, roundtable presentation by Ravi Verma et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 13 December 2005.

*A comparison of the benefits of 'opt-in' and 'opt-out' HIV testing during antenatal care*, oral presentation by Naomi Rutenberg et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 13 December 2005.

*Conducting research among children affected by HIV/AIDS: Ethical challenges*, poster presentation by Katie Schenk et al, at the American Public Health Association (APHA) 133rd Annual Meeting and Exposition, Philadelphia, Pennsylvania, 14 December 2005.

*African family, children, and HIV and AIDS*, plenary session presentation by Eka Esu-Williams, at the 14th International Conference on AIDS and STIs in Africa (ICASA), Abuja, Nigeria, 6 December 2005.

*Roles, responsibilities, and challenges of elderly caregivers in the context of HIV/AIDS: A study in Eastern Cape, South Africa*, poster presentation by Eka Esu-Williams, at the 14th International Conference on AIDS and STIs in Africa (ICASA), Abuja, Nigeria, 4-9 December 2005.

*Serostatus disclosure and partner violence: Experiences of postpartum urban poor HIV-positive women in a slum area in Nairobi, Kenya*, oral presentation by Susan Kaai et al, at the 14th International Conference on AIDS and STIs in Africa (ICASA), Abuja, Nigeria, 4-9 December 2005.

*Lower sexual risk behavior observed among PLHA receiving HAART in Mombasa, Kenya*, poster presentation by Avina Sarna et al, at the 14th International Conference on AIDS and STIs in Africa (ICASA), Abuja, Nigeria, 4-9 December 2005.

*Understanding challenges to effective community participation in the rollout of HIV/AIDS treatment and care services in South Africa*, poster presentation by Catherine Searle et al, at the 14th International Conference on AIDS and STIs in Africa (ICASA), Abuja, Nigeria, 4-9 December 2005.

*Lessons learned in engaging communities in PMTCT programs*, poster presentation by Carolyn Baek et al, at the "PMTCT High Level Global Partners Forum: Taking Stock and

Accelerating Action toward Universal Access to Services for Women, Children and their Families” meeting, Abuja, Nigeria, 2 December 2005.

#### January 2006

*The drinking habits of health workers in Kenya: Evidence from a national survey*, oral presentation by Karusa Kiragu and Susan Kaai, et al, at the Annual Review Meeting of the University of Nairobi/University of Manitoba Collaborative Group, Nairobi, Kenya, 23 January 2006.

*Do health workers have access to government HIV/AIDS guidelines? Evidence from a national survey in Kenya*, oral presentation by Karusa Kiragu and Susan Kaai, et al, at the Annual Review Meeting of the University of Nairobi/University of Manitoba Collaborative Group, Nairobi, Kenya, 25 January 2006.

*Does HIV status awareness among providers influence their ability to foster HIV testing among their clients?*, oral presentation by Karusa Kiragu and Susan Kaai, et al, at the Annual Review Meeting of the University of Nairobi/University of Manitoba Collaborative Group, Nairobi, Kenya, 26 January 2006.

#### February 2006

*Health on the road: Research to practice for truck drivers in Brazil*, oral presentation by Juan Diaz et al, at the Priorities for Research and Action in Migration, HIV/AIDS, and Related Themes, Mexico City, Mexico, 3 February 2006.

#### March 2006

*Promoting adherence to antiretroviral therapy: Directly administered antiretroviral therapy (DAART) intervention in Mombasa, Kenya*, oral presentation by Avina Sarna et al, at the 2006 NIMH/IAPAC International Conference on HIV Treatment Adherence, Jersey City, New Jersey, 9 March 2006.

*Adherence to antiretroviral therapy and its principal determinants in HIV-infected adults in India*, poster presentation by Avina Sarna et al, at the 2006 NIMH/IAPAC International Conference on HIV Treatment Adherence, Jersey City, New Jersey, 9 March 2006.

#### April 2006

*HIV status, fertility intentions, and the demand for contraception: Assessing the current research to improve the integration of reproductive health and HIV programs*, oral presentation by Naomi Rutenberg et al, at the Population Association of America 2006 Annual Meeting, Los Angeles, California, 1 April 2006.

The following presentations were given at the National Conference on Research in HIV & AIDS NACO/ICMR, organized by NACO/ICMR and Horizons/Population Council, 21-23 April 2006:

*Gender-equitable attitudes can make a difference to HIV risk behaviour*, by Sujata Khandekar et al.

*Social capital as it relates to stigma, discrimination among key population*, by CK George et al.

*Documentation of same-sex behaviour among trucking population*, by Vaishali Mahendra et al.

*Adherence to ART : Experiences from Pune & Delhi*, by Avina Sarna et al.

*Reducing AIDS-related stigma and discrimination in healthcare settings: A pilot study*, by Vaishali Mahendra et al.

*Adherence Counseling for PLHA Initiating HAART*, skills building session, facilitated by Susan Kaai et al.

*Conducting Operations Research in the Field*, skills building session, facilitated by Avina Sarna et al.

#### May 2006

*Positive impact of HIV prevention communication for a social change program for youth*, oral presentation by Julie Pulerwitz et al, at the 33rd Annual International Conference on Global Health—Excellence, Innovation and Influence: Pathways to Results, Washington, DC, 30 May – 2 June 2006.

#### June 2006

The following presentations were given at The President's Emergency Plan for AIDS Relief Annual Meeting 2006 HIV/AIDS Implementers' Meeting—Building on Success: Ensuring Long-term Solutions, Durban, South Africa, 12–15 June 2006:

*A randomized controlled study evaluating a directly administered antiretroviral therapy (DAART) intervention to promote adherence to ART in Mombasa, Kenya*, oral presentation by Avina Sarna et al.

*ABCs: Not as simple as they sound*, oral presentation by Julie Pulerwitz et al.

*Adherence to antiretroviral therapy (ART) and its principal determinants among HIV-infected adults in India*, poster presentation by Avina Sarna et al.

*Alcohol counseling and HIV/AIDS service provision in Kenya: Results of a qualitative study*, oral presentation by Caroline Mackenzie et al.

*Alcohol use and HIV testing among health workers in Kenya*, oral presentation by Karusa Kiragu et al.

*Assessing PMTCT integration with HIV prevention, treatment, care, and sexual and reproductive health (SRH) services for HIV-positive women: Experiences from India*, poster presentation by Vaishali Mahendra et al.

*Caring for the caregivers: Testing a model for a workplace HIV/AIDS program for hospital employees in Zambia*, oral presentation by Karusa Kiragu et al.

*Challenges and barriers experienced by elderly OVC caregivers in the Eastern Cape*, poster presentation by Priscilla Reddy et al.

*Challenges to increasing access to pediatric ART service delivery in South Africa*, oral presentation by Lewis Ndhlovu et al.

*Changing norms related to HIV risk and gender-based violence among young men in Dar es Salaam, Tanzania*, oral presentation by Richard Kaballa et al.

*Clients and families of female sex workers and men-who-have-sex-with-men: Their potential role in prevention efforts in India*, poster presentation by Fiona Samuels et al.

*Condom perceptions and use among adolescents in Uganda*, oral presentation by Karusa Kiragu et al.

*Does being on HAART lower risky sexual behavior? Insights from Mombasa, Kenya*, oral presentation by Stanley Luchters et al.

*Exploring sexual behavior of HIV-infected persons on antiretroviral therapy (ART): Experiences from India*, poster presentation by Avina Sarna et al.

*Fear of HIV infection among school teachers in Kenya: Results of a baseline survey*, poster presentation by Karusa Kiragu et al.

*Gender perceptions among Kenyan Girl Guides and their male and female peers*, poster presentation by Tobey Nelson et al.

*'I would prefer to stay ignorant for some time': HIV testing among primary and secondary school teachers in Kenya*, oral presentation by Karusa Kiragu et al.

*High rates of testing and disclosure among HIV-positive and HIV-negative women testing in ANC through PMTCT programs*, poster presentation by Carolyn Baek et al.

*How well do PMCT programs reach urban poor HIV-positive women and women of unknown status with infant feeding counseling?* poster presentation by Susan Kaai et al.

*Impact of a multi-media campaign on reproductive health knowledge of adolescents: A case of Straight Talk programs in Uganda*, poster presentation by Medard Muhwezi et al.

*Impact of and lessons learned from program promoting equitable gender norms to reduce young men's HIV risk in Brazil*, oral presentation by Julie Pulerwitz et al.

*Implementing HIV prevention interventions for MSM in Senegal*, oral presentation by Amadou Moreau et al.

*Implementing mutual monogamy interventions among couples in churches in the Eastern Cape, South Africa: Understanding the context and priorities*, poster presentation by Nathi Sohaba et al.

*Meeting the HIV/STI prevention needs of MSM in Nairobi, Kenya*, oral presentation by Scott Geibel et al.

*Lessons learned from an intervention for young men in India that promotes gender equity to reduce HIV risk*, poster presentation by Ravi Verma et al.

*Occupational exposure to HIV infection among Kenyan health workers: Findings from a national survey*, poster presentation by Karusa Kiragu et al.

*Perceptions and confusion surrounding ABC prevention messages among in-school 11–15-year-olds in KwaZulu Natal, South Africa: The importance of contextualizing ABC messages*, oral presentation by Tobey Nelson et al.

*Preparedness of Ugandan parents to educate their teenage children on sexual health*, oral presentation by Karusa Kiragu et al.

*Preparing communities for ART in Zambia: Baseline findings from a community survey*, poster presentation by Fiona Samuels et al.

*Providing STI/HIV and general health services for mobile populations: A successful intervention with truckers in a border region of Brazil*, poster presentation by Magda Chinaglia et al.

*Understanding and reducing AIDS-related stigma among health care workers: Positive results from a pilot study in India*, poster presentation by Vaishali Mahendra et al.

#### August 2006

The following presentations were given at the XVI International AIDS Conference, held in Toronto, Canada, 13-18 August 2006:

*Addressing the needs of elderly caregivers in the era of HIV/AIDS: A study in the Eastern Cape Province, South Africa*, poster presentation by Priscilla Reddy et al.

*Can an intervention that promotes gender equity improve attitudes and decrease risk behaviors among young men in India?*, poster presentation by Ravi Verma et al.

*Changes in sexual behavior of people living with HIV after 12 months of antiretroviral therapy: Experiences from Thailand*, poster presentation by Aumporn Oberdorfer et al.

*Clients of female sex workers and men who have sex with men: Their potential role in prevention efforts in India*, poster presentation by Fiona Samuels et al.

*Counseling and testing (CT) in clinical settings: The training needs of Kenyan health workers*, poster presentation by Isaiah Tanui et al.

*Evaluating a directly administered antiretroviral therapy intervention to promote long-term ART adherence in Mombasa, Kenya: A twelve-month evaluation*, poster discussion by Stanley Luchters et al.

*Examining the evidence: Fertility desires and family planning needs of people living with HIV, skills building* oral presentation by Naomi Rutenberg.

*Expanding pediatric access to ART in South Africa*, skills building oral presentation by Naomi Rutenberg et al.

*Gender differentials in alcohol use and HIV testing among health workers in Kenya: Evidence from a national survey*, poster presentation by Karusa Kiragu et al.

*Gender perceptions among Kenyan Girl Guides and their male and female peers*, poster presentation by Tobey Nelson et al.

*High rates of disclosure to male partner among HIV-positive and HIV-negative PMTCT clients*, poster presentation by Carolyn Baek et al.

*HIV at home: The personal burden of AIDS among Kenyan health workers*, poster presentation by Isaiah Tanui et al.

*How prevalent is AIDS-related stigma among health care workers? Developing and testing a stigma index in Indian hospitals*, poster presentation by Vaishali Mahendra et al.

*How well do Kenyan Youth Understand ABC Messages for HIV Prevention?*, oral presentation by Julie Pulerwitz et al.

*How well do PMTCT programs in India facilitate access to HIV care, and sexual and reproductive health (SRH) services for HIV-positive women?*, oral presentation by Vaishali Mahendra et al.

*Improved socioeconomic status and quality of life and decreased hospitalization rates among patients in Thailand one year after initiating HAART*, poster discussion by Suwat Chawiyalertsak et al.

*Multiple stigma, discrimination and violence amongst female sex workers and men who have sex with men in Andhra Pradesh, India*, poster presentation by Fiona Samuels et al.

*Occupational exposure to HIV infection among Kenyan health workers: Findings from a national survey*, poster presentation by Karusa Kiragu et al.

*Positive impact of an HIV prevention communication for social change program on youth*, poster presentation by Irela Solorzano et al.

*Predictors and correlates of depressive symptoms among youth heads of household in Rwanda*, poster presentation by Lisanne Brown et al.

*Preparedness of Ugandan parents to educate their teenage children on sexual health*, poster presentation by Karusa Kiragu et al.

*Preparing communities for ART in Zambia: Baseline findings from a community education and referral project*, poster presentation by Fiona Samuels et al.

*Reaching truckers with HIV/STI prevention services on the southern border of Brazil: A feasible and well-accepted intervention*, poster presentation by Juan Diaz et al.

*Research implications for integration of HIV/AIDS with sexual and reproductive health*, oral presentation by Naomi Rutenberg et al.

*Self-stigmatization and HAART: Documenting changes in stigma faced by people living with HIV on HAART in Mombasa, Kenya*, poster presentation by Susan Kaai et al.

*Sexual risk behavior in regular partner relationships: Still a concern among PLHA receiving HAART in Mombasa*, oral presentation by Avina Sarna et al.

*Sustaining a youth caregiving program: Lessons after a five-year program in rural northern Zambia*, poster presentation by Eka Esu-Williams et al.

*The importance of family: How Zambian adolescents make decisions about HIV counseling and testing*, poster presentation by Julie Denison et al.

## **B. Articles Based on Horizons Findings Published by, Accepted by, or Submitted to Peer-Reviewed Journals**

### **PUBLISHED**

Adeokun, Lawrence, Joanne E. Mantell, Eugene Weiss, Grace Ebum Delano, Temple Jagha, Jumoke Olatoregun, Dora Udo, Stella Akinso and **Ellen Weiss**. 2002. "Promoting dual protection in family planning clinics in Ibadan, Nigeria." *International Family Planning Perspectives* 28(2): 87-95.

Auvert, Bertran, Ron Ballard, Catherine Campbell, Michel Caraël, Matthieu Carton, Glenda Fehler, Eleanor Gouws, Catherine MacPhail, Dirk Taljaard, **Johannes van Dam**, and Brian Williams. 2001. "HIV infection among youth in a South African mining town is associated with herpes simplex virus-2 seropositivity and sexual behaviour." *AIDS* 15: 885-898.

Barnes, Carolyn. 2005. "Microcredit and Households Coping with HIV/AIDS: A Case Study from Zimbabwe." *Journal of Microfinance* Summer 7 (1): 55-77.

Behets MTF, JR Rasolofomanana, K. van Damme, G. Vaovola, J. Andriamiadana, A. Ranaivo, K. McClamroch, G. Dallabetta, **J. van Dam**, D. Rasamilalao, A. Rasamindra and the MAD-STI Working Group. 2003. "Evidence-based treatment guidelines for sexually transmitted infections developed with and for female sex workers." *Tropical Medicine and International Health* 8(3): 251-258.

**Brown, Lianne, Kate Macintyre**, and Lea Trujillo. 2003. "Interventions to reduce HIV/AIDS stigma: What have we learned?" *AIDS Education and Prevention* 15(1): 49-69.

**Busza, Joanna**. 2005. "How does a risk group perceive risk: Voices of Vietnamese sex workers in Cambodia." *Journal of Psychology & Human Sexuality* 17(1/2): 65 - 82

**Busza, Joanna** and **Simon Baker**. 2004. "Protection and participation: an interactive programme introducing the female condom to migrant sex workers in Cambodia." *AIDS Care* 16(4): 507-518.

**Castle, Christopher**. 2003. Review of Samiran Panda, Anindya Chatterjee, Abu S. Abdul-Quader, eds., *Living with the AIDS Virus: The Epidemic and the Response in India*. *Studies in Family Planning*. 34(2): 143.

**Castle, Christopher**. 2000. "Evaluation of community development approaches." *Research for Sex Work* 3: 27.

Duerr, A, S Hurst, A Kourtis, **N Rutenberg**, and D Jamieson. 2005. "A case for strengthened integration of services for family planning and prevention of mother-to-child HIV transmission in resource-limited settings." *Lancet* 366:261-263.

- Duraisamy, P, AK Ganesh, R Homan, N Kumarasamy, C Castle, P Sripriya, **V Mahendra**, and S Solomon. 2006. "Costs and financial burden of care and support services to PLHA and households in South India." *AIDS Care* 18(2): 121-127.
- Esu-Williams, Eka, Katie Schenk, Scott Geibel, Joseph Motsepe**, Anderson Zulu, Petronella Bweupe, and **Ellen Weiss**. 2006. "We are no longer called club members but caregivers": involving youth in HIV/AIDS caregiving in rural Zambia. *AIDS Care* 18(8): 888-894.
- Galvao, Loren W.**, Laurione C. Oliveira, **Juan Diaz**, Dhong-jin Kim, Nadia Marchi, **Johannes van Dam**, Roger F. Castilho, Michael Chen, and Maurizio Macaluso. 2005. "Effectiveness of female and male condoms in preventing exposure to semen during vaginal intercourse: a randomized trial." *Contraception* 71: 130-136.
- Gilborn, Laelia**. 2002. "The impact of HIV/AIDS on children in Africa." *Western Journal of Medicine* January 2002.
- Gilgen, D., B.G. Williams, C. MacPhail, **J. van Dam**, C. Campbell, R.C. Ballard and D. Taljaard. 2001. "The natural history of HIV/AIDS in a major goldmining centre in South Africa: results of a biomedical and social survey." *South African Journal of Science* 97(9/10).
- Greene, ME, M Mehta, **J Pulerwitz**, D Wulf, A Bankole, and S Singh. 2006. "Involving men in reproductive health: Contributions to development." Occasional paper prepared for United Nations Millenium Project.
- James, Shamagonam, Priscilla Reddy, Robert AC Ruiters, **Ann McCauley**, and Bart van den Borne. 2006. "The impact of an HIV and AIDS life skills program on secondary school students in KwaZulu-Natal, South Africa." *AIDS Education and Prevention* 18(4): 281-294.
- Kerrigan, Deanna**, Luis Moreno, Santo Rosario, Bayardo Gomez, Hector Jerez, **Ellen Weiss**, Clare Barrington, and **Michael Sweat**. 2006. "Effects of environmental-structural interventions on HIV/STI-related risk among female sex workers in the Dominican Republic." *American Journal of Public Health*. 96: 120-125
- Kerrigan, Deanna**, Jonathan M. Ellen, Luis Moreno, Santo Rosario, Joanne Katz, David D. Celentano, and **Michael Sweat**. 2003. "Environmental-structural factors significantly associated with consistent condom use among female sex workers in the Dominican Republic." *AIDS*. 17(3):415-423.
- Kerrigan, Deanna**, Luis Moreno, Santo Rosario, and **Michael Sweat**. 2001. "Adapting the Thai 100% condom programme: developing a culturally appropriate model for the Dominican Republic." *Culture, Health & Sexuality*, 3(2): 221-240.
- Kiragu, K.**, TJ Ngulube, M Nyumbu, P Njobvu, P Eerens, and C Mwaba. 2006. "Sexual risk-taking and HIV testing among health workers in Zambia," *AIDS and Behavior*, published online ahead of print, 16 June.
- Lary, Heidi, **Suzanne Maman**, Maligo Katebalila, **Ann McCauley**, and Jessie Mbwambo. 2004. "Exploring the association between HIV and violence: Young people's experiences with

- infidelity, violence and forced sex in Dar es Salaam, Tanzania." *International Family Planning Perspectives* 30(4): 200-206.
- MacIntyre, Kate, Naomi Rutenberg, Lianne Brown**, and Ali Karim. 2004. "Understanding perceptions of HIV risk among adolescents in KwaZulu-Natal." *AIDS and Behavior* 8(3): 237-250.
- Magnani, Robert, **Kate MacIntyre**, Ali Mehyrar Karim, **Lianne Brown**, and Paul Hutchinson. 2005. "The impact of life skills education on adolescent sexual risk behaviors in KwaZulu-Natal, South Africa." *Journal of Adolescent Health* 26: 289-304.
- Maman, S**, J Campbell, **MD Sweat**, and AC Gielen. 2000. "The intersections of HIV and violence: directions for future research and interventions." *Social Science and Medicine* 50(4): 459-78.
- Maman, Suzanne**, Jessie Mbwambo, Nora Hogan, Gad Kilonzo, Jacquelyn Campbell, **Ellen Weiss**, and **Michael Sweat**. 2002. "HIV-positive women report more lifetime partner violence: Findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania." *American Journal of Public Health* 92(8): 1331-37.
- Maman, Suzanne**, Jessie K. Mbwambo, Nora M. Hogan, **Ellen Weiss**, Gad P. Kilonzo, and **Michael D. Sweat**. 2003. "High rates and positive outcomes of HIV-serostatus disclosure to sexual partners: Reasons for cautious optimism from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania." *AIDS and Behavior* 7(4): 373-382.
- Mantell, J.E., S Hoffman, E Weiss, L Adeokun, G Delano, T Jagha, TM. Exner, ZA. Stein, Q Abdool Karim, E Scheepers, K Atkins and **E Weiss**. 2001. "The acceptability of the female condom: Perspectives of family planning providers in New York City, South Africa, and Nigeria." *Journal of Urban Health* 78:658-668.
- Meekers, D and K Richter. 2005. "Factors associated with use of the female condom in Zimbabwe." *International Family Planning Perspectives* 31(1): 30-7.
- Niang, Cheikh, **Placide Tapsoba**, **Ellen Weiss**, Moustapha Diagne, Youssoupha Niang, **Amadou Moreau**, Dominique Gomis, Abdoulaye Wade, Karim Seck, and **Chris Castle**. 2003. "'It's raining stones': stigma, violence and HIV vulnerability among men who have sex with men in Dakar, Senegal." *Culture, Health & Sexuality* 5(6): 499-512
- Ogden, Jessica, Simel Esim, and Caren Grown 2006. "Expanding the care continuum for HIV/AIDS: bringing carers into focus." *Health Policy and Planning* 21: 333-342.
- Parker, Richard and Peter Aggleton. 2003. "HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action." *Soc Sci Med* 57(1):13-24.
- Rumakom, Patchara**, Pramote Prasartkul, **Philip Guest**, Varachai Thongthai, and Sureeporn Punpuing. 2003. "Changes in the epidemiological transition in Thailand due to HIV/AIDS: Implications for population and health policies." *Journal of Population and Social Studies* 11(2).

- Rutenberg, Naomi** and **Carolyn Baek**. 2005. "Field experiences integrating family planning into programs to prevent mother-to-child transmission of HIV." *Studies in Family Planning*. 36(3): 235–245.
- Rutenberg, Naomi**, Carol E Kaufman, **Kate Macintyre**, **Lisanne Brown**, and Ali Karim. 2003. "Pregnant or positive: Adolescent childbearing and HIV risk in KwaZulu Natal, South Africa." *Reproductive Health Matters* 11(22): 122-133.
- Schenk, KD**, T Murove, and J Williamson. 2006. "Protecting children's rights in the collection of health and welfare data." *Health and Human Rights* 9(1): 80-100.
- Thurman, Tonya R**, **Lisanne Brown**, Linda Richter, Pranitha Maharaj, Robert Magnani. 2006. "Sexual Risk Behavior among South African Adolescents: Is Orphan Status a Factor?" *AIDS and Behavior* 10(6): 627-635.
- Thurman, Tonya R**, **Leslie Snider**, Neil Boris, Edward Kalisa, Eleazer Nkunda Mugarira, Joseph Ntaganira, and **Lisanne Brown**. 2006. "Psychosocial support and marginalization of youth-headed households in Rwanda." *AIDS Care* 18(3): 220-229.
- van Dam, Johannes** and King Holmes. 2000. "STD prevention: effectively reaching the core and a bridge population with a four-component intervention." *Sexually Transmitted Diseases* 27(1): 9-11.
- Verma, Ravi K** and **Vaishali S Mahendra**. 2004. "Construction of masculinity in India: A gender and sexual health perspective" *Journal of Family Welfare* 50(Special issue): 71-78.
- Verma, R**, **J Pulerwitz**, **V Mahendra**, S Khandekar, G Barker, P Fulpagare, and SK Singh. 2006. "Changing gender norms among young men in India to reduce HIV risk." Forthcoming in *Reproductive Health Matters* 14(28): 1-10.
- Verma, Ravi K**, **Julie Pulerwitz**, **Vaishali S Mahendra**, **Johannes van Dam**, Sabine Flessenkaemper, Sujata Khandekar, G. Rangaiyan, and Gary Barker. 2004. "From research to action – Addressing masculinity and gender norms" *Indian Journal of Social work* XXIV: 434-454

#### ACCEPTED

**Pulerwitz, Julie** and Gary Barker. "Measuring attitudes toward gender norms among young men in Brazil: Development and psychometric evaluation of the GEM Scale" Accepted for publication by *Men and Masculinities*.

**Samuels, Fiona**, **Ravi K Verma**, and CK George. "Double stigma: discrimination and violence among female sex workers and feminized men in Andhra Pradesh." Accepted for publication in *Gender and Health*, no. 9 in the Gender, Society & Development series.

#### SUBMITTED

**Geibel, Scott**, Elisabeth M. van der Elst, Nzioki Kingola, Stanley Luchters, Alun Davies, E. M. Getambu, Norbert Peshu, Susan M. Graham, R. Scott McClelland, Eduard J. Sanders. "'Are you on the market?': A capture-recapture enumeration of men who sell sex to men in and around Mombasa, Kenya." Submitted to *AIDS*.

**Kiragu, K.**, TJ Ngulube, M Nyumbu, P Njobvu, C Mwaba, and A Kalimbwe. “Sexual potential occupational HIV exposure to hospital personnel in Zambia.” Submitted to *South Africa Medical Journal*.

**Kiragu, K.**, M Nyumbu, and J Olweny. “When the provider is the victim: Gender-based violence among female hospital workers in Zambia.” Submitted to *Violence Against Women*.

Lillie, T, **J Pulerwitz**, B Korbou. “Kenyan In-School Youths’ Level of Understanding of Abstinence, Being Faithful, and Condom Use Terms: Implications for HIV-Prevention Programs.” Submitted to *Health Education & Behavior*.

Lippman, S., **J Pulerwitz**, **M Chinaglia**, A Hubbard, A Reingold, C Ogura, and **J Diaz**. “Mobility and its liminal context: Exploring sexual partnering among truck drivers crossing the Southern Brazilian border.” Submitted to *International Journal of Epidemiology*.

Marindo, Ravai, **Ellen Weiss**, and **Julie Pulerwitz**. “Promoting male involvement and HIV prevention during pregnancy in Zimbabwe.” Submitted to *African Journal of Reproductive Health*.

Pujari, S., **A Sarna**, AK Sengar, R Garg, S Katke, I Gupta, and **J van Dam**. “Adherence to antiretroviral therapy and its principal determinants amongst human immunodeficiency virus infected patients in India.” Submitted to *AIDS*.

**Pulerwitz, Julie, Annie P. Michaelis, Sheri A. Lippman, Magda Chinaglia, Juan Díaz**. HIV-related stigma, service utilization, and status disclosure among truck drivers crossing the Southern borders in Brazil.” Submitted to *AIDS Care*.

**Sarna, A.**, S Pujari, AK Sengar, R Garg, S Katke, I Gupta, and **J van Dam**. Sexual behaviour of HIV-positive individuals currently on antiretroviral therapy: Experiences from India. Submitted to *AIDS Care*.

Names in **bold** represent Horizons staff and those from Horizons partner organizations (Population Council, ICRW, International HIV/AIDS Alliance, PATH, Tulane University, FHI, and Johns Hopkins University).

**C. Summary of Results Achieved (July 1, 2005 – September 30, 2006)**

**1. Activity Matrix: Non-Research Activities**

Country/Hz ID/ Staff Monitor	Project Title Type of Study Focus	Project Budget/ Source/Codes/ Duration/Comments	Activities and/or Results	Partners/ Principal Investigators
Global  Horizons #98  Beverly Ben Salem	Horizons Internship Program	\$150,000 (ca. \$29,000 balance) Core  In-house #51728  7/98 – 7/07 ONGOING	<u>Activities:</u> <ul style="list-style-type: none"> <li>• Intern Lindsey J. Reynolds (Masters in Health Sciences candidate, Dept. of International Health, Johns Hopkins University), worked on-site at the Horizons' study on youth involvement in care &amp; support for OVC in KwaZulu Natal, South Africa</li> </ul>	Valley Trust, JHU, Population Council South Africa
Global  Horizons #110  Ellen Weiss	Communications and Dissemination	Ca. \$100,000/ year Core  In-House #51745  8/97 – 7/07 ONGOING	<u>Activities:</u> <ul style="list-style-type: none"> <li>• Produce high quality, user-friendly publications that highlight key findings from Horizons studies; prepare articles for submission to peer-reviewed journals</li> <li>• Disseminate findings through print and electronic media, and through face-to-face meetings globally</li> <li>• Promote research utilization by providing program managers and practitioners with user-friendly publications and opportunities to discuss the findings from the field</li> </ul> <u>Results:</u> <ul style="list-style-type: none"> <li>• 48 publications produced (10 final reports, 8 research summaries, 6 research updates, 2 newsletters, 1 occasional paper, 3 book chapters, 2 CD updates, 14 articles in peer-reviewed journals, and 2 articles</li> <li>• 1 symposium and 1 conference organized in-country to share and discuss research findings</li> <li>• Toronto International AIDS Conference 2006: 6 orals, 22 posters</li> <li>• PEPFAR Implementer's Meeting 2006: 15 orals, 15 posters</li> <li>• Numerous oral and poster presentations of findings made at various national and international conferences (details in Section 2A)</li> </ul>	PATH, ICRW, Intl. HIV/AIDS Alliance, FHI, Johns Hopkins University, Tulane Univ., Pop. Council

Country/Hz ID/ Staff Monitor	Project Title Type of Study Focus	Project Budget/ Source/Codes/ Duration/Comments	Activities and/or Results	Partners/ Principal Investigators
Global Horizons #126 Naomi Rutenberg	Project Development  TECHNICAL ASSISTANCE	\$120,000 (ca \$9000 balance) Core  In-house #51760  1/02 – 7/07 ONGOING	<u>Activities:</u> Small budget formative research, workshops, and/or consultants to develop proposals, including: <ul style="list-style-type: none"> <li>• Thailand ARV mtg (Baker &amp; Stoeckel) \$10,500</li> <li>• Uganda consultant, Charlotte Johnson-Welch 1,000</li> <li>• Brazil JHU/Oswaldo Cruz 4,000</li> <li>• Cambodia consultant Stoeckel 6,175</li> <li>• Kenya elderly caregivers (proposal development) 13,610</li> <li>• India consultants re HIV prevention, young men 35,033</li> <li>• India consultants re ARV adherence study 30,488</li> <li>• Paraguay vulnerable populations (this FY) 9,940</li> </ul> ca \$111,000 programmed	Partner organizations, study partners in the field
Global Horizons #279 Julie Pulerwitz	Gender Norms as a Gateway Factor: Phase 1  CONCEPTUAL FRAMEWORK DEVELOPMENT, LITERATURE REVIEW  Strategic Information	\$30,210 (Staff time) Core  1/05 – 6/06 COMPLETED	<u>Activities:</u> <ul style="list-style-type: none"> <li>• Conceptual framework developed</li> <li>• Literature review conducted</li> <li>• Report drafted</li> <li>• Opportunities for primary data collection determined</li> <li>• Analysis plan designed</li> </ul>	Johns Hopkins University, AED
Global Horizons #288 Carolyn Baek Naomi Rutenberg	Coordination of the FP/HIV Integration Working Group  TECHNICAL ASSISTANCE  Prevention	\$100,000 Office of Population  In-house #51786  7/05 – 12/06 ONGOING	<u>Activities:</u> Key activities included organizing two meetings on integration with responsibilities including overall meeting planning, implementation, and follow-up. The first meeting (held November 3-4, 2005) was entitled "Integrating FP and ARV Programs" with representatives from 40 organizations. The second meeting was held May 18-19, 2006 and focused on FP/HIV integration and youth, with over 50 organizations represented. These meetings involved partnerships from family planning as well as HIV organizations that are not traditionally focused on FP/RH. Meeting reports were written and disseminated.	USAID Office of Population

Country/Hz ID/ Staff Monitor	Project Title Type of Study Focus	Project Budget/ Source/Codes/ Duration/Comments	Activities and/or Results	Partners/ Principal Investigators
Global  Horizons #296  Avina Sarna	Treatment education: Current research and good practices  TECHNICAL ASSISTANCE  Strategic Information	\$1,780 Core  In-house #51793  10/05 – 7/06 COMPLETED	<u>Activities:</u> UNESCO commissioned Horizons to review the status of treatment education at global, country and community levels and to identify needs with a focus on treatment literacy and community preparedness. Avina Sarna, Ellen Weiss and Sajni Shajy developed the paper; Dr Sarna presented it in Paris in November 2005. Focused on programs in Kenya, South Africa, Thailand, Uganda, and Zambia, the paper documents the importance of treatment education as part of ART service delivery and the variety of approaches in use worldwide in health care settings and in communities. Several successful strategies are described; the challenge is to further document and disseminate these experiences to maximise replication and scale up. Needs include: reaching neglected populations e.g. MSM, IDUs, sex workers, migrant workers; involving the private sector (health care and businesses) as well as higher educational institutions; providing appropriate educational materials; and tailoring efforts to meet women's and men's gender specific needs and concerns.	UNESCO
South Africa  Horizons #282	Care and Support Symposium  CAPACITY BUILDING  Care and support	\$62,246 Mission  In-house #51792  10/05 – 12/05 COMPLETED	<u>Activities:</u> Horizons held a symposium lasting 1 ½ days in Johannesburg, South Africa to discuss strengthening care and support programs and linking them to treatment services. The symposium drew more than 70 program managers, researchers, policymakers, and donors from the region.  Publications produced include a report that synthesizes program experiences and research findings as well as recommendations stemming from the meeting in areas of program, policy, and research.	

## 2. Detailed Description of Research Activities

### Title of study

**Hz ID:** *Horizons' identification number*

**Codes:** *Subagreement and/or in-house codes*

**Effective dates:** *Start and end dates of study (Status: Ongoing or Completed)*

**Staff monitors:** *Horizons' staff monitors*

**Fully loaded budget:** *Budget total (Source: Core, Mission, CDC)*

**Study type:** *Diagnostic, Intervention, Evaluation, or Technical Assistance*

### Type of research:

- *Assessment and/or Evaluation* includes problem identification and priority setting to determine the nature, determinants, or extent of a public health problem and whether it can be, should be, or already is being addressed.

Types of activities considered:

1. All formative research, baselines and end lines for interventions, specialized surveys of small target groups in preparation for interventions
2. Knowledge-attitudes-practices (KAP) surveys
3. Meta-analyses and literature reviews aimed at identifying successful interventions
4. Surveys or assessments to determine the current state of a public health problem

- *Development* includes applied or operations research to create or improve tools, approaches, and interventions to address a known public health problem. This could include trials, pilot tests, and other activities to develop a product, approach, or methodology, and test its initial effectiveness.

- *Introduction* includes activities to facilitate the adoption or implementation of a proven intervention, tool, or approach in the field. An intervention, approach, or tool already exists to address a given problem, but additional research may be needed to adapt it to and determine its effectiveness in the local context or to scale up the intervention. Types of activities considered:

1. Efforts to monitor/measure the effectiveness of a known intervention in the local context
2. Activities seeking to determine obstacles to scale-up or to achieving maximum effectiveness
3. Introduction studies of a new contraceptive method
4. Conferences, workshops, meetings, and publications specifically geared toward disseminating research results or methodology

**Research area:** *Care and treatment, Children affected by HIV/AIDS (Orphans), Children affected by HIV/AIDS (Non orphans), HIV-related stigma and discrimination, MTCT, PLHA, Prevention, Surveillance, or VCT*

### Research category:

- *Behavior/Behavior Change Research* - Studies that evaluate the contributions of behavioral, social, and lifestyle determinants in the development, course, treatment, and prevention of illness and related public health problems in individuals and communities, and the impact of service delivery interventions on behavior.
- *Biomedical/Clinical Research* - Studies in humans, usually conducted sequentially, that establish the safety, efficacy, and effectiveness (including acceptability), and cost-benefit of new or improved tools, interventions, and technologies-often referred to as phase I, II, and III type research studies involving randomized clinical trials. This

research is often described as establishing proof of principle. Facility-based- trials in hospital settings. Field-based- larger trials in field clinics and in community health worker service delivery settings.

- *Capacity Building for Research* - Workshops, courses, etc. that are primarily meant to develop research skills among developing country participants. If these take place as part of an ongoing research study, then they should be reported as part of the research study under one of the other categories. This category is specific to capacity building activities independent of any other research study.
- *Health Policy/Systems and Health Services Research* - Refers to research traditionally defined by USAID as Operations Research. Describes studies of the public health infrastructure on how to improve existing financing systems, policies, organizational structures, processes, and tools that affect access to, utilization of, quality of, and cost of health care inclusive of prevention and treatment in countries in transition and developing countries.
- *Introduction Research* - Research that helps prepare or translate findings for use at scale in real work public health settings. Pilots of new or improved technologies and interventions in real world settings to establish the feasibility, acceptability, and cost-effectiveness prior to uptake at a population level (often involving quasi-experimental trials).
- *Surveillance Research* - Epidemiological research and observational studies to determine, and evaluate the health status of a population and/or describe the health impact of the use of new or improved technologies/surveillance or other measurement approaches.

**Description:** *Brief description of the study.*

**Study objectives:** *Main objectives of the study.*

**Methodology:** *Brief description of the methodology.*

**Study significance:** *Rationale for undertaking the research.*

**Progress to date:** *The progress to date, including major milestones such as the completion of significant activities, results, or issues impeding study completion.*

**Partners:** *Names of subaward organizations and collaborating entities.*

## Putting food on the table: An exploration of livelihood strategies and their role in maintaining nutritional status among antiretroviral treatment patients

**Hz ID:** 300

**Effective dates:** 5/06 – 5/07 (Ongoing)

**Fully loaded budget:** \$204,110 (Core)

**Type of research:** Assessment and/or evaluation

**Research category:** Behavior/behavior change research

**Codes:** In-house #51800, Sub AI06.16A, Sub AI06.55A

**Staff monitors:** F. Samuels, S. Kaai, N. Rutenberg

**Study type:** Diagnostic

**Research area:** Care and treatment

**Description:** The overall aim of the study is to explore and understand the role that livelihood strategies play, in particular, the ability to achieve food security or adequate access to food in maintaining nutritional status among antiretroviral (ART) patients. The study is nested within two existing Horizons operations research projects in Zambia and Kenya that are exploring issues around ART and adherence. Existing data are being drawn on for this study.

### Study objectives:

- Inform policy decisions regarding the role of food security and livelihood strategies/support as an alternative or adjunct to food supplementation for ART patients.
- Develop/pilot tools that can be used to better inform decisions around food supplementation programs and food targeting.

**Methodology:** A cross-sectional formative assessment, using quantitative, qualitative, and participatory methods. In Zambia, an expanded set of questions on livelihood strategies and food security was added to the second round of data collection for an ongoing study of treatment support. Detailed survey data from Kenya on economic activities, collected as part of a randomized trial of an ART adherence support strategy, will be further analyzed to address the objectives of this study. In both settings, respondents for in-depth discussion were selected through analysis of adherence and BMI data from the quantitative data. Respondents for the qualitative research include people on ART (16 in each country) and their families or cluster members, or members of their livelihood network (approximately 32 in each country, i.e., two cluster members per person on ART).

**Study significance:** Evidence is increasing on the importance of food and nutritional security for HIV-positive persons and people on ART. At the same time, as more people are accessing ART, more information is needed on the role that livelihood strategies play in maintaining nutritional and food security for people on ART. To date, we know relatively little about how people on treatment maintain food security and adequate access to food, and achieve food consumption levels that are sufficient for them to maintain weight and adhere to their medications. Additionally, in a situation in which food supplementation is not being given or deemed no longer necessary, it is critical to understand how people manage, what challenges they face, and what alternatives to food supplementation can be suggested as part of maintaining weight and ART adherence support. The study has direct policy implications as it explores the urgent question of how to put food on the table and provide nutritional support beyond the distribution of food and nutrition supplements.

### Progress to date:

- In Kenya:
  - › Research team trained.
  - › In-depth and focus group discussion guides developed and piloted.
  - › Preliminary analysis (BMI and adherence) from existing quantitative survey to select respondents.
  - › Respondent recruitment strategy developed.
  - › Data collection underway (focus group discussions completed, in-depth interviews in progress).
  - › Translation and transcription of interviews underway.
- In Zambia:
  - › Focus group discussion guides developed, focus group discussions completed.
  - › Quantitative data collection completed; data entry in progress.

### Partners

International Centre for Reproductive Health  
Overseas Development Institute

## BOTSWANA

### Evaluation of adherence to short course antiretroviral (ARV) prophylaxis for prevention of mother-to-child transmission (PMTCT) in Francistown, Botswana

**Hz ID:** 280

**Code:** Sub AI05.41A

**Effective dates:** 8/05 – 3/06 (Completed)

**Staff monitors:** C. Baek, N. Rutenberg

**Fully loaded budget:** \$266,000 (Mission)

**Study type:** Evaluation

**Type of research:** Assessment and/or evaluation

**Research area:** MTCT

**Research category:** Introduction research

**Description:** This program evaluation is to assess the quality of the post-test counseling and education women receive regarding HIV and ARV prophylaxis and therapy, and explore barriers to starting and completing ARV prophylaxis among women in Botswana's PMTCT program.

**Study objectives:** Document the content of post-test counseling sessions for HIV-positive pregnant women regarding ARV prophylaxis for PMTCT, ARV therapy, and drug adherence. Document what information/support HIV-negative women are receiving to remain negative. Describe the extent to which HIV-positive pregnant women receive and are adherent to ARV prophylaxis and therapy. Describe operational successes and the specific barriers that women face in taking zidovudine (ZDV), nevirapine (NVP), or ARV therapy, including logistical, personal, and health-related factors that may prevent them from starting or continuing ARV prophylaxis or therapy.

**Methodology:** A cross-sectional evaluation is being used to assess post-test counseling and ARV adherence issues at multiple points during care, using qualitative and quantitative data collection tools. A sub-sample of individual women is also followed longitudinally via home visits, following the interview at the postnatal ward. Research activities include:

- Observation of 60 post-test counseling sessions at evaluation sites and documentation of their content using a checklist.
- Interviews with 122 HIV-positive and HIV-negative women between 28 and 31 weeks gestation about post-test counseling and education, and medication start and adherence.
- Interviews with 101 HIV-negative women between 28 and 31 weeks gestation about their experience with post-test counseling and whether the information/support given by the provider can be acted upon.
- Interviews with 125 HIV-positive women after delivery in the postnatal ward.
- Follow-up of a sub-sample of 37 women in their homes about adherence to infant prophylaxis and feeding practices.
- Interviews with midwifery staff and counselors at the clinics and hospital taking part in the evaluation to learn about their perceptions of barriers and operational challenges to clients' ARV receipt and the quality of post-test counseling.
- Review of service statistics and pharmacy records.

**Study significance:** Botswana's national PMTCT program has been functioning nationwide since 2001, and provides HIV-positive pregnant women and their infants with ZDV prophylaxis, single dose NVP, twelve months of infant formula, and referrals to the national ARV program through which HIV-positive women can receive free ARV therapy. PMTCT program coverage has increased steadily since the program's inception, but data indicate that there are still many women identified as HIV-positive during pregnancy who do not receive appropriate ARV prophylaxis or actually access therapy. The content of post-test counseling and education has not been formally evaluated, and there are no data on women's adherence to prescribed prophylaxis regimens. In order for PMTCT programs to be effective at both an individual and public health level, HIV-positive women need to take the drug as it is prescribed. While PMTCT programs routinely report the number and percentage of women who receive short course antiretroviral prophylaxis, there is little data on adherence to prophylaxis regimens.

**Progress to date:** To date, all development and data collection activities are complete. Analysis of impact data is ongoing.

#### Partners

Botswana Government and Centres for Disease Control and Prevention

Botswana National PMTCT Program, Family Health Division, Ministry of Health

Premiere Personnel

## BRAZIL

### HIV prevention, testing, and treatment for mobile populations: Focus on truck drivers in Brazil

**H2 ID:** 223

**Codes:** In-house #51763, In-house #51779

**Effective dates:** 11/02 – 8/06 (Completed)

**Staff monitors:** J. Díaz, J. Pulerwitz

**Fully loaded budget:** \$581,200 (Core: 355,572; Mission: 225,628)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction research

**Description:** An intervention study of a multi-component HIV/sexually transmitted infection (STI) prevention program for truckers crossing the southern border of Brazil. The project includes the development of a referral system for drivers with HIV-positive test results, for them to access care and treatment.

**Study objectives:** To design, implement, and evaluate a multi-component HIV/STI prevention program. To create a referral system for drivers with HIV-positive tests results.

**Methodology:** The intervention was carried out over 18 months and included syndromic management for STI, voluntary counseling and testing for syphilis and HIV, behavior change communication on HIV/STI, distribution of free condoms, and preventive health care services addressing other key issues for truckers (e.g., high blood pressure). Baseline and post-intervention surveys were conducted at the customs station in Foz do Iguaçu and in a comparison community (Uruguaiana).

Baseline: 1,775 truckers interviewed (779 in Foz and 996 in Uruguaiana)

Post-intervention evaluation: 2,400 truckers interviewed (1,203 in Foz and 1,197 in Uruguaiana)

An additional qualitative evaluation included ten focus group discussions and 11 in-depth interviews with truck drivers and female sex workers.

**Study significance:** A prior strategic assessment of HIV/AIDS risks showed that truck drivers crossing the border between Brazil, Argentina, and Paraguay had little access to prevention services, engaged in many HIV risk behaviors, felt alienated from the health care system, and felt stigmatized as AIDS vectors by the general population. Findings suggested that implementing targeted activities at easily accessible locations would be important.

**Progress to date:** Initiated in 2003, with additional support from the USAID Mission and the Municipal Secretariat of Health, a mobile clinic located in a trailer was opened inside the customs station in Foz do Iguaçu, Brazil. Research to evaluate the intervention was also conducted. Almost 2,000 truckers sought care and 1,795 were interviewed and provided a blood sample for HIV and syphilis testing, of whom 1,492 (83%) returned for results and post-test counseling. Truckers testing positive for HIV (0.28%) were referred for services. Those testing positive for syphilis (4.7%) were treated and referred to an STI clinic. Monitoring data indicate that educational activities reached 5,489 truckers, and 35,623 condoms and 9,831 educational pamphlets were distributed. Almost all respondents interviewed evaluated the services as “great” or “good,” principally due to easy access, warm reception of the staff, and the holistic and non-stigmatizing nature of the health services since care was offered for conditions other than HIV/STI. The evaluation of knowledge, attitudes, and practices on HIV/STI prevention before and after the intervention in Foz do Iguaçu and Uruguaiana is ongoing.

#### Partners

DKT (in early phase of the study)

EADI Customs Administration

Goodyear

Ministry of Health: National Program of STD & AIDS

Municipal Program of STD & AIDS of Corumbá

State STD & AIDS Program, MatoGrosso South

## BRAZIL

### Improving the quality of STI/HIV/AIDS prevention and STI testing and treatment for commercial sex workers at the Brazil/Bolivia border in Corumbá

**Hz ID:** 269

**Code:** In-house #51782

**Effective dates:** 2/05 – 6/06 (Completed)

**Staff monitors:** J. Díaz, J. Pulerwitz

**Fully loaded budget:** \$231,409 (Mission)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Health policy/systems and health services research

**Description:** A pilot study that tests the impact of a sexually transmitted infections (STI)/HIV prevention intervention on the risk behaviors and STI rates of sex workers in Corumbá, Brazil.

**Study objectives:** To reduce the risk of STI/HIV transmission among male and female sex workers in Corumbá through increased provision of HIV and STI counseling, testing, and treatment; the provision of free condoms; and the promotion of safer sex messages and consistent condom use.

**Methodology:** Sex workers were followed over time. Four hundred and twenty sex workers were registered in the study and 155 of them participated in four rounds of data collection. The strategy includes four basic components: availability of free condoms; an aggressive condom promotion campaign, both where commercial sex work occurs and in the general community; educational and skills building outreach; and improved and expanded voluntary testing and counseling (VCT) and treatment services for STIs and HIV. Voluntary STI testing was performed every three months, as was treatment for positive cases. Both the Theory of Planned Behavior and the Theory of Diffusion of Innovations were applied, in order to take into consideration psychosocial factors, interpersonal processes, community factors, institutional factors, and other environmental influences in decision-making and modification of HIV risk behaviors.

**Study significance:** Sex workers are at particular risk of HIV, and interventions to support the ability of sex workers to successfully negotiate condom use with clients and reduce HIV and other STIs are vital. This intervention study highlights the activities most successful in promoting condom use and risk reduction to sex workers.

**Progress to date:** Intervention was implemented, and both the baseline and follow-up data collection have been completed. Results indicate that prevalence of chlamydia decreased significantly from 14.7 percent at the first visit to 5.2 percent at the fourth. The combined prevalence of gonorrhea and chlamydia decreased from 16.7 percent to 7.1 percent. Individual psychological counseling was determined to be one of the most important components of the project.

Qualitative data, although still not completely analyzed, show that most participants feel more motivated to carry out health-seeking and health-protective behaviors, and more confident that they can do so.

#### Partners

DKT (in the early phase)

Ministry of Health: National Program of STD & AIDS

Municipal Program of STD & AIDS of Corumbá

Pathfinder Brazil

State STD & AIDS Program, Mato Grosso South

## BRAZIL

### **Risk factors for HIV infection in the MSM population in the metropolitan area of Campinas City, Brazil, using respondent-driven sampling**

**Hz ID:** 278

**Code:** In-house #51784

**Effective dates:** 6/05 – 12/06 (Ongoing)

**Staff monitors:** J. Díaz, J. Pulerwitz, J. van Dam

**Fully loaded budget:** \$343,000 (Mission)

**Study type:** Diagnostic

**Type of research:** Assessment and/or evaluation

**Research area:** Surveillance

**Research category:** Surveillance research

**Description:** Study to determine the population size of men who have sex with men (MSM), the HIV prevalence in this population, and HIV risk and prevention behaviors of sub-groups, in the metropolitan area of Campinas City, Brazil.

**Study objectives:** To determine prevalence of HIV among MSM and to characterize subgroups of MSM by different levels of risk for HIV infection, using sociodemographic, behavioral, and environmental factors in the metropolitan area of Campinas.

**Methodology:** This study employs a cross-sectional design with a sample of MSM from southeast Brazil. Sampling procedures follow the respondent-driven sampling method (RDS), where participants are responsible for assisting with recruitment. Data collection consists of audio computerized self-assisted interviews focused on HIV risk behaviors and biological specimen collection (to test for syphilis and HIV) at the same time point. Results are disclosed to participants in the same visit, after they receive appropriate counseling. Participants with positive results are referred for free treatment and monitoring. The Respondent-Driven Sampling Analysis Tool v 5.0.1 will be used to assess sample biases and to calculate population estimates and sample weights. Syphilis will be used as a biomarker.

**Study significance:** Despite a recent decline in HIV incidence in Brazil in some populations, HIV incidence rates are still on the rise in the younger age groups, including young MSM. This would indicate a parallel increase in unsafe sexual practices at the time of infection. Additionally, populations in the south of Brazil have higher rates of AIDS than those living in the central and northern regions. Therefore, data regarding the sociodemographic, behavioral, and environmental factors associated with risk for HIV is particularly important for this population. Practices must be examined in order to better understand the trends in HIV/STI acquisition and to accurately target future interventions.

This research is the first study of MSM to assess the amount of HIV in the MSM population in Campinas, and to associate behavioral data with biological markers in Brazil (previous data include baseline prevalence from a cohort collected between 1994 and 2000). In addition, this study uses the innovative respondent-driven sampling method.

**Progress to date:** The study protocol was approved by Population Council's IRB in February 2005 and by Horizons in June 2005. After the approval of the protocol by the US partners, the Brazilian National Ethics Committee approved the protocol August 2005, at which time formative research was undertaken. During this period, partnerships with local NGOs and with the public sector were strengthened, data collection instruments were developed and pre-tested, and a field site was chosen and adapted to the study needs. In September 2005, study staff were selected and trained and recruitment for the study was initiated in October 2005, and finished in October 2006. A total of 658 participants were enrolled. Data analysis will be initiated in November, after data entry is complete.

#### **Partners**

Centers for Disease Control and Prevention  
Ministry of Health: National Program of STD & AIDS  
University of Campinas Department of Clinical Medicine

## BRAZIL

### Validation of the accuracy of PSA detection in vaginal fluids, obtained by self-sampling, as marker of semen exposure and condom- failure

**Hz ID:** 299

**Effective dates:** 7/06 – 6/07 (Ongoing)

**Fully loaded budget:** \$304,999 (Core)

**Type of research:** Assessment and/or evaluation

**Research category:** Biomedical/clinical research

**Codes:** In-house #51802, Sub AI06.40C-17A

**Staff monitors:** J. Díaz, J. van Dam, W. Tun

**Study type:** Diagnostic

**Research area:** Prevention

**Description:** This study will assess the correlation between prostate-specific antigen (PSA) concentration in vaginal samples after exposure to known quantities of semen in self-collected samples compared with samples taken by a trained nurse, and examine the role of semen contamination of samples, by comparing self-collected samples after condom use with nurse-collected samples.

#### **Study objectives:**

- Assess the accuracy of PSA detection after intra-vaginal exposure to known amounts of semen
- Assess the reliability of self-sampling for PSA detection by comparing the results with samples taken by a trained nurse, after intercourse using a male or female condom.

**Methodology:** Component 1: This study enrolls 100 eligible, consenting women attending the Family Planning Clinic of the University of Campinas (UNICAMP) in Brazil. After receiving two condoms (female or male), the women are asked to self-collect a sample of vaginal fluid before and up to three hours after intercourse. At the clinic, they are invited to complete a short questionnaire and have a vaginal fluid sample collected by a nurse. They are then given two more condoms (female or male), and the procedure is repeated twice after intercourse with the male condom and twice after intercourse with the female condom. PSA concentration will be determined in the samples. Component 2: The study includes the same 100 women. Data collection includes self-collection and nurse-collection of vaginal samples before and after insertion of 10mcL, 100mcL, and 1000mcL of centrifuged semen (brought by the participant to the clinic). A short questionnaire is administered after the final sample collection. PSA concentration in the samples will be determined.

**Study significance:** Evaluation of the efficacy of the male and female condom is difficult and it is highly desirable to have biological markers able to detect condom failures. The study will assess the feasibility of using PSA as a biological marker to detect semen spillage due to condom failure using self-collected samples after intercourse. The study will also assess the accuracy of the method to determine the amount of semen leaked into the vagina.

**Progress to date:** Recruitment of the 100 women for the first component has been completed and 77 of them have already collected the four samples, while 23 have collected one, two or three samples. The second component will be initiated after data collection is completed for Component 1.

#### **Partners**

CEMICAMP

Centers for Disease Control and Prevention

University of Campinas Department of Obstetrics and Gynecology

## Testing prepackaged therapy for male urethral discharge syndrome in Ghana: A feasibility study

**Hz ID:** 268

**Code:** Sub AI04.51A

**Effective dates:** 10/04 – 12/06 (Ongoing)

**Staff monitor:** P. Tapsoba

**Fully loaded budget:** \$188,355 (Core: 25,420; Mission: 162,935)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction research

**Description:** This intervention study aims to strengthen the national STI/RTI program by increasing access to effective management of male urethral discharge, particularly by rural populations, through the private sector.

**Study objectives:** The aim of the study is to assess the feasibility of using chemical sellers and other pharmacare practitioners to appropriately manage cases of male urethral discharge through the use of pre-packaged effective drugs. Specific objectives are to:

- Increase male clients' access to effective treatment for urethral discharge.
- Increase the number of men receiving proper diagnosis and a full prescription of appropriate drugs for urethral discharge.
- Increase the number of men receiving counseling on condom use and partner notification.
- Increase the dispensing of condoms to clients to prevent transmission of infection during treatment.
- Compare the performance of franchised and non-franchised chemical sellers and other pharmacare practitioners in the management of urethral discharge.

**Methodology:** The intervention consists of providing pre-packaged therapy (PPT) kits to chemical sellers and other pharmacare practitioners, accompanied by training and supervision. The intervention, which will be implemented for one year, will be evaluated by comparing data collected from interviews with chemical sellers and data from mystery clients before and after the intervention. The study is being carried out in three areas—Volta and Eastern Regions, and Greater Accra

**Study significance:** STI management is inconsistent in the public sector and treatment of sexually transmitted infections (STIs) is largely in the hands of community members and pharmacists. These informal channels frequently give inaccurate diagnoses and drug regimens, contributing to the development of drug resistance. The study will provide information to develop strategies to increase the accessibility and availability of quality STI management services.

**Progress to date:** A list of chemical shops and pharmacies in the study sites was compiled with the cooperation of the Pharmacy Council. Fifteen in-depth interviews were conducted with selected stakeholders regarding their concerns and views on the merits and disadvantages of introducing PPT to chemical shops and pharmacies in the context of the current STI situation. The research team visited ninety-three shops in the study sites and structured interviews were conducted with chemical sellers and people who sell on their behalf. The research team deployed 12 mystery patients to visit shops to provide information on the responses of drug shop attendants when confronted by young men with symptoms of urethral discharge. Preliminary analysis of the baseline survey indicated that knowledge of STIs among drug shop attendants was very high. Although 86 percent of respondents said men come to their shops seeking treatment for urethral discharge, only 20 percent admitted selling drugs to clients— most said they referred clients for diagnosis and treatment. However, data from simulated clients indicated that most were given drugs and only a few were given referrals. Drugs for treating urethral discharge have been purchased and packaged by the MOH for distribution and the training intervention will start shortly. Final results are expected in 2007.

### Partners

AED/SHARP project (USAID) HIV/AIDS bilateral project

Ghana National Chemical Sellers Association

Ghana Social Marketing Foundation Enterprises Limited

Health Research Unit and National AIDS Control Program of the Ministry of Health

Management Sciences for Health

Pharmacy Council

West Africa Project to Combat AIDS and STIs

## Reducing HIV risk behavior among key populations by strengthening programs through community involvement

**Hz ID:** 219

**Code:** Sub AI03.32A

**Effective dates:** 7/03 – 7/07 (Ongoing)

**Staff monitor:** R. Verma

**Fully loaded budget:** \$778,134 (Core)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Behavior/behavior change research

**Description:** An evaluation of specific components of an innovative HIV prevention intervention among key populations (KPs) in Andhra Pradesh, India.

**Study objectives:** To study how HIV prevention programs can build or enhance local community involvement among key populations such as female sex workers (FSWs), men who have sex with men (MSM), and clients of sex workers. Additionally, this study examines the potential effect such involvement can have on reducing HIV risk.

**Methodology:** Horizons has undertaken a nested study to qualitatively assess the program. In-depth interviews (64) and focus group discussions (32) are undertaken with FSWs and MSM in eight sites in Andhra Pradesh. Respondents are randomly selected with assistance from NGOs and key population informants from sites. Strict ethical procedures are followed. Transcripts are translated, transcribed, and entered into AtlasTi.

**Study significance:** Though still a relatively low HIV prevalence country—0.91% among the adult population—India is second only to South Africa in absolute numbers: in 2003, 5.1 million people were HIV-infected. There is growing recognition of the importance of focusing prevention efforts on the people most likely to be infected, to have the greatest impact on the epidemic. These populations are key not only in the sense that they are more vulnerable to infection and onward transmission, but also because without their mobilization, the epidemic will continue to grow. These populations include female sex workers (FSWs), men who have sex with men (MSM), and clients of sex workers.

**Progress to date:** Baseline data has been collected and analyzed. Qualitative findings at baseline suggest that FSWs and MSM face high levels of stigma, discrimination, and violence from clients. This leads, amongst other things, to the inability to negotiate safe sex. Peers and support groups work together to deal with violent clients but the effects are limited; street based female and male sex workers working alone report the worst experiences from clients. Families can be perpetrators of stigma, discrimination, and violence, but they can also be sources of support.

Data collection for the final evaluation is in progress.

### Partners

Administrative College of India  
Institute of Health System, Hyderabad  
International HIV/AIDS Alliance  
National Institute of Public Health

**From PPTCT to PPTCT Plus - A diagnostic operations research to inform the national initiative on improving access to treatment, care, and support for HIV-positive women and their families**

**Hz ID:** 285

**Code:** In-house #51785

**Effective dates:** 7/05 – 11/06 (Ongoing)

**Staff monitors:** V. Mahendra, A. Sarna, N. Rutenberg

**Fully loaded budget:** \$28,100 (Core)

**Study type:** Diagnostic

**Type of research:** Assessment and/or evaluation

**Research area:** Care and treatment

**Research category:** Introduction research

**Description:** An assessment of the implementation of the prevention of parent-to-child transmission (PPTCT) program in India by NGOs and the government to improve access to treatment and care and support for HIV-positive women and their families.

**Study objectives:** To understand HIV-positive pregnant and postpartum women's needs relating to HIV treatment, care and support, and access to and utilization of services, and to propose strategies to strengthen service delivery.

**Methodology:** HIV-positive pregnant and postpartum women (0-24 months post-delivery) from 10 PPTCT sites in three high prevalence states participated in 40 in-depth interviews and 268 structured interviews. Thirty service providers and program managers of PPTCT programs were also interviewed.

**Study significance:** The national PPTCT program has demonstrated that antenatal care is an effective entry point to HIV prevention for infants. PPTCT is also an entry point to HIV care and sexual and reproductive health (SRH) services for HIV-infected mothers, but to date there has not been an evaluation of whether it achieves this objective. This study will offer insights for strengthening the national PPTCT initiative to provide a continuum of care and support to HIV-positive women and their families. It will also provide insights into linking SRH and HIV prevention and treatment services.

**Progress to date:** All development and data collection are completed. Data analysis and report writing are underway. The data indicate that PPTCT services are provided effectively to women. A majority of the women reported they received HIV voluntary counseling and testing services during antenatal care (ANC). A large majority of women mentioned that their husbands were also tested for HIV per the advice of the PPTCT provider. About one-fifth mentioned that their husband was HIV-negative or that they did not know their status. A large majority of the women reported that they took medication to prevent HIV transmission to their child and that their baby also received the syrup after birth. When the postpartum women were asked about the infant feeding options they chose, over three-fourths mentioned replacement feeding.

However, ANC and PPTCT providers were not major sources of information for HIV treatment and care. Of the 19 women on ART, only two mentioned that their PPTCT provider referred them to the ARV facility. Of the 20 women with HIV-positive children, only half mentioned that their PPTCT provider referred them for ARV therapy.

Similarly, women reported unmet SRH needs. A significant proportion of women mentioned their pregnancy was unplanned. In addition, the vast majority of HIV-positive women (87 percent) reported they did not want more children, as they were worried about their children's future without them. Despite these intentions, only a little over half reported using family planning methods.

These data indicate that linkages between PPTCT programs, HIV care, and SRH services are weak. Failure to address the SRH needs of women and to connect them to HIV treatment and care is a shortcoming of the PPTCT programs.

Study results will be used to strengthen linkages between PPTCT and other services vital to HIV-positive women and their families.

**Partners**

Freedom Foundation

Social Awareness Service Organization (SASO)

UNICEF

UNIFEM

## Promoting gender equity to reduce HIV/AIDS vulnerabilities among young women and men in India

**Hz ID:** 287

**Code:** In-house #51787

**Effective dates:** 7/05 – 7/07 (Ongoing)

**Staff monitors:** R. Verma, J. Pulerwitz, V. Mahendra

**Fully loaded budget:** \$70,000 (Core)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction research

**Description:** Evaluation of an intervention aimed at promoting gender equity and reducing HIV/AIDS vulnerabilities among young men and young women in India.

**Study objectives:** The overall objective is to adapt (from a similar study in Brazil) and evaluate the impact of an intervention to reduce HIV/AIDS risk behavior among youth, via focusing on shifting harmful concepts of masculinity and promoting equitable gender norms among young men.

**Methodology:** The current study, building on a pilot experience, includes an evaluation of a group education intervention with 350 young men each in three separate communities in Mumbai, India (for a total of 1,050 young men). Also, a “lifestyle” social marketing campaign to reinforce the gender equity and HIV risk reduction messages on the community level is being developed, implemented, and evaluated in one of the intervention sites. The intervention study compares the impact of the group education alone with group education combined with the community-based social marketing campaign. It also includes a control group. Group education activities with about 500 young men are also being implemented and tested in a rural setting (in Uttar Pradesh). In a second phase of the study, similar group education intervention activities for young women, focused on gender equity and self-efficacy, are being adapted from activities in Brazil and tested.

**Study significance:** Unequal power dynamics and gender relations between men and women have been posited by various authors as important causes of HIV risk. Intervening at the level of social norms to impact the prevailing inequitable gender norms is therefore an important potential strategy for HIV risk reduction. As limited “skills-based” prevention programs—as opposed to general HIV awareness provision—are currently available for Indian youth in low-income communities, the intervention study combines both strategies: promoting gender equity, and risk reduction skill-development.

**Progress to date:** Baseline surveys among young men participating in the intervention programs have been completed both in Mumbai as well as in the rural areas of Uttar Pradesh. 750 young men in Mumbai have already completed group education sessions and have been surveyed for post-intervention changes. Data analysis is ongoing. A lifestyle social marketing campaign has been developed and implemented in Mumbai. Group education activities for 350 young men in Gorakhpur are currently in progress. The formative phase of the female component has been completed and group education modules are currently being finalized.

### Partners

CORO, Mumbai

DAUD Memorial Trust Gorakhpur

Institute PROMUNDO Brazil

International Institute for Population Sciences

MacArthur Foundation

MAMTA New Delhi

Sangath Society for Child Development and Family Guidance

SSL International

## Operations research around the introduction of antiretroviral therapy in the management of HIV-infected individuals in Mombasa, Kenya

**HZ ID:** 207

**Codes:** In-house #51767

**Effective dates:** 5/03 – 3/07 (Ongoing)

**Staff monitors:** A. Sarna, S. Kaai, S. Geibel, N. Rutenberg

**Fully loaded budget:** \$1,318,389 (Core: 952,389; Mission: 366,000)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Care and treatment

**Research category:** Introduction research

**Description:** This study examines whether a directly administered antiretroviral therapy (DAART) intervention is more effective in fostering adherence to antiretrovirals (ARVs) than standard follow-up.

### Study objectives:

- Determine whether a DAART strategy for the initial 24 weeks of highly active ARV therapy (HAART) will result in improved adherence when compared to self-administration and standard follow-up.
- Determine whether the DAART strategy will result in higher long-term adherence (at 48 and 72 weeks) among patients who begin self-administration of ARVs after cessation of the DAART intervention at 24 weeks, when compared to patients on self-administered treatment from the outset of treatment.

**Methodology:** This is a randomized controlled two-arm study conducted in Mombasa, Kenya. A total of 234 HIV-infected treatment naïve patients (DAART: 116 patients, non-DAART: 118 patients) were enrolled and all received an NNRTI-containing regimen. DAART patients received twice weekly-observed medication and adherence support for 24 weeks, followed by routine monthly follow-up. Non-DAART patients received standard monthly follow-up. Follow-up was carried out at three treatment sites and six DAART observation sites. Adherence was measured using clinic-based pill counts every month.

**Study significance:** A principal concern of ART programs is the ability of clients to maintain a high level of adherence. Adherence levels greater than 90-95% are required for successful treatment outcomes, which is challenging for both clients and health workers. After formative research, a modified directly observed treatment strategy called DAART was developed to promote and sustain adherence to HAART.

**Progress to date:** Twenty-four week data have been analyzed so far, and are presented here. Mean adherence from pill counts was significantly higher in the DAART group compared to the non-DAART group (96% vs. 90% respectively;  $p = 0.042$ ). A greater proportion of DAART clients achieved > 95% aggregate adherence over 24 weeks than non-DAART clients (92% vs. 80%;  $p = 0.012$ ). A significantly higher proportion of DAART patients were able to consistently achieve > 95% adherence each month for the first six months (67% vs. 27%;  $p < 0.001$ ). Although significant improvements were observed in both groups regarding CD4 counts, weight, depression (BDI), and perceived quality of life (HR-QOL 21), no significant differences were seen between groups at baseline or at six months follow-up. High levels of adherence to ART were observed overall for all patients during the first 24 weeks. However, a significantly higher proportion of patients exposed to DAART consistently achieved > 95% adherence compared to those receiving standard follow-up. This is especially important when considering treatment efficacy and emergence of resistant viral strains. Forty-eight week data are currently being analyzed and will provide further information on the longer-term benefits of the DAART strategy on sustained adherence behavior, and clinical and virological outcomes, including viral loads.

Products developed include an adherence training manual for trainers, which has been adapted by NASCOP for the National training program. It is being used widely in South Africa, Tanzania, and Zambia. The manual has been culturally adapted in northern Thailand and is being translated into Russian.

### Partners

Bomu Mkomani Clinic

Coast Provincial General Hospital

Family Health International

Government of Kenya

International Centre for Reproductive Health

Management Sciences for Health/Rational Pharmaceutical Management Plus

Port Reitz District Hospital

## Research to understand the sexual and reproductive health needs of men in Nairobi

**Hz ID:** 213

**Codes:** In-house #51766, Sub AI03.22A

**Effective dates:** 4/03 – 12/05 (Completed)

**Staff monitors:** S. Geibel, S. Kaai

**Fully loaded budget:** \$341,600 (Core)

**Study type:** Diagnostic

**Type of research:** Assessment and/or evaluation

**Research area:** Prevention

**Research category:** Behavior/behavior change research

**Description:** This diagnostic study, being conducted in partnership with the Institute for African Studies at the University of Nairobi, examines HIV risk behaviors among men who have sex with men (MSM) in Nairobi.

**Study objectives:** To understand the extent to which MSM are at risk of HIV and other sexually transmitted infections (STIs), identify factors associated with risk behaviors, and identify the health needs of MSM in order to develop appropriate interventions.

**Methodology:** The study uses a cross-sectional survey to elicit information about experiences of stigma and discrimination among MSM, their sexual practices, HIV/STI knowledge, use and perceptions of health services, and social networks. The study also includes in-depth interviews with MSM and service providers.

**Study significance:** Little is known about the sexual behaviors of MSM in Kenya, in part due to a high level of stigmatization of sex between men. There is a common public perception that not many MSM exist in the African setting, and that sex between men does not need to be prioritized as a public health concern. These issues prevent health programs from identifying and addressing HIV and STI prevention among this vulnerable population in Kenya.

**Progress to date:** The data have been collected and analyzed. A survey of 500 MSM in Nairobi identified through snowball sampling was conducted in a two-month period in 2004. In-depth interviews were also conducted with 57 MSM and 11 service providers, during which HIV/STI treatment issues were discussed. A results dissemination meeting was held in Kenya, and a final report was written and disseminated in late 2005. Qualitative findings revealed that MSM do not communicate their sexuality when receiving VCT or STI treatment. Nor do healthcare providers discuss sex between men with male clients. Survey results indicated that a majority of MSM used a condom at last anal sex (77 percent), and 57 percent have ever been tested for HIV. However, 79 percent reported having multiple male partners in the past year and 47 percent have ever had an STI symptom. Of respondents aware of lubrication use during penetrative sex (n = 475), only 26 percent correctly knew that a water-based lubricant should be used with latex condoms. In the past 12 months, 33 percent of respondents reported experiencing a stigmatizing/discriminatory incident, such as public humiliation, and 22 percent have experienced verbal, physical, or sexual violence. Of the 69 percent who reported ever having sex with a woman (n = 344), 20 percent reported having vaginal sex with a woman in the past month. When asked to describe their sexual identity, 23 percent reported they are bisexual.

Overall the results indicate that MSM require correct information about using water-based lubrication with latex condoms, and that stigma makes MSM vulnerable to discrimination and violence. A lack of communication between MSM and healthcare providers results in MSM not receiving appropriate and sensitive HIV/STI prevention information. Among the study recommendations are that healthcare workers should be trained to provide non-stigmatizing counseling and treatment to MSM who seek VCT and STI treatment. Because of their reliance on social networks, using MSM as peer educators to provide prevention information is also recommended.

### Partners

Institute of African Studies  
University of Nairobi

## School as a workplace: Addressing the prevention needs and psychosocial burden of HIV and AIDS among teachers in Kenya

**Hz ID:** 218

**Code:** In-house #51797

**Effective dates:** 1/06 – 7/07 (Ongoing)

**Staff monitors:** C. Mackenzie, K. Kiragu

**Fully loaded budget:** \$354,157 (Mission)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction

**Description:** An intervention study to test a teacher centered, HIV prevention and care workplace initiative that uses a peer education model. The workplace model will assist teachers who are infected and affected by the disease by helping them to identify and access treatment and care services.

**Study objectives:** To test a workplace peer education model for increasing teachers' knowledge of HIV and AIDS, reducing their risk behavior (e.g. multiple partners and unprotected sex), increasing the number of teachers who seek VCT, and reducing the psychosocial burden of HIV and AIDS.

**Methodology:** This study uses a quasi-experimental design with both intervention and delayed intervention groups. To evaluate the intervention, the study compares data from baseline and endline surveys of teachers. The study also includes focus groups discussions with teachers to inform the development of the intervention.

**Study significance:** Most school-based HIV interventions in sub-Saharan Africa rely on teachers to deliver prevention messages to children. Yet, very few HIV/AIDS programs, including those in Kenya, target teachers. This project is testing a workplace, peer education model of HIV prevention and care activities with teachers as the direct beneficiaries.

**Progress to date:** The baseline survey was conducted with 1,255 teachers from 120 randomly selected public schools—80 primary and 40 secondary. In addition, 24 focus group discussions were held with teachers to supplement the information from the quantitative survey. Baseline results suggested that workplace interventions are needed to address the HIV needs of teachers. Teachers have an appreciable psychosocial burden from HIV and AIDS, with a third having experienced the death of an immediate family member from the disease. Nearly two-thirds of teachers say they are concerned about being infected by HIV at work due to contact with body fluids, especially through contact with younger children. However, their awareness of post-exposure prophylaxis to prevent HIV infection is virtually nonexistent. Results also suggested that many teachers remain uninformed about significant aspects of HIV and AIDS. While generally empathetic toward children and adults infected with HIV, some teachers, especially those in primary schools, fear people living with HIV and more than 25 percent would not buy food from such a person or eat food prepared by one. Two-thirds of teachers feel they would be fired or discriminated against were they to reveal their HIV-positive status. Teachers are both disapproving and suspicious of condoms; four out of ten do not believe they prevent HIV transmission. Twelve percent of sexually active teachers report having had more than one partner in the year before the study. However, only 12 percent of these teachers used condoms “all the time” with these partners.

In early 2006, 123 teachers from the intervention districts (Thika and Kwale) were trained as peer educators. The training was based on a peer education life skills manual that was developed by UNICEF during the formative stages of the project. The purpose of the training was to equip the teachers (peer educators) with HIV prevention and care messages and to enable them to pass it onto their colleagues. During the peer education training, mobile voluntary counseling and testing was provided and 40 teachers tested for HIV for the first time, despite many fears. They were also provided with relevant behavior change communication materials and information corners have been set up in the intervention schools.

The intervention is currently ongoing and will be evaluated one year after becoming operational, in mid-2007. After analysis of the endline survey data, successful elements of the project will be replicated in the schools in the comparison districts (Kiambu and Kilifi).

### Partners

Kenya Institute of Education; Ministry of Education; Teachers Service Commission; UNICEF; University of Nairobi

## Beacon of light: mitigating HIV impact in Kenya by involving young Girl Guides and their parents

**Hz ID:** 262

**Code:** In-house #51778

**Effective dates:** 9/04 – 12/06 (Ongoing)

**Staff monitors:** K. Kiragu, T. Nelson

**Fully loaded budget:** \$272,712 (Mission)

**Study type:** Diagnostic

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction Research

**Description:** An operations research study to evaluate the effectiveness of using Girl Guides as HIV/AIDS peer educators for in-school youth. The Girl Guides program began in Kenya in 1920 and now has over 100,000 members in 2,850 schools.

**Study objectives:** To improve knowledge and skills related to HIV prevention and care among in-school Girl Guides and their peers.

**Methodology:** This study employs a two-arm, quasi-experimental design. In late 2004, baseline data were collected from 1,251 Girl Guides and 1,192 male and female peers at 57 primary schools. In the intervention schools, the Guide Leaders were trained to use an HIV prevention curriculum to train selected Girl Guides (Patrol Leaders) as peer educators who would in turn disseminate information to fellow Guides and schoolmates on a variety of topics, including HIV/AIDS and sexually transmitted infections. After 12 months of the intervention, data were collected from 1,275 Girl Guides and 1,282 male and female peers at 51 primary schools in both the intervention and control arms. Data were collected using an interviewer-assisted self-administered questionnaire. All respondents were aged 10-15 years.

**Study significance:** Young girls have the highest rates of new HIV infection in Africa. In Kenya, it is estimated that 50 percent of new HIV infections occur in young people aged 15 to 24 years. Although studies show that 13 percent of girls and 31 percent of boys have had sex before age 15, few prevention programs exist to help young people before age 15. Providing information and communication skills may help to delay the initiation of sexual activity and/or raise awareness of how to prevent infection. In response to this need, the Kenya Girl Guide Association (KGGA) and Family Health International (FHI)/Impact began a program in 1999 to train young Girl Guides as HIV peer educators in their schools.

**Progress to date:** Baseline and endline data have been collected. Preliminary findings on the evaluation of the program indicate that results varied widely across intervention sites. In general the intervention had a more positive impact on the Girl Guides' HIV-related knowledge, attitudes, and skills compared to their male and female peers. Exposure to the intervention among peers increased at endline, but many peers in intervention schools were unaware of the program. Designated Girl Guide HIV peer educators in the intervention schools were often not systematically oriented to crucial elements of the intervention (e.g., use of the "Talking Points" peer education manual). More intensive training and support of peer educators as well as more attention focused on the implementation of the intervention is needed to increase the Girl Guides' effectiveness among their peers. The results have been discussed with KGGA and a final report is forthcoming.

### Partners

FHI-IMPACT

Kenya Girl Guides Association

PATH

## A targeted evaluation of the effect of health facility stigma-reduction interventions on PMTCT provider attitudes and uptake of PMTCT services

**Hz ID:** 265

**Code:** In-house #51788

**Effective dates:** 7/05 – 12/06 (Ongoing)

**Staff monitors:** S. Kaai, N. Rutenberg

**Fully loaded budget:** \$106,550 (Mission)

**Study type:** Intervention

**Type of research:** Assessment and/or evaluation

**Research area:** HIV-related stigma and discrimination

**Research category:** Behavior/behavior change research

**Description:** This study evaluates whether stigma-reducing interventions change provider attitudes and increase demand and uptake of prevention of mother-to-child transmission (PMTCT) services in two provinces in Kenya with high HIV prevalence. The interventions comprise activities and educational seminars aimed at health personnel. The intervention is based on Engender Health's curriculum "Reducing Stigma and Discrimination Related to HIV and AIDS Training for Health Care Workers," with adaptations from the "PLHA-friendly Achievement Checklist" for hospitals developed by Horizons in India.

### Study objectives:

- Assess the effect of stigma reduction programs conducted with health workers on their attitudes and behaviors toward people living with HIV.
- Assess the impact of the health facility interventions on the uptake of PMTCT services.

**Methodology:** The study uses a pre-test, post-test, quasi-experimental design with an intervention arm and a control arm. The study sites include 42 health facilities with PMTCT services in two provinces in Kenya. The 42 sites were randomly divided into intervention and control arms. Interviews were conducted with a total of 146 PMTCT providers using a semi-structured questionnaire at baseline. In addition, 29 in-depth exit interviews were conducted with PMTCT clients to assess their perceptions of PMTCT services and providers. As part of intervention activities, 42 PMTCT providers from the 21 intervention facilities were trained by AMKENI on stigma-reduction. At follow up, 162 PMTCT providers from the intervention and control facilities were interviewed using a semi-structured questionnaire. Additionally, 29 in-depth interviews were conducted with PMTCT providers. Continuous monitoring of routine service statistics was done from July 2005 to May 2006.

**Study significance:** PMTCT services are rapidly expanding in Kenya, but uptake remains low at many sites. Challenges include human resources shortages, poor infrastructure (e.g., lack of space for confidential consultations), poor obstetric care and infection control practices, periodic shortages of HIV testing kits, and low utilization of PMTCT services due to stigma among health workers and the general population. This study is attempting to address this last challenge by evaluating whether stigma-reducing interventions can change provider attitudes and increase demand and uptake of PMTCT services. Programmatic implications of this study include: a) improved stigma reduction programming relevant for health worker training and supervision; and b) improved understanding of the scale of the problem of stigma including an assessment of its effects on the uptake of PMTCT services.

**Progress to date:** To decrease HIV-related stigmatizing attitudes and discriminatory practices among health care workers, the implementing agency, AMKENI, adapted and applied a Health Provider training curriculum. The intervention uses participatory training methodologies to modify health workers' attitudes while giving them practical knowledge and tools to both ensure client rights and meet their own needs for a safe work environment. Clinical and non-clinical PMTCT health staff from the intervention sites participated in a stigma-reduction training course. Prior to the start of the training and intervention, baseline questionnaires were administered to all PMTCT providers from the intervention arm. Baseline data was also collected from PMTCT providers from the control arm. Qualitative data was also collected at the same time. After eight months, follow-up quantitative and qualitative data were collected. Thereafter, the control arm sites received the same stigma-reduction training from AMKENI. Entry of survey data and transcription of in-depth interviews from both rounds are complete and data analysis has begun.

### Partners

AMKENI

Engender Health

## Community-based approaches to PMTCT

**Hz ID:** 266

**Effective dates:** 5/04 – 12/06 (Ongoing)

**Fully loaded budget:** \$249,605 (Mission)

**Type of research:** Development

**Research category:** Introduction research

**Codes:** In-house #51777, Sub AI04.34A, Sub AI04.35A

**Staff monitors:** C. Baek, S. Kaai, N. Rutenberg

**Study type:** Intervention

**Research area:** MTCT

**Description:** Operations research to determine the effectiveness and cost-effectiveness of community-based prevention of mother-to-child transmission (PMTCT) activities.

**Study objectives:** The objectives are three-fold: 1) to test and compare three community-based approaches to increase women's utilization of key PMTCT services; 2) document costs involved in each approach; and 3) analyze the extent to which women's psychosocial needs are met by each approach.

**Methodology:** The design includes three experimental arms: a mobile clinic, traditional birth attendants (TBAs) as PMTCT promoters, and peer counselors as PMTCT promoters, as well as a comparison area. The study also involves baseline and follow-up quantitative interviews of women < 10 weeks postpartum (n = 1800) to assess exposure to and impact of the intervention, and a review of service statistics and qualitative interviews with postpartum HIV-positive women.

**Study significance:** Evaluations of the introduction and rollout of PMTCT programs have found that it is feasible to integrate PMTCT services into the antenatal care/maternal and child health setting in low-resource countries. However, coverage is not optimal. A significant reason for the low uptake is a lack of demand by women for all the services that make up PMTCT programs. The medical recommendations made in PMTCT programs are often difficult for women to implement as they are overshadowed by community norms, values, and beliefs. Women's decisions to participate fully in a PMTCT program are influenced by the opinions of their partners as well as other family and community members, and by women's perceptions or fears of negative reactions by others. Additionally, some women may lack physical access to services. Community-based approaches to delivering PMTCT services may overcome these barriers by offering services that are more acceptable and physically accessible to the community and to pregnant women. In collaboration with the International Medical Corps, three community-based approaches were tested. The intent of the mobile services was to bring integrated antenatal services, including information on and referrals for PMTCT, to women in their communities. The TBA arm enhanced an existing and trusted service by adding PMTCT information and referral and providing an incentive for TBAs to bring their clients to the health center for delivery. The aim of the HIV-positive peer educator was to offer "mother-to-mother" information and support in order to reduce social barriers to accepting PMTCT services.

**Progress to date:** Study development and all data collection are completed. The analysis of impact data is currently ongoing. Preliminary findings show a significant increase in uptake of PMTCT services across all study arms and some positive changes in PMTCT behaviors among those who had contact with components of the intervention, but the coverage of the interventions was lower than anticipated.

### Partners

Center for Disease Control and Prevention

International Medical Corps

Steadman Research Services

**Comprehensive behavior change communication to promote the "ABCs": Abstinence, being faithful, and using condoms**

**Hz ID:** 273

**Code:** N/A

**Effective dates:** 1/05 – 5/06 (Completed)

**Staff monitors:** K. Kiragu, J. Pulerwitz

**Fully loaded budget:** \$30,210 (Core)

**Study type:** Intervention

**Type of research:** Assessment and/or evaluation

**Research area:** Prevention

**Research category:** Behavior/behavior change research

**Description:** Horizons and Family Health International/IMPACT are collaborating on a study that examines how adults and youth in two communities in Kenya understand and perceive ABC terms and behaviors for HIV prevention.

**Study objectives:** To examine how adults and youth in two communities in Kenya understand and perceive ABC terms and behaviors, as well as barriers to and facilitators of the behaviors.

**Methodology:** Questionnaires that included three open-ended questions on defining the ABCs were administered to over 500 adults working at flower farms and almost 1,400 in-school youth ages 13-19 years. Multiple focus group discussions were held with both groups.

**Study significance:** Although the “ABC” behaviors—being abstinent or delaying sex, being faithful to one sexual partner, and consistently using condoms—are widely accepted as key to reducing the sexual transmission of HIV, considerable debate surrounds how best to deliver messages about them, and how they are interpreted. This study examines how adults and youth in two communities in Kenya understand and perceive ABC terms and behaviors. Findings are being used to develop appropriate HIV prevention messages and activities.

**Progress to date:** Results indicate that both adults and in-school youth had heard of each of the ABC terms in the context of HIV prevention, but many were unable to define them correctly. Both groups best understood abstinence, while less than a quarter of respondents could correctly define being faithful, which was commonly confused with other concepts such as being loyal to a friend. Only 17 percent of flower farm workers and 13 percent of youth correctly defined consistent condom use, and a large proportion of youth offered negative opinions about the behavior instead of a definition. In fact, both groups had relatively negative opinions about condom use, while they had positive perceptions of abstinence and being faithful. Focus group discussions highlighted many barriers to the ABC behaviors, including forced and transactional sex and a perceived lack of ability to control sexual behavior, particularly on the part of men. Respondents indicated that they received confusing and conflicting information on sexual behavior and condom use, including that condoms are ineffective or regularly burst. They cited radio as their main source of information about HIV, but preferred interpersonal and interactive methods of receiving ABC messages.

Recommendations that emerged from the study include that HIV prevention programs incorporating ABC messages should clarify with locally appropriate and clear terminology what is meant by each of the ABC behaviors. To successfully implement a balanced ABC approach, negative perceptions about condoms should be addressed while building upon existing support for AB behaviors. ABC-related messages should be combined with other complementary activities, such as gender-based violence and poverty reduction, to address contextual barriers to implementing the behaviors. Programs should make sure to include interactive and interpersonal activities.

**Partners**

FHI/IMPACT

**HIV testing competence and practices among health workers in Kenya: A diagnostic study****Hz ID:** 275**Code:** N/A**Effective dates:** 9/04 – 12/06 (Ongoing)**Staff monitors:** K. Kiragu, S. Kaai**Fully loaded budget:** \$100,000 (CDC Purchase Order)**Study type:** Technical assistance**Type of research:** Assessment and/or evaluation**Research area:** Care and treatment**Research category:** Health policy/systems and health services research

**Description:** This national study examines the preparedness of health care workers (HCWs) in Kenya to conduct diagnostic HIV testing and counseling (DTC) in health care settings, as well as their HIV prevention and care needs. The study also documents HCWs' occupational HIV risk and personal risk-taking behavior, and the level of stigma toward persons with HIV or AIDS within clinical settings. The study is being implemented by NASCOP (National AIDS & STD Control Programme) of Kenya's Ministry of Health, with support from CDC and technical support from the Horizons Program.

**Study objectives:** To document HCWs' HIV testing and counseling practices, their own HIV testing behaviors and attitudes toward testing, their level of occupational exposure to HIV and their responses to exposure, their sexual risk behaviors, their attitudes and behaviors toward people living with HIV, and their personal HIV care and support burden.

**Methodology:** In May and June 2005, data were collected from 1,897 medical personnel (doctors, clinical officers, nurses, laboratory technicians, counselors, and social workers) working in 245 health facilities (public, faith-based, and private) in 28 districts of Kenya. Respondents were interviewed using a guided self-administered questionnaire. Twenty-four focus group discussions were also conducted with a sample of HCWs. Data were weighted to reflect the national distribution of health personnel. The 2004 KPSA sampling frame was used employing stratified proportionate sampling.

**Study significance:** Although HIV is a multisectoral crisis, Kenya's health care system is at the center of the response. Thus it is important that Kenya's health system be strengthened if it is to mount the kind of response necessary to halt and reverse the epidemic. The health care system is also at the heart of treatment and support for the millions who will need chronic AIDS treatment for years to come. The rollout of DTC by the Ministry of Health means that many HCWs now have to provide HIV testing and counseling at their facilities. This study documents their preparedness to undertake this task. It also examines other ways they are affected by HIV, both in their professional and personal lives.

**Progress to date:** The data have been collected and analyzed, and a final report has been written, which will be presented at a dissemination meeting in Kenya in November 2006. Among the key findings are:

- Half of HCWs interviewed conduct HIV counseling and/or testing and 72 percent of these received some training to do so.
- 66 percent of HCWs who conduct counseling and/or testing felt "highly competent" in recommending HIV testing to patients.
- Based on HCWs' views of themselves and of management, there was a favorable and supportive atmosphere to conduct DTC in all but 5 percent of facilities involved in the study.
- About two-thirds of HCWs have ever been tested for HIV.
- 93 percent of HCWs are "very concerned" about occupational HIV exposure and 17 percent were potentially exposed to HIV at least once in the past year.
- 49 percent have heard of PEP (post-exposure prophylaxis), but only a third know how to access and use it.
- Only 22 percent sought PEP after being potentially exposed to HIV. The main reasons for not seeking PEP were lack of information and limited access.
- 37 percent of HCWs have an immediate family member who is HIV-positive or has died of AIDS.

**Partners**

CDC

NASCOP

## KENYA

### Training Kenyan Scouts in HIV home caregiving

**Hz ID:** 277

**Effective dates:** 3/05 – 4/06 (Completed)

**Fully loaded budget:** \$146,763 (Mission)

**Type of research:** Development

**Research category:** Behavior/behavior change research

**Code:** In-house #51783

**Staff monitor:** K. Kiragu

**Study type:** Technical assistance

**Research area:** Care and treatment

**Description:** The Kenya Scout Association (KSA) works with 200,000 young men and women to develop leadership skills. The Horizons Program worked with KSA to develop a manual that can be used to train Scouts in home-based care for people living with HIV.

**Study objectives:** To assist the Kenya Scout Association to develop a caregiving manual to be used to train scouts in HIV home care.

**Methodology:** A consultant, working closely with KSA and Horizons, developed the home care manual. Opinions and input of various stakeholders (e.g., teachers, community leaders, and health workers) were sought regarding appropriate content of the curriculum. It is envisioned that the curriculum will be used by other organizations implementing youth-based home care interventions.

**Study significance:** Youth can play an important role in offering HIV care and support to affected members of their community. A study in Zambia demonstrated the important role that youth—both boys and girls—can play in providing some home-based care tasks, and helping to reduce the isolation and stigma experienced by people living with HIV or AIDS. This activity in Kenya builds upon the findings in Zambia.

**Progress to date:** The KSA manual has been developed, reviewed, and edited. Following approval by KSA management, the manual will be made available to local scouting groups and others who would like to integrate home-based care into their youth programs.

#### Partners

Family Health International  
Kenya Scout Association

## Kenya alcohol and VCT study: Phases I and II

**Hz ID:** 290

**Effective dates:** 9/05 – 7/07 (Ongoing)

**Fully loaded budget:** \$306,539 (Mission)

**Type of research:** Development

**Research category:** Introduction research

**Codes:** In-house #51791, Sub AI05.67A, Sub AI06.11A

**Staff monitors:** C. Mackenzie, K. Kiragu, W. Tun

**Study type:** Intervention

**Research area:** Prevention

**Description:** An intervention study that is assessing the feasibility, acceptability, and outcomes of integrating alcohol counseling into voluntary counseling and testing (VCT) service provision.

### Study objectives:

- Develop a profile of alcohol use among VCT clients.
- Explore the alcohol counseling needs of VCT clients.
- Determine the extent to which VCT providers ask clients about alcohol use.
- Determine whether there is an unmet need for alcohol counseling within VCT.
- Develop and test guidelines on how alcohol counseling can be integrated into VCT service provision.

**Methodology:** This study uses a quasi-experimental design with an intervention and delayed intervention group. A total of 1,073 VCT clients attending 15 static and five mobile VCT sites in eight districts in Kenya (Nairobi, Mombasa, Malindi, Nyandarua, Kiambu, Thika, Muranga, and Maragua) participated in exit interviews at baseline. To supplement the information from the survey, five focus group discussions (FGDs) were conducted with VCT counselors, four with customers at drinking places, and three with counselors at recovery sites. The intervention followed in September 2006. It entailed training 32 VCT counselors from seven intervention sites to screen clients for alcohol use, then offer counseling to those at risk and/or an appropriate referral. Relevant BCC materials were provided to sensitize clients on the link between alcohol and HIV risk. Using baseline-endline comparisons, the study will evaluate the effectiveness of this pilot project.

**Study significance:** Several studies have documented a link between alcohol use and high-risk sexual behavior. In Kenya, consumption of alcohol is a common and widely accepted mode of relaxation. With over 700 VCT centers now spread all over the country, VCT services are an important entry point for HIV prevention, care, and treatment services. During pre-test counseling, the client is given information on modes of transmission and HIV risk triggers. Anecdotal evidence suggests there is a lack of a formal structure to discuss alcohol use with VCT clients. Yet, VCT settings are ideal locations for discussion of alcohol abuse and its link to HIV because clients view VCT counselors as credible sources of information. Counselors have the potential to influence clients' risky behaviors such as those that might be precipitated by alcohol use.

**Progress to date:** Baseline data have been collected and analyzed. Results indicate there is a need for alcohol counseling to be incorporated more formally into VCT. A fifth (21 percent) of VCT clients surveyed are current drinkers of alcohol, with men more likely to be current drinkers than women (29 percent vs. 12 percent). Four times as many women than men have a partner who drinks (45 percent vs. 11 percent). During VCT service provision, about half (46 percent) of current drinkers were not asked about their alcohol use or told about its role as a risk trigger, indicating a missed opportunity for many. Most current drinkers (77 percent) reported that they would have liked to receive alcohol counseling from VCT providers. In the past year, male and female current drinkers are more likely than nondrinkers to have had sex and to have had more than one partner, but they are no more likely to have used condoms than nondrinkers. The results indicate that there is a need to: (1) provide more information/counseling for VCT clients, especially male clients and partners of female clients who drink; (2) encourage couple counseling so that partner alcohol use can be addressed; and (3) emphasize protection, especially among alcohol users. The intervention is currently ongoing in seven of the VCT sites. The follow-up study is scheduled for February 2007 in all of the study sites.

### Partners

Liverpool VCT and Care

Steadman Research Services

## Reducing HIV/STI risk and improving treatment for male sex workers in Mombasa, Kenya

**Hz ID:** 293

**Codes:** In-house #51796, Sub AI06.12A

**Effective dates:** 1/06 – 4/07 (Ongoing)

**Staff monitors:** S Geibel, E Williams, W Tun, C Mackenzie

**Fully loaded budget:** \$399,982 (Mission)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction research

**Description:** This study will implement (1) an intervention that will address male sex workers' (MSWs) reproductive and sexual health needs and promote behavior change among this population in Mombasa; and (2) operations research to test the effectiveness of the intervention. The intervention study will provide information on how best to meet the sexual health needs of MSWs within a highly stigmatizing and discriminatory environment.

### Study objectives:

- Assess feasibility and acceptability of a program to address the sexual and reproductive health needs of MSWs.
- Measure impact of program on sexual risk behavior and treatment-seeking behavior of MSWs.
- Measure impact of program on levels of perceived stigma by MSWs in healthcare settings.
- Increase the capacity and willingness of healthcare providers to offer appropriate and sensitive HIV/STI services to MSWs.
- Contribute to a better understanding of the context of male sex work in Kenya.

**Methodology:** Research activities include a cross-sectional pre-post survey of approximately 400 MSWs who have sex with men, as well as ten in-depth interviews and three focus groups with MSWs and health care workers. The intervention activities will be informed by the baseline results and will immediately follow. The study also includes an endline survey and qualitative data collection.

**Study significance:** Formative research by Horizons and the International Centre for Reproductive Health (ICRH) in 2002 found that male sex workers (MSWs) in Mombasa are at high risk of transmitting or becoming infected with HIV and other sexually transmitted infections. While programs have been implemented in Mombasa to address similar issues with female sex workers, no programs currently exist to address the sexual health concerns of MSWs who have sex with men. This is the first known intervention study to address these concerns among MSW in Kenya.

**Progress to date:** A capture-recapture enumeration and mapping of MSW in Mombasa was successfully conducted and completed in May 2006. The final estimate using the capture-recapture methodology was 739, and over 500 individual MSWs were contacted during the exercise, indicating that MSWs in Mombasa are not a negligible population. Final ethical clearance was obtained from the Kenyatta National Hospital Ethics and Research Committee for the behavioral survey and intervention on September 15, 2006. The baseline data collection is ongoing. Interventions are currently being planned, renovations of a drop-in center are almost complete, and peer education training will begin before the end of 2006.

### Partners

Institute of African Studies  
International Centre for Reproductive Health Kenya  
University of Nairobi

## Stigma reduction and community mobilization for HIV prevention via multi-media programs

**Hz ID:** 252

**Code:** In-house #51771

**Effective dates:** 5/03 – 12/06 (Ongoing)

**Staff monitors:** J. Pulerwitz, M. Ellsberg

**Fully loaded budget:** \$16,000 (Core)

**Study type:** Technical assistance

**Type of research:** Introduction

**Research area:** Prevention

**Research category:** Introduction research

**Description:** Evaluation of "Somos Diferentes, Somos Iguales" ("We are Different, We are Equal"), a national level communication strategy for social change to promote community development among young men and women and prevent HIV infection in Nicaragua.

**Study objectives:** To test the impact of the communication for social change strategy "Somos Diferentes, Somos Iguales," (SDSI) which fosters critical discussions about social and cultural issues that hinder HIV prevention among youth.

**Methodology:** Impact of a weekly national edutainment telenovela ("Sexto Sentido"), a daily call-in radio show, and community-based intervention activities was measured through a longitudinal and representative sample in three cities of Nicaragua with baseline, midterm, and endline surveys. At baseline (n = 4,567), male and female youth aged 13-24 years were surveyed with an over 70 percent response rate two years later at endline. In addition to quantitative data collection, in-depth interviews and focus group discussions were conducted with Sexto Sentido watchers and non-watchers, radio call-in show listeners, and local organization and media leaders.

**Study significance:** Social and cultural issues such as gender inequity, violence, and HIV-related stigma and discrimination hinder HIV/sexually transmitted infection (STI) prevention. A high proportion of youth ages 13-24 years in Nicaragua engage in HIV risk behaviors, and stigma against people with HIV or AIDS is widespread. While HIV prevalence in Nicaragua is low, neighboring countries do have significant HIV epidemics. Interventions are needed to reduce risk and inhibit a potential epidemic in Nicaragua.

**Progress to date:** Partners collaborated on an intervention study to test the impact of a communication for social change strategy. At baseline, 40 percent of those sexually experienced had an occasional partner in the previous six months, and only 31 percent consistently used condoms with their occasional partner. Approximately half of the youth reported that homosexuals and sex workers were to blame for HIV and that they would not be friends with someone living with HIV/AIDS. Three-fourths of respondents stated that a person with HIV/AIDS would be abandoned by their partner. At endline, exposure to SDSI activities was associated with better outcomes (p < .05) such as a decrease in stigmatizing and discriminating attitudes; more support for gender equity; and an increase in communication with others about HIV prevention and sexual behavior, in knowledge of available services, and in those who had ever taken an HIV test. When controlling for age, sex, religion, and education using logistic regression analyses, those who were exposed to the intervention were more likely to report a willingness to be friends with a person with HIV/AIDS (OR 2.0), to agree that a man never has the right to hit his wife (OR 1.4), and to have communicated with others about HIV in the past six months (OR 1.4). Overall, positive changes were greater among youth exposed to more activities. Final data analysis is ongoing.

### Partners

CIDS

PATH

Puntos de Encuentro

## PARAGUAY

### **Assessment of the risk factors for HIV infection in sex workers and MSM populations at the triple-border area in Ciudad del Este, Paraguay**

**Hz ID:** 289

**Code:** In-house #51799

**Effective dates:** 7/05 – 3/07 (Ongoing)

**Staff monitors:** J. Díaz, W. Tun

**Fully loaded budget:** \$249,624 (Mission)

**Study type:** Diagnostic

**Type of research:** Assessment and/or evaluation

**Research area:** Prevention

**Research category:** Behavior/behavior change research

**Description:** This study assesses HIV and syphilis prevalence and describes the contextual and behavioral factors influencing HIV-transmission among vulnerable populations in Ciudad del Este, Paraguay.

**Study objectives:** To estimate HIV and syphilis prevalence and determine sociodemographic, behavioral, and socioenvironmental factors associated with syphilis and HIV prevalence in men who have sex with men (MSM) and commercial sex workers (CSW) in Ciudad del Este, a city in southern Paraguay. To design operations research projects to test strategies and interventions to reduce the spread of HIV infection among these populations.

**Methodology:** This study uses a cross-sectional design. A sample of 400 MSM and 400 CSW are being recruited using the respondent-driven sampling (RDS) method. Data collection consists of computer assisted personal interviews and biological specimen collection (at the same time point). Tests results are disclosed to participants after seven days, following post-test counseling. Participants have access to the following services: screening for HIV and syphilis infection, referral for treatment for these infections according to the Paraguayan Ministry of Health guidelines, safer sex counseling, educational materials, and condoms.

**Study significance:** This is the first behavioral research study focused on MSM and CSW—both hard-to-reach vulnerable populations—in Ciudad del Este, the second largest city in Paraguay. Results will be used to define policies and programs for vulnerable populations.

**Progress to date:** Data collection began in June 2006 and is expected to end in December 2006. As of October 2006, a total of 289 participants were enrolled: 189 MSM and 100 CSW. There were no refusals. Almost all participants (97.3%) accepted HIV testing. Results are expected by mid-2007.

#### **Partners**

Center for Attention, Prevention, and Surveillance of boys, girls, and adolescents  
Ministry of Public Health and Welfare: National STI/HIV/AIDS Program  
Prevention Alto Paraná  
Program to Combat AIDS in Ciudad del Este

## Assessing the psychosocial benefits of a community-based home visitation program for orphans and vulnerable children (OVC) in Rwanda

**Hz ID:** 220

**Code:** Sub AI03.46A

**Effective dates:** 9/03 – 2/07 (Ongoing)

**Staff monitors:** L. Brown, K. Schenk

**Fully loaded budget:** \$657,196 (Core)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Children affected by HIV/AIDS (Orphans)

**Research category:** Introduction research

**Description:** A three-year operations research study to assess the effectiveness of a community-based adult mentorship program on the emotional well-being of youth heads of households and children in their households in Gikongoro, Rwanda. The research project is a partnership between World Vision Rwanda, World Vision DC, Tulane School of Public Health, the Rwandan School of Public Health, and Horizons.

### Study objectives:

- Develop, pilot, and refine a reliable and valid instrument to assess community-based psychosocial interventions.
- Assess the impact of an adult mentorship and home visitation program on improving the psychosocial wellbeing of youth heads of households. .
- Assess the impact of the intervention on their own well-being, stress, motivation, and retention.

**Methodology:** This study uses a quasi-experimental design that involves pre- and post-intervention interviews and focus group discussions with youth heads of households and adult mentors.

**Study significance:** Children in sub-Saharan Africa are especially vulnerable to the severe consequences of the HIV/AIDS pandemic; it is essential for programs to support communities in general and the caregivers of children in particular. One model of community-based psychosocial support is the mentorship model, which utilizes trained adult volunteers from the local community as mentors to OVC, especially those living without adult supervision (child-headed households). Mentors not only assist with provision of basic needs, but more importantly develop a stable and caring relationship with OVC through regular home visits that provide emotional and social support. Psychosocial support through this mentor relationship is intended to mitigate the consequences of disrupted caregiving structures and to provide a supportive environment for children's well-being. To date, evaluations of psychosocial support programs, and the development of measurement tools and indicators for evaluating these programs, remain in their infancy. Without rigorous evaluations, the merit of adult mentorship programs remains unknown, and we are limited in our ability to improve delivery of services through this model.

**Progress to date:** A panel of 886 households residing in four districts of Gikongoro and 175 mentors were interviewed at baseline. In the first year, two of the four districts receiving basic needs services from WVR received the adult mentorship program. All four districts will receive the adult mentorship program after the follow-up survey. Focus groups and baseline and follow-up surveys with the youth heads of household and mentors were conducted. Surveys include both standardized and culturally specific measures to assess the well-being of children in the household according to four domains: social connectedness, functioning in relevant roles, psychological health, and general health and well-being. Follow-up data collection (surveys with 608 youth and mentor surveys with 155 mentors) has also been completed. Baseline findings have been published in the journal *AIDS Care* in 2006.

The program trained 156 mentors, who after one year had made 17,725 visits to more than 400 youth-headed households. A half-day dissemination meeting was held with WVR staff to review M&E data, results from focus groups with youth and mentors, and frequencies from the mentor ratings provided by 271 participants. The meeting also generated recommendations for addressing key issues. A report detailing the impact of the mentorship program is being prepared for dissemination in early 2007.

### Partners

Rwandan School of Public Health

Tulane School of Public Health

World Vision/DC

World Vision/Rwanda

## SENEGAL

### Responding to the HIV/STI risks and health needs of men in Dakar, Senegal

**Hz ID:** 225

**Codes:** In-house #51765, Sub AI03.08A

**Effective dates:** 2/03 – 12/05 (Completed)

**Staff monitors:** P. Tapsoba, A. Moreau

**Fully loaded budget:** \$490,840 (Core)

**Study type:** Intervention

**Type of research:** Assessment and/or evaluation

**Research area:** Prevention

**Research category:** Introduction research

**Description:** A study to determine the impact of a three-pronged intervention designed to meet HIV prevention, care, and support needs of men who have sex with men (MSM).

**Study objectives:** To assess the impact of an intervention to reduce HIV/sexually transmitted infection (STI) risk among MSM.

**Methodology:** The study uses a pre- and post-test intervention design to assess the outcomes of an intervention targeted to MSM. Research activities include structured questionnaires administered to cross-sectional, snowball samples of 359 MSM at baseline and 382 at endline; qualitative interviews midway through the study with MSM and health providers to examine the provision of health services and constraints to the implementation of intervention activities; and six focus group discussions with MSM who participate in intervention activities and/or use health services set up by the project. The intervention consists of three components: 1) behavior change communication through peer educators to increase knowledge about HIV prevention, promote the use of condoms and water-based lubricants, and refer MSM to health services; 2) improved health services provision as a result of building an “MSM-friendly” health network for the diagnosis and treatment of STIs and HIV; and 3) media sensitization, which involves working with media representatives to reduce the stigmatization of MSM and educate the public about HIV.

**Study significance:** In Africa, the existence of MSM is often denied and homosexual behavior remains highly stigmatized. MSM in many countries are thus extremely vulnerable to STIs and HIV in the absence of prevention and treatment programs targeting MSM. Also, fear of disclosure impacts the health-seeking behavior of MSM. Based on findings from an earlier diagnostic study, several stakeholders developed and implemented an intervention to meet the psychosocial and health needs of Senegalese MSM.

**Progress to date:** The intervention was implemented from May 2003–April 2005. Comparison of baseline and endline data has been carried out and a draft report has been written and is being reviewed. During the intervention period, 1,260 MSM had clinical consultations with providers recruited by the project. Of these, 263 were voluntarily counseled and tested for HIV; 88 tested positive and received treatment that included antiretrovirals. Forty participants from 20 media groups participated in a media workshop, which was successful in opening dialogue between MSM and media representatives, and led to some positive news coverage of MSM. The project catalyzed the Senegal AIDS Council (CNLS) to include services for MSM as part of the 2007-2011 National Strategic Plan against AIDS. As a result, CNLS is currently supporting NGOs and CBOs working with MSM in the country through the World Bank and the Global Fund. A major challenge to the intervention was stigma, which hindered the recruitment and participation of health professionals in the network. Poor communication between implementation partners and insufficient monitoring of activities were other challenges. Further outreach and sensitization with health providers and the media is essential to overcome stigmatization of MSM.

#### Partners

Africa Consultants International

Alliance Nationale Contre le SIDA

Center for Ambulatory Care

Centre Régional “Paul Corréa” de Formation sur les MST et la SIDA (CERFORMS)

ENDA Santé

Family Health International

Ministry of Health & Prevention: STI/HIV/AIDS Division

Organisation Panafricaine de Lutte contre le SIDA au Senegal

Programme Nationale de Lutte Contre le SIDA (Senegal National AIDS Control Council)

Université Cheikh Anta Diop, Institut des Sciences de l'Environnement

## SOUTH AFRICA

### Involving young people in the care and support of orphans and vulnerable children in KwaZulu Natal, South Africa

**Hz ID:** 271

**Effective dates:** 3/05 – 3/07 (Ongoing)

**Fully loaded budget:** \$239,268 (Mission)

**Type of research:** Development

**Research category:** Behavior/behavior change research

**Codes:** In-house #51794, Sub AI05.12A

**Staff monitors:** T. Nelson, E. Esu-Williams

**Study type:** Intervention

**Research area:** Children affected by HIV/AIDS (Orphans)

**Description:** An intervention study in KwaZulu Natal, South Africa to determine the role that young people can play in the care and support of orphans and vulnerable children (OVC).

#### **Study objectives:**

- Evaluate the impact on OVC of HIV information, and care and support activities provided by trained young people within a school setting.
- Assess the impact on youth caregivers of being involved in the program.
- Determine the feasibility and appropriateness of the youth-led activities within a school setting for the care and support of vulnerable children.
- Explore in-school youth's perceptions of the ABC terms and behaviors.

**Methodology:** Quasi-experimental design with intervention and delayed intervention arms. Baseline qualitative data were collected via informal group discussions with approximately 160 stakeholders. Baseline quantitative data were collected from 98 young people prior to being trained as caregivers and 1,766 in-school youth from 17 primary schools. At endline, quantitative and qualitative data will be collected from the same groups as at baseline. As part of this research, a small nested study was conducted to explore youths' perceptions of the ABC terms and behaviors, which involved six focus group discussions with in-school youth and five with the potential caregivers.

**Study significance:** OVC are particularly affected by HIV, yet they may be unable to access traditional care and support programs and activities due to a number of factors, including limited resources. In South Africa, with its large numbers of OVC, communities and many individuals, including children themselves, are tasked with the provision of adequate care and support services for OVC. Innovative strategies are needed to increase the ability of communities and individuals to cope with the unique needs of OVC. One such innovative approach, being tested in this study, is to provide ongoing care and support to OVC in schools, which OVC can easily and freely access.

**Progress to date:** Baseline data collection, recruitment of caregivers, and the training of caregivers have been completed. The intervention has been implemented for approximately six months in all of the schools and is currently ongoing. Endline data collection is scheduled for October and November 2006.

Feedback provided by caregivers and program managers suggest that the activities they provide such as sports and recreation and tutoring are well liked and appreciated by the youth. Challenges to the program include limited support from teachers; limited resources for follow-up of OVC with special needs; lack of available transportation for caregiver, and the loss of volunteer caregivers to other organizations that offer monetary stipends and food parcels for similar work.

Data collection for the nested ABC study occurred in February/March of 2006. Findings have been presented in South Africa and a final publication is forthcoming.

#### **Partner**

The Valley Trust

## SOUTH AFRICA

### Exploring current practices in pediatric ARV roll-out and integration with early childhood programs in South Africa

**HZ ID:** 272

**Codes:** In-house #51789, Sub AI04.60A

**Effective dates:** 11/04 – 2/06 (Completed)

**Staff monitors:** L. Ndhlovu, N. Rutenberg

**Fully loaded budget:** \$190,944 (Mission)

**Study type:** Diagnostic

**Type of research:** Assessment and/or evaluation

**Research area:** Children affected by HIV/AIDS

**Research category:** Health policy/systems and health services research

**Description:** The study investigated the status of a rollout of antiretrovirals (ARVs) for children. Data were collected from 16 institutions and health facilities in five provinces in South Africa. In addition, a policy review of available documents was conducted.

**Study objectives:** Identify successful program strategies in pediatric HIV treatment in South Africa and determine key gaps to be addressed to improve programs providing HIV treatment to children.

**Methodology:** Fieldwork was conducted in 16 health facilities in five provinces that were already delivering antiretroviral therapy (ART) to children. At each health facility, semi-structured interviews were conducted, resulting in a total of 72 health care workers interviewed representing different cadres of service providers. Structured questionnaires were also administered to 126 caregivers of children.

**Study significance:** In the first few years of the ART program in South Africa, policies were formulated for adults and children, but service delivery for children lagged far behind. There was anecdotal information about the experiences of health providers and the challenges that they faced in delivering services to children, but empirical evidence was lacking. In response to this gap, this study was undertaken to provide systematic information about actual treatment of children in order to strengthen pediatric ART programs in South Africa and elsewhere. Data will play a significant role in expanding access to ART services for children.

**Progress to date:** The study has been completed and a final report has been produced, which has been greeted with much demand. Key findings indicate that entry points for children to access ART both at the community and health facility levels are very limited, with underutilization of referrals between service delivery points and different departments. Seventy-one percent of children were referred from community clinics, 21 percent from hospital in-patient departments, 6 percent from private doctors, and only 2 percent from the PMTCT program. Consequently, the majority of children (88 percent) began treatment when they were already either chronically ill or were hospitalized, thus indicating untimely referrals. Service providers at health facilities mentioned the need for a standardized, coordinated training program for management of pediatric HIV/AIDS. Pharmacists pointed out difficulties associated with changes in dosage as children grow older and the need to know how to avoid stigmatization associated with delivering ARV medicines to children. Results dissemination to service providers, program managers, and policymakers is ongoing. Results highlighted challenges at health facilities, which have led to recommendations for improving programs.

Based on the study's recommendations, follow-on research is being designed to test strategies to improve HIV treatment for children.

#### Partners

Baragwaneth Hospital

East London (CM)

McCord Hospital

Medecins Sans Frontieres - Lusikisiki, Khayelitsha

University of Cape Town

University of Free State

## SOUTH AFRICA

### Evaluation of The Mothers Program in KwaZulu Natal, South Africa

**Hz ID:** 284

**Code:** Sub AI05.36A

**Effective dates:** 7/05 – 6/07 (Ongoing)

**Staff monitors:** C. Baek, N. Rutenberg

**Fully loaded budget:** \$363,656 (Mission)

**Study type:** Intervention

**Type of research:** Development

**Research area:** MTCT

**Research category:** Introduction research

**Description:** This evaluation documents the effectiveness of The Mothers Program—a psychosocial peer support program in KwaZulu Natal, South Africa, whereby HIV-positive mothers provide support to others who have been recently diagnosed.

**Study objectives:** Assess the impact of The Mothers Program on women's utilization of key prevention of mother-to-child transmission (PMTCT) services and document HIV-positive pregnant and postpartum women's experiences with the program.

**Methodology:** The design of the evaluation is quasi-experimental, comparing changes in pre- and post-intervention measures of service utilization and program impact. Baseline data were collected from a cross-section of women receiving PMTCT services prior to the introduction of The Mothers Program and from a second cross-section of women receiving PMTCT services after The Mothers Program had been in place for six months in three sites in the Pietermaritzburg area. The evaluation will measure changes in program utilization by comparing service statistics before and after the introduction of The Mothers Program and will measure program impact by comparing the pre- and post-intervention groups as well as women who joined and women who declined to join The Mothers Program.

**Study significance:** Many women interpret a positive HIV test result as a death sentence with few options and little hope. The medical recommendations made in PMTCT programs are often difficult for women to implement as they are overshadowed by community norms, values, and beliefs. There are social costs to following provider's recommendations both while pregnant and after delivery. Moreover, it can be challenging for women to take medication during pregnancy and to follow the recommended infant feeding practice for HIV positive women—breast milk substitutes or exclusive breastfeeding and then early weaning—as neither are normative practices. Given these factors, adherence to medical recommendations and continued participation in PMTCT programs is frequently low. This results in a prevalence of pediatric HIV infection, which could be substantially reduced by improved utilization of PMTCT services and the follow-up of HIV-positive mothers and their infants. Adding psychosocial support to the basic PMTCT clinical services may increase uptake of PMTCT programs and further reduce mother-to-child transmission of HIV.

Nurses and counselors do not have sufficient time to spend with individual clients to provide education and much needed psychosocial support. Peer supporters thus fill in gaps that the medical health system does not have resources to cover. They meet with women regularly and provide consistent support to women to act on the medical recommendations they have received to reduce mother-to-child transmission. Once women deliver, peer support in the postpartum phase enables women to access and follow-up on the care and support they need both for their infant as well as themselves.

**Progress to date:** Developed baseline study instruments. Pre-tested baseline study instruments. Trained interviewers. Completed baseline data collection activities. Developed, pre-tested, and trained interviewers on post-intervention study instruments. Currently undertaking post-intervention data collection.

#### Partners

Elizabeth Glaser Pediatric AIDS Foundation  
Health Systems Trust  
The Mothers' Program

## SOUTH AFRICA

### Building FBO capacity to deliver mutual monogamy interventions to church members in the Eastern Cape of South Africa

**Hx ID:** 286

**Effective dates:** 2/06 – 6/07 (Ongoing)

**Fully loaded budget:** \$512,288 (Mission)

**Type of research:** Development

**Research category:** Introduction research

**Codes:** In-house #51798, Sub AI06.08A

**Staff monitors:** N. Sohaba, E. Esu-Williams, W. Tun

**Study type:** Intervention

**Research area:** Prevention

**Description:** The study seeks to develop and evaluate an faith-based organization (FBO)-based intervention package designed to promote HIV risk reduction and mutual monogamy among couples and church members in the Eastern Cape Province, South Africa. The capacity of service providers and program managers of the FBOs and church leaders and volunteers from five churches is being developed to deliver mutual monogamy and other related services to church members, including youth and couples.

**Study objectives:** Assess the feasibility, acceptability, and sustainability of an HIV prevention intervention promoting mutual monogamy. Determine changes in acceptance, attitudes, perceptions, beliefs, and practices around mutual monogamy among couples and church members exposed to the mutual monogamy intervention. Build the capacity of FBO service providers, program managers, and church leaders to deliver mutual monogamy-related messages and services.

**Methodology:** Conduct formative research to guide development of the intervention. Develop the mutual monogamy curriculum and intervention package. Pre-test, implement, and evaluate the intervention package. Document and disseminate program lessons and research results.

**Study significance:** FBOs are key potential partners in implementing HIV prevention activities, particularly concerning the promotion of mutual monogamy. This new and innovative program will reach over 200 couples and about 10,000 church members in the Eastern Cape. The resources produced and program lessons learned will be used to replicate the program in other provinces through the South African Council of Churches.

#### **Progress to date:**

- Assessment of church profiles, membership, and on-going HIV and AIDS activities.
- Formative research to understand contextual issues, including barriers and challenges to mutual monogamy.
- Development of a mutual monogamy curriculum: “One Marriage, One Partner: A Faith-based Curriculum for Promoting Healthy Marriages,” as well as themes to be included in FBO and church leaders’ sermons.

Based on the curriculum, the following activities have been conducted:

- Training for 48 church and FBO leaders on mutual monogamy.
- Training for 35 informal counselors from five churches.
- An orientation workshop on mutual monogamy for 20 couple “leaders.”
- Sensitization sermons and mutual monogamy messaging in the five churches.
- Inter-denominational HIV/AIDS awareness march involving ca.100 leaders with a focus on mutual monogamy, organized by the Butterworth HIV/AIDS Ministry.
- 131 couples recruited for the program.
- A counseling center established in Butterworth to provide services, including VCT referral.

Data collection is forthcoming to assess successes and challenges as well as program impact.

#### **Partners**

Alice Hospice

Butterworth Local Council of Churches HIV/AIDS Ministry

Development Research Africa

Eastern Cape Provincial Council of Churches

South African Council of Churches

## SOUTH AFRICA

### **A community-based intervention program to address the needs of elderly caregivers in the Eastern Cape Province of South Africa**

**Hz ID:** 291

**Code:** Sub AI06.10A

**Effective dates:** 3/06 – 2/07 (Ongoing)

**Staff monitors:** E. Esu-Williams, K. Schenk

**Fully loaded budget:** \$157,022 (Mission)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Children affected by HIV/AIDS

**Research category:** Introduction

**Description:** An intervention study that examines the challenges faced by elderly caregivers and uses this information to develop and test interventions that increase the ability of the elderly to cope as caregivers for family members living with HIV and for orphans and vulnerable children (OVC).

**Study objectives:** To build the capacity of the elderly to provide care to OVC and people living with HIV, to help meet elderly caregivers' physical and psychosocial needs, to facilitate intergenerational communication between the elderly and their dependents, and to disseminate information to the elderly on existing social support services.

**Methodology:** The study uses a quasi-experimental, pre-and post-test design. Approximately 400 elderly caregivers, aged 60 years and older, who take care of people living with HIV and/or OVC and belong to Age-in-Action-supported clubs, are enrolled in the study; half in the intervention arm and half in the comparison arm. Elderly caregivers in the intervention arm belong to seven Age-in Action clubs in Kwanobuhle; in the comparison arm, the caregivers belong to five clubs in Langa and Khayelitsha. Both groups receive regular Age-in-Action services, while the intervention group receives an enhanced intervention package. To assess the success of the care and support intervention, the study compares quantitative and qualitative data collected before and after the intervention.

**Study significance:** As a result of increasing illness and death among young parents in Africa, the elderly have assumed key care responsibilities for their children, grandchildren, and other dependents. Little information is available on the burden of care they carry, the challenges they experience, and how they are coping. Meeting the needs of elderly caregivers is a priority for home and community-based care and OVC programs. Interventions need to address both service-related and structural issues. Interventions to increase access to community care and psychosocial support for the elderly, and to develop their capacity to communicate more effectively with the different generations of dependents in their household are needed. This study will build the capacity of elderly caregivers to deliver services more effectively, utilize existing community resources and support, and help them cope with their own psychosocial concerns.

**Progress to date:** Partnerships with key stakeholders and Age-in-Action groups have been developed. Ten Age-in-Action community health workers and eight new staff members have been recruited and trained to implement the intervention. Materials and resources have been developed, pre-tested, and used to train 200 elderly caregivers in the intervention sites. Four hundred caregivers (200 in the intervention and 200 in the comparison sites) were surveyed to establish baseline indicators for the study evaluation. Follow-up data collection will occur in 2007.

#### **Partners**

Age-in-Action

Medical Research Council

## SOUTH AFRICA

### Integrating AB into the Life Skills Program in Mpumalanga Province, South Africa: Phases I and II

**Hz ID:** 292

**Code:** In-house #51795

**Effective dates:** 7/06 – 4/07 (Ongoing)

**Staff monitors:** N. Sohaba, E. Esu-Williams, T. Nelson

**Fully loaded budget:** \$352,828 (Mission)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction research

**Description:** This is a two-phase study exploring the feasibility and impact of integrating AB(abstinence, be faithful)-related activities and messages into the life skills curriculum for learners (ages 10-14) in grades 6 and 7 in the Mpumalanga Province, South Africa. In Phase I the module will be piloted; Phase II is the intervention phase.

**Study objectives:** The main aim of this study is to strengthen and evaluate HIV prevention activities in primary schools in Mpumalanga. This includes development of AB interventions and messages as part of an integrated life skills education, enabling the delivery of a balanced ABC program for young learners. Objectives for Phase I include developing and piloting an AB module to supplement the existing HIV/AIDS Life Skills curriculum; assessing the feasibility and acceptability of incorporating an AB module into the existing Life Skills curriculum; strengthening the capacity of teachers to implement and deliver an AB module in conjunction with the existing Life Orientation curriculum; and promoting community buy-in and participation to implement prevention activities for young learners. Objectives for Phase II are to increase in-school learners' ability to correctly define the behaviors associated with A and B; to increase the self-efficacy and motivation of in-school learners to engage in A and B behaviors and their ability to communicate about these behaviors with peers, partners, parents, and teachers; and to provide learners with the ability to assess sexual risk (and seek the necessary support if engaging in high risk sexual behavior). An additional objective for Phase II is to improve teachers' ability to communicate with learners around A and B issues and themes.

**Methodology:** Phase I includes formative research for intervention development as well as an intervention pilot. The pilot intervention is being implemented over an 8-week period in three Mpumalanga schools. In-school learners in grades 6 and 7 (840 in total), ages 10-14, will be targeted. The pilot study is a pre-post design that includes a baseline and endline questionnaire, focus group discussions, and individual interviews. The focus groups will examine both teachers' and learners' experiences with implementing the module. Phase II is a larger intervention evaluation. The research design for Phase II includes a quasi-experimental pre-post design with both intervention and delayed intervention schools. A series of qualitative focus groups and interviews are part of the Phase II design. The Mpumalanga Department of Education and Horizons are working together on site selection. Approximately 2,240 in-school learners aged 10-14 will participate in the evaluation.

**Study significance:** The Life Skills program in South African schools is an important source of information on HIV and AIDS for in-school youth. Previous Horizons research identified gaps in the Life Skills Curricula in South Africa around abstinence and faithfulness messaging. Historically, Life Skills curricula focused heavily on C (condom) messaging, with less information being provided on AB (delaying sex, abstinence and being faithful, mutual monogamy). Integrating a module focused on AB can supplement existing Life Skills curricula in South African schools. This module will provide in-school learners with more balanced ABC messaging and provide teachers and schools with a more comprehensive HIV risk reduction strategy for behavior change.

**Progress to date:** The formative research for Phase I, which included a series of planning meetings with funders, community members, local government representatives, school representatives, teachers, learners, and other stakeholders, has been completed and the AB module has been developed. Horizons is currently awaiting local IRB approval in order to begin data collection for the pilot.

#### Partners

Mpumalanga Department of Education

## SOUTH AFRICA

### Different models of delivering antiretroviral therapy (ART) and integration of ART with TB services in South Africa: A situation analysis

**Hz ID:** 298

**Code:** In-house #51803

**Effective dates:** 7/06 – 12/06 (Ongoing)

**Staff monitors:** L. Ndhlovu, T. Maphanga, N. Rutenberg

**Fully loaded budget:** \$148,736 (Mission)

**Study type:** Diagnostic

**Type of research:** Assessment and/or evaluation

**Research area:** Care and treatment

**Research category:** Health policy/systems and health services research

**Description:** This is an evaluation study that seeks to provide information about different models of care and key success measures of antiretroviral (ARV) and tuberculosis (TB) service integration. Information will be gathered from service providers and patients at health facilities delivering ART and TB treatment and care services.

#### **Study objectives:**

- Articulate or identify key output and outcome indicators of ARV and TB service provision, based on existing national, PEPFAR, and international indicators.
- Document inputs (financial and human resources), processes, outputs, and outcomes (e.g., quality, equity) in facilities offering ARVs that have been selected for the study.
- For those sites that have higher levels of the indicators, document the inputs and processes present at the sites and those that are absent in the other sites.
- Document which of the service delivery models (e.g., government with private, government alone) have the inputs and processes that lead to successful delivery.
- Describe and document how TB and HIV services have been integrated at different sites.

**Methodology:** Ten facilities that deliver ARVs and the associated TB facilities that serve as referral for TB services were selected. At each of the facilities, in-depth interviews will be conducted with facility managers and key service providers. A quantitative survey with patients will also be conducted with consenting clients, with ten people living with HIV or TB treatment interviewed per facility.

**Study significance:** The study will identify different models of service delivery for ARV and ARV/TB integration. While it is clear that institutions deliver ARV services in different environments and circumstances, this has never been systematically studied and documented. This study will provide a basis for identifying some elements that seem to be associated with better functionality of ARV programs.

**Progress to date:** Ten out of 17 PEPFAR-supported institutions were selected for the study. Data have been collected from three ARV sites and one TB site. Progress has been slow mainly because of the need to obtain Government approval to visit government facilities.

#### **Partners**

AIDS Care Training and Support

Baragwaneth Hospital

Dioceses of Rustenberg

National Health Department

Perinatal Health Research Unit

Provincial Health Departments: Gauteng, KwaZulu Natal, Limpopo, Mpumalanga, and North West  
Right to Care

## Repositioning postnatal care in a high HIV prevalence environment: Operations research in Swaziland

**Hz ID:** 294

**Codes:** Sub AI06.02A

**Effective dates:** 1/06 – 5/07 (Ongoing)

**Staff monitors:** C. Warren, C. Baek

**Fully loaded budget:** \$167,969 (Core)

**Study type:** Intervention

**Stage of research:** Assessment and/or evaluation

**Research area:** MTCT

**Research category:** Health policy/systems and health services research

**Description:** Operations research to test whether a change in the National Guidelines for postnatal care strengthens postnatal care attendance and follow-up of mothers and infants.

### Study objectives:

- Determine why postnatal care is underutilized within maternal and child health (MCH) services.
- Document the types of service delivery modifications required to:
  - › Improve care and follow-up of all postnatal women and their newborns.
  - › Improve care and follow-up of HIV-positive women and their infants.
  - › Improve referrals and linkages to HIV care and treatment services.
  - › Improve and sustain the continuum of care of all postnatal women (linking to well-child care and family planning; keeping HIV-negative mothers negative and HIV-positive mothers healthy).
- Measure the effect of changing the post-natal care policy guidelines on the quality of postnatal care and the utilization of postnatal services by all women.
- Increase the use of HIV care and support services by HIV-positive women and their infants.

**Methodology:** The research comprises a quasi-experiment to evaluate the effectiveness of the new postnatal service guidelines in four facilities providing delivery and/or MCH services. Baseline data were collected from 54 health care providers, 356 postnatal clients with an infant 0–10 weeks old, 160 observations of provider–client interaction at antenatal and postnatal visits, and 148 client flow checks. Record reviews include in-patient notes for normal delivery (61), caesarean section (40), and a facility inventory, including service statistics. The intervention is currently being implemented; the study will finish with an endline evaluation in March 2007.

**Study significance:** Since June 2004, comprehensive PMTCT services have been integrated into an MCH care package at selected sites in Swaziland. Antenatal attendance is about 96 percent; 74 percent of women deliver in health facilities. This coverage allows many women to access PMTCT services during the antenatal period. However, one of the main challenges identified for PMTCT programs is follow-up of mothers and infants after delivery. The postnatal period from birth to six weeks is critical for ensuring the health of the mother and infant, and more comprehensive follow-up will assist in ensuring that mothers and their infants are healthy and thriving. A postnatal visit can address the specific care needs of an HIV-positive mother as well as her newborn, and include referrals between clinics or to hospitals, which are currently nonexistent. The Ministry of Health and Social Welfare (MOHSW) wishes to explore changing the policy of when postnatal visit(s) should occur. The operations research will collect the pertinent data needed to re-orient the postnatal visit, document the implementation of a revitalized postnatal service, assess the impact of these changes, and inform reproductive health programming with regard to HIV and AIDS.

**Progress to date:** Horizons designed the data collection tools and the Central Statistics Office in Swaziland carried out data collection, data cleaning, and data entry for the baseline. Interviews were held with providers and clients to understand their knowledge and practice about maternal and newborn health and postnatal care issues. Provider–client interactions were observed in both antenatal and postnatal counseling, and client records were reviewed. Baseline data analysis is complete and preliminary findings were shared with the MOHSW and partners in Swaziland. BASICS is currently implementing the intervention.

### Partners

Basic Support for Institutionalizing Child Survival (BASICS); Central Statistical Office; Elizabeth Glaser Pediatric AIDS Foundation; Linkages Project; Ministry of Health and Social Welfare; USAID/Regional HIV/AIDS Program.

## TANZANIA

### Reducing HIV risk through violence prevention with young men in Tanzania

**Hz ID:** 204

**Codes:** Sub AI03.09A, Sub AI03.10A

**Effective dates:** 4/03 – 1/07 (Ongoing)

**Staff monitors:** E. Weiss, S. Maman

**Fully loaded budget:** \$567,134 (Core)

**Study type:** Intervention

**Type of research:** Development

**Research area:** Prevention

**Research category:** Introduction

**Description:** An intervention study to determine the impact of the *Tuelemishane* (Let's Educate Each Other) Project, which uses a combination of community theater and peer support groups to change norms and behaviors related to HIV risk and violence among young men in Dar es Salaam, Tanzania.

**Study objectives:** To reduce HIV risk and reported use of violence among young men, using a combination of peer support and community theatre.

**Methodology:** The formative research phase consists of focus groups and in-depth interviews with young men and young women. To evaluate the intervention, the study uses a matched untreated control group design with pre- and post-intervention measures. Young men in the intervention and control groups are interviewed at baseline and at two months post-intervention. In addition, the female partners of 40 men in the intervention group are interviewed at endline.

**Study significance:** Men's control over the terms and conditions of their sexual relationships and intimate partner violence are emerging as important factors fueling the HIV epidemic among young women. The ways in which gendered power dynamics play out in adolescent relationships have not been well described, particularly from the perspective of young men. To address the overlapping epidemics of HIV and violence, an intervention for young men aged 16-24 years living in Dar es Salaam was designed and evaluated.

**Progress to date:** Baseline data were collected and analyzed and used to develop the intervention activities. Men living in the intervention community were enrolled in peer support groups that met monthly for a period of 12 months. Theater performances were conducted in community venues where young men spend time. The performances reinforced messages about fidelity, respect, love, and healthy conflict resolution that were raised in the peer support groups. Implementation of the intervention ended in January 2006. The research team is currently collecting post-intervention data from a cohort of about 950 men from the intervention and control communities.

Implementation lessons learned include the following: 1) partnering with an NGO with a long history of peer support was critical in launching the intervention. Young people who led the peer groups were motivated and had a basic level of training that could be built upon. However, the project underestimated the amount of time and resources needed to develop their skills to address the complexity of the intervention topics. 2) The rich tradition of community theatre in Tanzania helped draw large crowds to watch the performances and to engage them in discussions afterwards. 3) Recruiting men based on residence for the peer groups was not a reliable way to keep them enrolled. Young men often change residence based on employment opportunities. Reaching men in social meeting places may be a more sustainable way to engage them in behavioral interventions. 4) Attitudes and behaviors that promote HIV risk and partner violence were already well established in many men interviewed at baseline. Therefore, younger men should be targeted as well. 5) Men like to be entertained and enjoyed the community theatre performances. Efforts to reach men need to incorporate creative and entertaining ways to keep them engaged.

Quantitative and qualitative findings on the impact of the intervention will be available in early 2007.

#### Partners

JHU School of Public Health

Muhimbili College of Health Sciences

University of Dar es Salaam Drama Department

## TANZANIA

### Refinement of HIV stigma indicators and evaluation of a stigma reduction intervention in Tanzania

**Hz ID:** 259

**Codes:** Sub AI05.68A, Sub AI05.69A

**Effective dates:** 12/05 – 12/06 (Ongoing)

**Staff monitors:** J. Pulerwitz, L. Brown

**Fully loaded budget:** \$243,350 (Core)

**Study type:** Diagnostic

**Type of research:** Development

**Research area:** HIV-related stigma and discrimination

**Research category:** Behavior/behavior change research

**Description:** Further field-testing of quantitative measures for HIV-related stigma and discrimination, and an evaluation of a community-based intervention to reduce HIV-related stigma in Tanzania.

**Study objectives:** To test the impact of an intervention to reduce HIV-related stigma and discrimination and to refine quantitative measures for stigma.

**Methodology:** Surveys with more than 800 community members, qualitative interviews, and focus groups are being conducted after the intervention. Results are compared to previously collected baseline surveys.

**Study significance:** Findings will provide lessons on how best to confront HIV-related stigma and discrimination on the community level, as well as how best to quantitatively measure this complex concept.

**Progress to date:** Data have been collected, and are currently being entered and compiled for analysis.

#### Partners

International Center for Research on Women (ICRW)

Kimara Peer Educators and Health Promoters Trust Fund

Muhimbili University (MUCHS)

Tulane University

## THAILAND

### Reducing dropouts, increasing adherence rates among PLHA on highly active antiretroviral therapy in northern Thailand

**Hx ID:** 237

**Effective dates:** 11/03-12/06 (Ongoing)

**Fully loaded budget:** \$1,176,512 (Core)

**Type of research:** Development

**Research category:** Introduction research

**Codes:** In-house #51774, Sub AI03.60A, Sub AI03.61A

**Staff monitor:** P. Guest, A. Sarna

**Study type:** Intervention

**Research area:** Care and treatment

**Description:** This study develops and evaluates different models of maintaining high levels of adherence to highly active antiretroviral therapy (HAART). It also examines sexual risk behavior, health seeking behavior, health outcomes, and stigma and discrimination among clients accessing antiretroviral treatment (ART) services.

**Study objectives:** Evaluate the use of practical guidelines for promoting ART adherence and a clinic-based counseling intervention with and without a peer-based component to reduce dropouts and promote short and long-term ART adherence.

**Methodology:** An adherence counseling module; a peer education, counseling, and support module; and training of providers and tool kits to promote adherence to HIV treatment were developed for the study. The study utilizes a cluster randomized trial design with 45 hospitals in four northern provinces in Thailand randomly allocated to three study arms. Arm I includes the practical guidelines and the adherence counseling program. Arm II is the same as Arm I, but with a peer-based intervention added. Arm III is the comparison arm and includes hospitals where patients in the ART program receive the standard care package. A total of 753 HIV-positive people were recruited into the study and were followed for a period of 12 months to determine the extent to which they adhere to ART. Study subjects were interviewed at baseline, four months, and 12 months.

**Study significance:** HAART is associated with a significant reduction in AIDS-related morbidity and mortality, but 95 percent adherence is required for maximum effectiveness. However, maintaining this goal is challenging due to pill burden, side effects, the complexity of drug administration, and the lifelong need to take the medication. There is a lack of research about adherence in resource-poor settings and evidence of interventions that improve adherence. In Thailand, as the availability of HAART becomes widespread, maintaining adherence has become an important issue.

**Progress to date:** Data collection is complete, and data are currently being analyzed. Results so far are positive. The mean CD4 count for all study participants increased from 76.7 at the start of the study to 273.9 after 12 months. The percent out of the labor force decreased from 27 to 9 percent and mean monthly income increased by 30 percent. Hospitalization rates were reduced three-fold. There were high levels of reported adherence to ART; at 12 months, approximately 98 percent of patients enrolled had taken their medication correctly over 95 percent of the time in the previous month. With such high levels of reported adherence there were no statistically significant differences in adherence among those who did and did not receive the interventions. However, the results suggest that, when compared to the standard program, counseling and peer education interventions do result in greater satisfaction with health care providers, a higher level of confidence in the use of ART, and a large improvement in the mental and physical quality of life. A variety of tools were developed for the study, which have been widely adopted by the Ministry of Public Health and support groups for HIV-positive people.

#### Partners

Department of Psychiatry (Chiang Mai University)

Ministry of Public Health:

AIDS Division

AIDS, TB and STD Bureau

Center for Disease Prevention and Control, Region 10

Research Institute for Health Sciences (Chiang Mai University)

The Northern NGOs Coalition on AIDS

The Upper Northern Thai PLHA Network

## Improving food security of AIDS-affected households in Uganda

**Hz ID:** 239

**Effective dates:** 7/03 – 12/06 (Ongoing)

**Fully loaded budget:** \$729,673 (Core)

**Type of research:** Development

**Research category:** Introduction research

**Codes:** Sub AI03.33A, Sub AI03.41A

**Staff monitors:** K. Kiragu, E. Weiss, J. Ogden, L. Nyblade

**Study type:** Intervention

**Research area:** PLHA

**Description:** Horizons and the International Center for Research on Women (ICRW) are collaborating with the national Agricultural Organization (NARO) and The AIDS Support Organization (TASO) to develop and test strategies that link knowledge and technologies from different sectors (e.g., HIV/AIDS, agriculture, nutrition) in order to improve the ability of vulnerable individuals to consume a sufficient quantity and quality of food to meet their daily needs.

**Study objectives:** To improve the food security of vulnerable households through community-based interventions that are implemented as a result of increased collaboration between HIV/AIDS, agriculture, and nutrition specialists.

**Methodology:** Case studies on the process and outcomes of developing and sustaining partnerships between the different sectors and of the resulting interventions to improve food security among vulnerable households. Specific research activities include interviews with individuals involved in the partnership process (e.g., HIV/AIDS, agriculture, and nutrition specialists; farmers groups; community members) at different points during the study period.

**Study significance:** In most of sub-Saharan Africa, the AIDS epidemic is crippling the livelihood systems of households, particularly in rural communities, where nearly 85 percent of the population lives. The long-term effects of the epidemic have eroded the ability of households to produce food and other agricultural products, generate income, and care for and feed family members. Therefore, interventions to improve food security are urgently needed.

**Progress to date:** A project management team in Tororo District, known as the Partners for Food Security (PAFOSE) District Management Team has been organized. The team comprises individuals from TASO Tororo, NARO's Livestock Research Institute (LIRI), The Nutrition Unit of the Tororo Hospital, and the Agricultural Production and Community Development Units of the Tororo District Governments. They developed and implemented participatory workshops on building inter-sectoral partnerships for collaborative problem solving for improving food security and nutrition among HIV-affected households and communities. Participants included TASO community volunteers and members of post-test clubs; community development agents and health workers; and agricultural extension agents. The PAFOSE District Management Team has worked with 30 farmers' groups in three sub-districts to help members understand linkages between HIV/AIDS, nutrition, gender, agriculture and food production practices, and food security, and to develop and implement gender sensitive interventions to improve the nutrition and food security of HIV/AIDS affected households. Data have been collected from the PAFOSE team, other specialists, farmers groups, and affected communities, and are currently being analyzed. A final report will be produced in 2007.

### Partners

International Center for Research on Women  
National Agricultural Research Organization  
The AIDS Support Organization

## Building evaluation capacity among the staff of The Straight Talk program

**Hz ID:** 274

**Code:** In-house #51781

**Effective dates:** 12/04 – 12/06 (Ongoing)

**Staff monitors:** K. Kiragu, T. Nelson

**Fully loaded budget:** \$199,072 (Mission)

**Study type:** Technical assistance

**Type of research:** Assessment and/or evaluation

**Research area:** Prevention

**Research category:** Capacity building for research

**Description:** Straight Talk (ST) is a large, well-known program in Uganda that has been providing information about sexual and reproductive health to youth for the past decade. Horizons was asked to help ST evaluate various aspects of their program and to build capacity of ST staff to carry out their own assessments in the future.

**Study objectives:** To assess the impact of current programs on youth; to build ST capacity to collect data on the use of ST products by different age groups; to build ST capacity to evaluate the effects of activities on youth, including a new activity to train parents to discuss HIV issues with their children; and to build ST capacity to establish a monitoring and evaluation system, including looking at program costs.

**Methodology:** The study is a retrospective analysis of the ST program, which includes interviews with teachers, youth, and parents. Specifically, data were collected using structured interviews from 2,137 never-married adolescents ages 10-19 years in 96 villages in six districts. As part of a household survey conducted in five districts; interviews were conducted with 736 parents of adolescents ages 10-19 years. To evaluate ST's School Environment Program, data were collected from 567 teachers and 921 students from 59 schools. A cost study is documenting the cost of ST activities.

**Study significance:** Despite intense HIV prevention campaigns in Uganda, many adolescents are uninformed about basic reproductive health facts and thus are at high risk of unwanted pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). ST's program includes a multi-media campaign (radio, print) for conveying comprehensive ABC (abstinence, be faithful, condom use) messages intended to enable adolescents to make sound decisions about their sexual behavior. Another component is the School Environment Program, which seeks to foster a positive school atmosphere. Thus, ST reaches both in-school and out-of-school youth. But ST has little information about the effects of exposure to ST campaigns by youth so that they can improve their programs. In addition, with the breakdown of traditional institutions in Uganda, parents now have a greater role in educating their own children about sexual health. However, they need to be better prepared to effectively convey HIV prevention messages to their children. Findings will be used to improve and refine messages for parents delivered through Parent Talk, the flagship newsletter for Ugandan parents.

**Progress to date:** The data are being analyzed and a final report will be ready by the end of 2006. Preliminary findings include the following:

- Many youth lack correct information about pregnancy and STIs; 54 percent believe a girl cannot get pregnant after first intercourse and 39 percent do not think condoms are effective to prevent STIs.
- 69 percent of more than 2,000 never-married adolescents interviewed have been exposed to a ST campaign.
- Youth from districts with ST interventions had more knowledge than those in non-intervention districts.
- Over two-thirds of youth believe that the main message of ST is abstinence.
- Only 45 percent of parents feel comfortable discussing reproductive health topics with their adolescent children.
- Nearly all the teachers interviewed have seen copies of ST newsletters, and 75 percent have seen copies of Teacher Talk (TT) newsletters. There is no difference in exposure to ST newsletters by type of setting (urban vs. rural), suggesting widespread reach.
- Many teachers who receive them have used the ST newsletters in classroom teaching,

### Partners

Department for International Development  
Family Health International  
Straight Talk Foundation

## Reducing HIV/AIDS-related stigma and discrimination in the healthcare setting in Vietnam

**Hz ID:** 295

**Codes:** Sub AI05.70A, Sub AI05.71A

**Effective dates:** 12/05 – 7/07 (Ongoing)

**Staff monitors:** J. Pulerwitz, P. Gues, J. Ogden, L. Nyblade

**Fully loaded budget:** \$736,260 (Core: 136,260; Mission: 600,000)

**Study type:** Intervention

**Type of research:** Introduction

**Research area:** HIV-related stigma and discrimination

**Research category:** Introduction research

**Description:** In Vietnam, stigma and discrimination in the healthcare setting toward people living with HIV and AIDS has been recognized as an important issue. This project implements and evaluates interventions to reduce stigma and discrimination toward people with HIV and AIDS in the healthcare setting in Vietnam. It replicates and adapts similar intervention research conducted by Horizons in India.

**Study objectives:** To test the impact of hospital-based interventions to reduce stigma and discrimination toward people living with HIV and AIDS.

**Methodology:** The study compares the impact of interventions that address two underlying causes of stigma: health workers' fear of contagion and social stigma, and negative value judgments of people living with HIV. One hospital receives the fear-reduction intervention and the other the combined intervention. Baseline data are collected via a quantitative survey with a census of hospital workers (n = 344), qualitative interviews with staff and HIV-positive patients, and structured observations of hospital practices. Monitoring visits are conducted monthly to track changes at the hospitals. An endline study is conducted after 4-6 months after intervention activities begin.

**Study significance:** Findings will provide lessons on how best to confront HIV-related stigma and discrimination in the healthcare setting in Vietnam.

**Progress to date:** Baseline data collection and analysis is complete. At baseline, hospital workers were largely fearful of patients with HIV due to misconceptions surrounding transmission and risks of contagion. Survey data also showed high levels of stigma associated with blaming HIV-positive people and value judgments regarding individual behaviors. This was accompanied by discriminatory behaviors such as patient isolation, labeling, and avoidance. Further, HIV tests were ordered for almost all patients, yet they were often not informed about the results nor told that they were given the test.

The resulting interventions include training for hospital staff, developing and implementing hospital policies, and supporting the hospital to modify the structural environment. During the monitoring visits, various positive changes were observed in one or both hospitals (e.g., AIDS patients in the hospital were no longer wearing specially marked clothes). Partnering with the hospital to design the intervention was key to building support for the intervention. Involving all hospital staff in the training was important for promoting a stigma-free hospital environment. Partnering with PLHA groups and involving HIV-positive representatives in the "social stigma reduction" training of hospital workers was very well received. The hospital responded with inviting outside PLHA group involvement in the hospital on an ongoing basis.

The intervention is ongoing, and an endline study will be conducted.

### Partners

Haiphong TB and Pulmonary Hospital  
Institute of Social and Development Studies  
International Center for Research on Women  
Quang Ninh TB & Pulmonary Hospital

## Promoting the sustainability of care and support activities by young people in Zambia (Phase II)

**Hz ID:** 31

**Code:** In-house #51772

**Effective dates:** 4/03 – 11/06 (Ongoing)

**Staff monitors:** E. Esu-Williams, K. Schenk

**Fully loaded budget:** \$195,860 (Core)

**Study type:** Intervention

**Type of research:** Introduction

**Research area:** PLHA

**Research category:** Introduction research

**Description:** An initial pilot program resulted in 1,000 youth from 60 school and community anti-AIDS clubs in two districts in Zambia being mobilized, trained, and involved in the care and support of people living with HIV and orphans and vulnerable children (OVC) in more than 90 communities. Each club member helped care for, on average, four HIV-positive persons and five OVC per month. Given the success of the pilot, a program was designed to foster sustainability of the program in 32 clubs. Limited funds were available to support locally designed activities to foster community ownership and sustainability, such as establishing stakeholder sustainability committees, building partnerships with local organizations and services, mobilizing local resources, and building the capacity of club members. The study examined the success of the program's strategies in fostering the sustainability of the model by anti-AIDS clubs.

**Study objectives:** The purpose of the study is to evaluate interventions promoting the sustainability of a community-based youth caregivers program. The specific objectives are to:

- Train members of the project management committees in Mansa and Nchelenge to take full responsibility for running the program.
- Establish local partnerships and mobilize resources to ensure that care and support activities initiated in the pilot phase are sustained.
- Strengthen the skills of youth caregivers to better meet the needs of people living with HIV and OVC, and to sustain activities.
- Identify and document lessons learned that are relevant to the scale-up of the program in Zambia.

**Methodology:** To examine the extent to which 32 anti-AIDS clubs mobilized human and financial resources to continue activities, data were collected from interviews with youth caregivers and club leaders, and from focus groups with PLHIV beneficiaries and program managers.

**Study significance:** Community-based programs are often fixed-term projects and rarely have resources to develop strategies to meet long-term needs of people living with HIV and their families. Despite the need to ensure that communities affected by HIV/AIDS have continuous access to services, there is little data about how community programs that provide care and support can be sustained. This study documents and analyzes strategies that promote sustainability of community-based interventions.

**Progress to date:** Thirty-two in-school and community clubs took part in the study. Qualitative and quantitative data have been collected and are being analyzed. A final report will be available at the end of 2006. Preliminary findings indicate that the clubs have largely sustained care activities after the pilot program as a result of community support and youth taking on leadership roles. Most clubs expanded home-based care to include referrals to newly available services, including voluntary counseling and testing, antiretroviral therapy, and tuberculosis treatment. Some clubs financed and supported their programs by developing income-generating activities or accessing local resources. Capacity building of club members, particularly around networking with existing organizations and services, was critical for sustaining activities, generating resources, and helping caregivers better meet clients' needs.

### Partners

Catholic Diocese, Mansa

Luapula Foundation, Mansa

**Decisions to seek HIV-VCT among Zambian adolescents: Influences of individual, familial, and environmental factors**

**Hz ID:** 238

**Code:** Sub AI03.27A

**Effective dates:** 6/03 – 9/05 (Completed)

**Staff monitors:** E. Weiss, J. Denison

**Fully loaded budget:** \$108,080 (Core)

**Study type:** Diagnostic

**Type of research:** Assessment and/or evaluation

**Research area:** VCT

**Research category:** Behavior/behavior change research

**Description:** A two-phased study in Ndola, Zambia, to generate data to understand the influences on young peoples' decisions to get tested for HIV in order to identify strategies for increasing the uptake of voluntary counseling and testing (VCT) by youth.

**Study objectives:** To examine how individual, relational, and environmental factors influence adolescents' demands for and experiences with VCT.

**Methodology:** During the first phase, in-depth interviews were conducted with 40 HIV-tested adolescents, aged 16-19 years. In the second phase, a household survey of 550 randomly selected 16-19 year olds was conducted.

**Study significance:** VCT programs play an important role in helping clients adopt preventive behaviors and in identifying people who need follow-up treatment and support services. Even though most new infections are estimated to be occurring among young people, this group is often underrepresented among those accessing VCT. Therefore, in order to develop interventions to increase uptake among this group, it is important to understand why young people decide to test.

**Progress to date:** The data have been collected and analyzed, and the results presented in-country. The study found that adolescents frequently talk with family and friends before and after seeking VCT. But while HIV-positive youth in the study tended to disclose their status to someone, few of these youth accessed care and support services following testing. Youth in the community survey who discussed getting tested with their family were six times more likely to plan to take an HIV test. Respondents who believed their families would not be upset if they got tested were more likely to have been tested. Perceived negative reactions of family and friends and fear of stigma prevent youth from seeking VCT. To encourage VCT among youth, interventions should address stigma at the community level and promote communication about VCT, particularly within families.

**Partners**

Development AID from People to People  
Hope Humana  
Johns Hopkins University

## ZAMBIA

### **Caring for health workers (HWs): Addressing the psychosocial burden of HIV/AIDS on health personnel in Zambia**

**Hz ID:** 242

**Effective dates:** 12/03 – 12/06 (Ongoing)

**Fully loaded budget:** \$394,663 (Core)

**Type of research:** Introduction

**Research category:** Introduction research

**Codes:** In-house #51775, Sub AI03.68A

**Staff monitors:** K. Kiragu, N. Rutenberg

**Study type:** Intervention

**Research area:** Prevention

**Description:** In cooperation with the Institute for Economic and Social Research (INESOR) in Zambia, Horizons developed a quasi-experimental operations research initiative to test the feasibility of an HIV/AIDS workplace model in a hospital environment to increase knowledge, acceptability, and use of HIV services and to reduce stigma in the hospital setting.

**Study objectives:** To document if a work-based program targeting health workers (HWs) improves their knowledge, attitudes, and behaviors toward HIV/AIDS; if the intervention reduces stigma among HWs who are HIV-positive; if the intervention increases the proportion of HWs who get tested regularly for HIV; if access to care and support is increased for HWs who need it; whether HWs can influence policies that affect their risk for HIV/AIDS; and the optimum manner to deliver the intervention.

**Methodology:** A quasi-experimental design was utilized, with two hospitals serving as intervention sites and three others as comparison sites. Baseline data were collected in 2004 and follow-up data in 2006.

**Study significance:** The Caring for the Caregivers Project in Zambia was implemented in recognition that human resources in the health sector must be strengthened if the system is to cope with the AIDS epidemic. Because they are seen as caregivers, medical staff are rarely the beneficiaries of health interventions, and few hospitals have formal HIV/AIDS workplace programs for their employees. This study tested a workplace approach to strengthening the willingness and capacity of health workers to reduce their risk of HIV acquisition and utilize HIV testing and care and support services.

**Progress to date:** Ongoing since August 2004, the intervention is being implemented in Ndola Central and Livingstone General Hospital, with Choma, Arthur Davison, and Kitwe hospitals as comparison sites. A baseline survey conducted among 1,424 staff in five hospitals found: half had experienced a work-related incident with potential HIV exposure, but only a quarter knew of post-exposure prophylaxis (PEP); 40 percent had an immediate family member who died of AIDS-related complications or is HIV-positive; 25 percent of sexually active respondents reported multiple sex partners in the previous 12 months, but nearly one-third had not used a condom even once during this time and 45 percent didn't believe condoms prevent HIV; a further 46 percent reported poor access to condoms at work; less than 25 percent had been tested for HIV; and less than 20 percent had partners who had been tested.

The workplace intervention trained 79 peer educators using a hospital-centered curriculum that focused on education about HIV prevention at work and outside, as well as stigma, positive living, gender, sexually transmitted infections, and HIV treatment. Monitoring shows strong management support and steadfast staff commitment. Condoms are now placed in staff lounges, washrooms, and other hospital locations. Discourse about HIV has improved, though stigma and confidentiality are still a concern. Follow-up was conducted in February 2006, involving a sample of 1,461 respondents. Preliminary analysis shows that 70 percent of the follow-up survey respondents had heard of the intervention, and about 43 percent of these had participated. The intervention was associated with appreciable gains in intervention versus comparison sites. For example, there was a greater increase in condom access (35% vs. 6%), increase in HIV testing (68% vs. 35%), and increased condom use among men with multiple partners (27% vs. 8%). Additional data analysis is currently underway.

#### **Partners**

Institute for Economic and Social Research (INESOR)/University of Zambia  
Support to the HIV/AIDS Response in Zambia  
Zambia Health Education and Communication Trust  
Zambia Integrated Health Program  
Zambia Medical Association

## Community education and referral: Supporting adherence to antiretroviral treatment (ART) and prevention for people with HIV in Zambia

**Hz ID:** 260

**Effective dates:** 5/04 – 3/07 (Ongoing)

**Fully loaded budget:** \$771,148 (Core: 621,148; Mission: 150,000)

**Type of research:** Assessment and/or evaluation

**Research category:** Introduction research

**Codes:** Sub AI04.18A, Sub AI04.19A

**Staff monitors:** F Samuels, A Sarna, S Geibel

**Study type:** Intervention

**Research area:** Care and treatment

**Description:** An operations research project in Lusaka and Ndola, Zambia that aims to improve health-seeking behavior, equity of access to care, adherence to antiretrovirals (ARVs), and HIV prevention through a community engagement strategy.

### Study objectives:

- Increase understanding of how to expand health literacy, particularly about ARVs; achieve better health-seeking behavior; improve equity of access; boost ARV adherence; and improve prevention for people with HIV.
- Document approaches for mobilizing and building on existing community structures and involving people with HIV to support ARV adherence and HIV prevention.
- Explore strategies that decrease stigma and discrimination through efforts targeted at different community stakeholders (e.g., health care providers, people with HIV, traditional healers, and other service providers).

**Methodology:** A quasi-experimental design with intervention and comparison sites in two cities, quantitative and qualitative data are being collected at baseline and endline over a 32-month period. Two quantitative surveys are being conducted, one with a randomly selected sample of people from the community (n = 1200), the other with people on treatment recruited through health centers (n = 322).

**Study significance:** While ART is rapidly being scaled-up in Zambia, concerns remain around issues of access, equity, and adherence. A community preparedness strategy helps community members seek HIV-related services (testing, prevention, and treatment) and helps HIV-infected persons manage their treatment. Evidence-based information will effectively aid the national program scale-up service delivery.

**Progress to date:** The community baseline survey has been completed. Results show that people's knowledge of basic facts about HIV/AIDS is high and awareness about ART is spreading. For example, many people know that ARVs can prolong life, but such knowledge is more common in Lusaka (85%) than in Ndola (42%). Thirty percent of respondents have tested for HIV; nearly half plan to do so. The study revealed a relatively high level (84%) of western healthcare utilization. When asked whether they could care for and support a family member with HIV, the majority (84%) said they could. Nevertheless, stigma is still high: 67 percent said they would not buy meat from a HIV-positive butcher, and 60 percent said they would not eat food prepared by an HIV-positive person. The project has mobilized a wide variety of stakeholders, including traditional healers, FBOs, and people living with HIV, to engage the community on issues related to HIV treatment and prevention. An endline survey to evaluate the intervention was undertaken in July 2006 and the data are presently being analyzed.

### Partners

Africa Directions

Catholic Archdiocese: Lusaka, Ndola, and Mansa

Central Board of Health/Zambia

FAPCAS

Institute for Economic and Social Research

International HIV/AIDS Alliance

Kara Counseling

Mwengu Social Health Research Center

Ndola Central Hospital

Network of Zambian People Living with HIV/AIDS

Traditional Health Practitioners Association of Zambia

University Teaching Hospital

### III. FINANCIAL SUMMARY

#### A. Financial Status Report

##### **Modif. Form SF 269 to 9/30/2006 (USAID FY 2006 – Qtr 4)**

A	Total Outlays Previously Reported (June 30 fiscal report)	83,274,749
B	Estimated Q4 Outlay	2,154,410
E	Total Outlays Cumulative thru 2006 Q4 (A+B) Incl. \$8,544,353 cost share	85,429,159
G	Total Federal Share of Outlays Cumulative 2006 Q4	76,884,806
J	Federal Share of Unliquidated Obligations	1,554,592
K	Total Federal Share of Outlays and Unliquidated Obligations 2006 Q3&4 (G+J)	78,439,398
L	Total Federal Funds Authorized	86,723,955

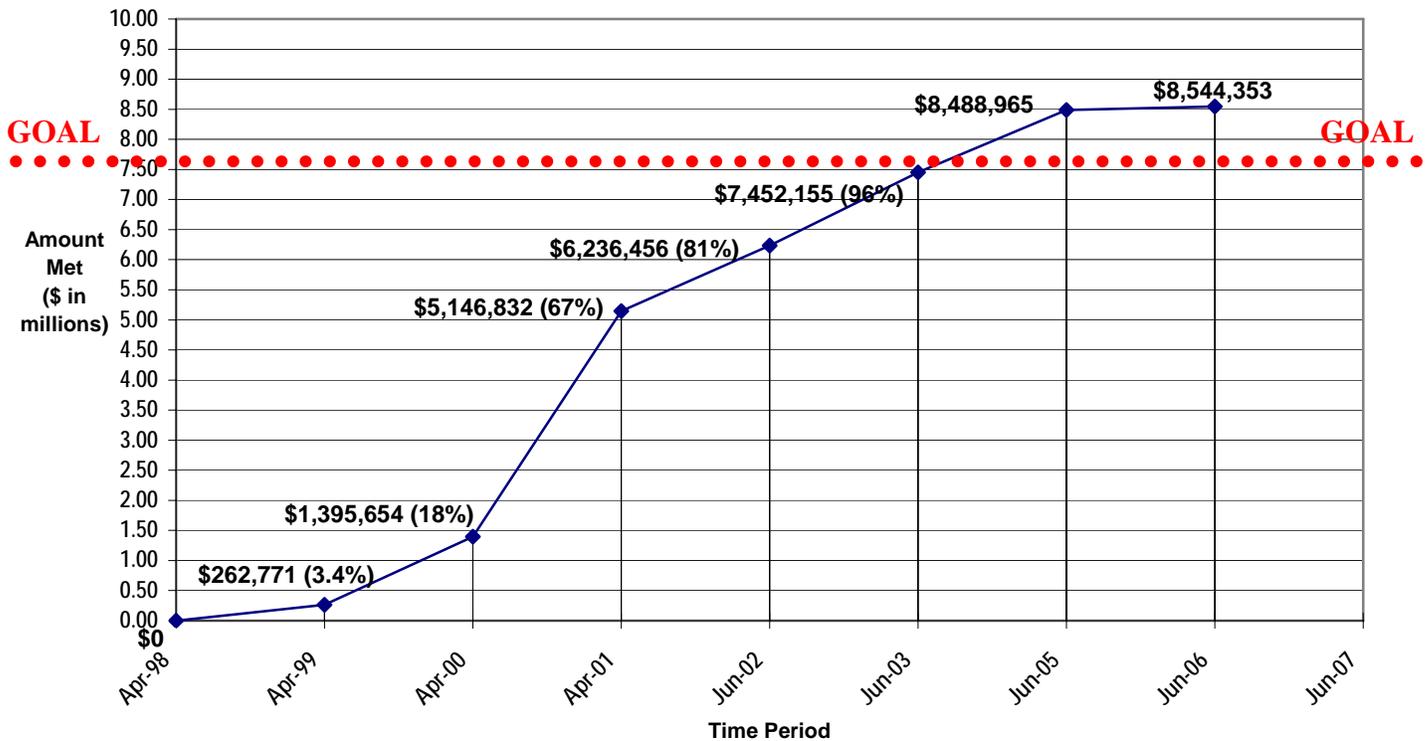
1.	Balance of Federal Funds as of 9/30/06 (L minus G)	9,839,149
2.	Less estimated payables on subcontracts to 9/30/06	200,000
3.	Balance remaining as of 9/30/06	9,639,149

Oct 31 06

## B. Cost Share Update

- \$4 million – Horizons I goal. By end of Horizons I, we reached \$6.2 million.
- \$7.7 million – new goal (combined Horizons I and II)
- \$8.54 million – documented by 6/30/06

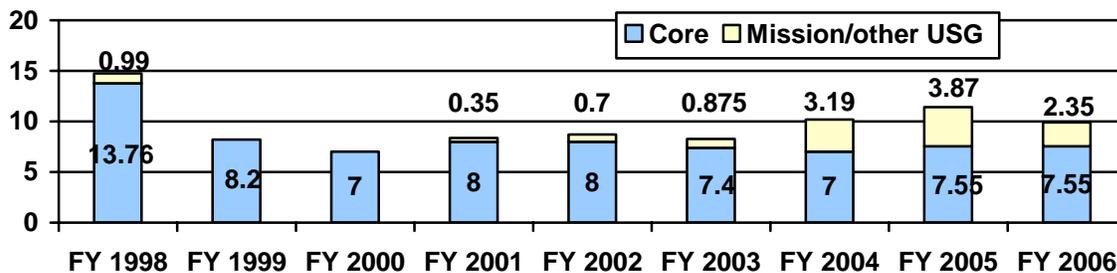
### Horizons' Cost Sharing



## C. Core and Mission Funding

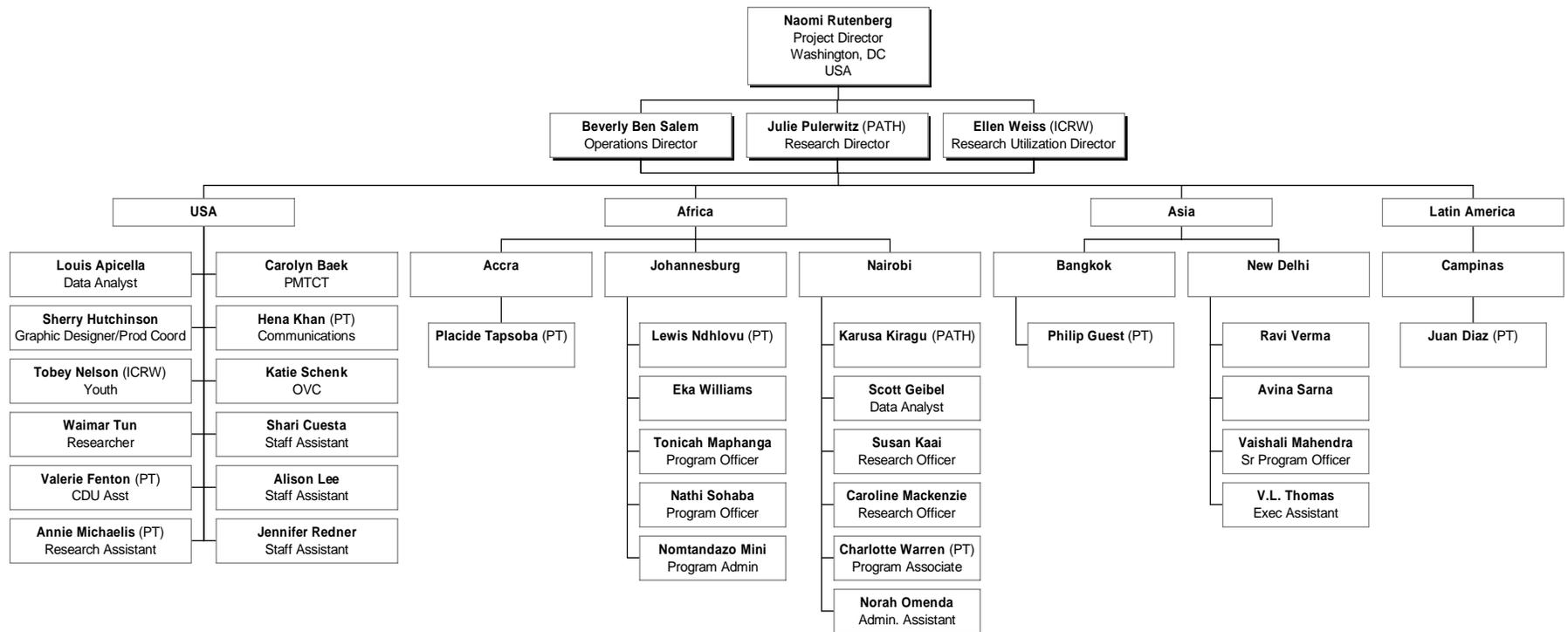
Almost 25 percent of our budget is being provided through country operational plan budgets, specifically from Kenya, South Africa and Vietnam.

### Funding Received from Core and Mission/other USG By Fiscal Year



## IV. ANNEXES

### A. Program Organizational Chart



**B. Project Locations – Past and Present**

