

USAID/ASIA-NEAR EAST BUREAU

RESULTS REVIEW AND RESOURCE REQUEST (R4)

FY 2001

**STRATEGIC OBJECTIVE 8 - INCREASED USE OF EFFECTIVE
RESPONSES TO THE HIV/AIDS PANDEMIC
IN ASIA AND THE NEAR EAST**

April 30 1999

Please Note:

The attached RESULTS INFORMATION ("R2") is from the FY 2001 Results Review and Resource Request ("R4"), and was assembled and analyzed by the country or USAID operating unit identified on this cover page.

The R4 is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID review(s) of this document.

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USAID Asia/Near East Bureau
R4 report narrative and performance tables

April 30, 1999

Strategic Objective 8 -- Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East

A. Summary and Performance

A diverse and growing HIV/AIDS epidemic in Asia presents formidable challenges. While the rate of HIV infection remains nascent (or below 2% of the adult population) in most Asian countries, it has exceeded that rate in Cambodia, Myanmar, and several states in India. [In the Near East, only a few persons have been identified as HIV positive, and passive surveillance remains appropriate.] In Cambodia, Myanmar, and populous urban centers around Mumbai and Chennai, HIV rates are growing geometrically. From its first reported AIDS case in the late 1980s, India had an estimated 4 – 6 million persons (June 1998) living with the virus, more than any other country in the world. China has an estimated half-million sero-positives. If decisive action to slow the rate of HIV progression is not taken, as it was in Thailand, Asia, with nearly sixty percent of the world's population, will surpass Africa during the next decade in terms of total persons infected with HIV.

In countries of Western Asia, however, the HIV epidemic is not growing as fast. Cultural and educational factors, geography, and effective surveillance and education programs (some of which are sponsored by USAID) are among the reasons cited for this. USAID-assisted countries where incidence rates have remained low include: Indonesia and the Philippines. Whereas Thailand has had the worst epidemic to date, it has documented success in slowing the incidence of new infection. Other countries in Asia face mounting risk as they continue to struggle with meager resources, unstable political environments, and misguided policies which hamper an effective response to the epidemic. Furthermore, the Asian economic crisis has reduced the means of affected countries to support public health interventions, and for people to pay for health care and consultations. Downward economic pressures may also possibly increase the risk of HIV/STD transmission, as increased practice of risky behaviors are thought to be associated with unemployment, labor migration, and increased commercial sex activity.

The Regional HIV/AIDS Strategy has contributed to the development of several important models for HIV prevention in several Asian countries, improved NGO collaboration and awareness of each other's activities, and influenced policy affecting HIV/AIDS in ANE countries. The Family Health International Asia Regional Office (FHI/ARO) in Bangkok and the International HIV/AIDS Alliance (IHAA) based in

London are the principal agents implementing the ANE program. In addition, the Population Council, under the HORIZONS activity, receives modest ANE support for carrying out operations research on key program issues.

B. Key Results

The SO met expectations, as demonstrated by the report on performance measures summarized below. Note that information is provided on four of the original six SO – level indicators.

SO Indicator 8.1 Number of Successful Cross-border Interventions Implemented.

ANE support allowed FHI/ARO to develop two new cross-border interventions in Vietnam during 1998. The SO now supports a total of five cross-border activities in Asia, which have gained international attention for their innovativeness. Cross-border interventions concentrate on behavior change communication and condom promotion among sex workers and men who are away from home. Sites include: Raxaul, India border crossing with Nepal, and border sites between Cambodia/Thailand, Cambodia/Vietnam, Laos/Thailand and Laos/Vietnam. Border areas are associated with transport workers and migrant workers who are often delayed for several days, and who tend to practice high-risk behaviors. Also, social service needs in border areas are often overlooked by governments and donors. The India/Nepal border project complements and works closely with the Nepal Mission-funded HIV prevention project.

SO Indicator 8.2 Minimum Surveillance Systems Functioning in Countries of the Region and Areas of Affinity

Overall, just two national HIV/STI sero-surveillance systems are functioning, i.e., providing policy makers with valid data comparable over time and suitable for analyzing trends and decision making. One is in Indonesia, the other is in the Philippines. Under SO8, experts and consultants from FHI/ARO are working to improve sero-surveillance and epidemic monitoring in three other countries (Cambodia, India and Nepal). Increasingly, behavioral surveillance is also recognized as important to HIV/AIDS prevention and mitigation.

ANE support for development of appropriate and affordable surveillance systems for the epidemic has led to establishment of international best practices in behavioral surveillance. The governments of India, Thailand, Cambodia, Nepal, Bangladesh, and the Philippines have all initiated behavioral surveillance to monitor responses to their intervention and tapped ANE resources for appropriate designs and analysis. Through

consensus-building work with ministries of health, NGOs, UN agencies, etc. FHI/ARO has succeeded in developing a standardized approach to behavioral surveillance that facilitates inter-site (and inter-country) comparisons. Seeing that neighboring countries are agreeing to ask sensitive personal questions of their population, helps to mobilize agreement on risk reduction strategies. UNAIDS and ASEAN have formally recognized the leadership of FHI/ARO as a regional resource and recommend behavioral surveillance for country programs.

In Cambodia, FHI's assistance with both behavioral and seroprevalence assessments have led to better understanding of the magnitude of the HIV emergency unfolding in that country. Furthermore, data from these studies stimulated interest to ensure that future survey rounds will be directly funded by the government through World Bank funds. ANE support will continue only in terms of technical assistance in program design, analysis, and interpretation of surveillance data

Similarly, improved HIV and behavioral surveillance in Bangladesh and India resulted from FHI technical assistance and IHAA advocacy for collective action. FHI reports that the performance of Nepal's surveillance system has deteriorated and is no longer functioning to provide data for decision making. Next year, at least one more national surveillance system is expected to reach a point that permits effective monitoring of the epidemic. Surveillance interventions have promoted more appropriate responses to the HIV epidemic in Asia as well as contributed to international best practices in HIV monitoring and surveillance.

SO Indicator 8.4 – Increased Availability of Quality Information on Safer Sexual behavior (FHI/ARO, IHAA)

ANE's assistance has supported assessments, workshops and public education efforts to promote appropriate HIV/AIDS policies and greater government commitment. The IHAA supports "linking" organizations to develop NGO technical expertise and management capacity – to manage programs and stimulate effective responses to the HIV/AIDS epidemic. In 1998, ANE assistance to the IHAA supported a regional workshop on "Mobilizing Care, Community Support and the Involvement of People Living with HIV/AIDS". Participants included thirty representatives from 14 organizations from Bangladesh, Cambodia, India, Nepal, Philippines, Sri Lanka and Thailand. One result has been that the Cambodian government, as noted in a recent speech to NGO representatives made by Premier Hun Sen, agreed to review its current "social evils" approach to commercial sex and HIV/AIDS education.

With USAID/ANE funding for the IHAA, the Linking Organization in Cambodia provided technical assistance and training to strengthen local NGOs that provide care and support services to communities and households coping with HIV infection. The

Cambodian initiative will begin a process to refine appropriate community-based services for people affected by HIV/AIDS in SE Asia.

SO Indicator 8.5 – Number of Innovative Models in Operation [Revised]

Replaces: SO Indicator 8.5 – Higher Policy Evaluation scores (PES) in Cooperating Countries

Two model programs began in the past year and have shown promising results. These include: a) a care and advocacy program established by and for people with HIV in India, which represents the first network for HIV-positive individuals living in India, and b) a behavioral change program based in a Delhi slum area. In the latter program, community peer volunteers operating out of a neighborhood health clinic work with several thousand residents to promote safe behavior, including condom use and proper treatment for STDs. Preliminary survey results indicate that males' reported use of condoms with sex workers increased from 8% to 50% over a one-and-one-half year time period. Future efforts will concentrate on documenting their success and disseminating the model to the government and other donors.

In India where increasing numbers of people in major metropolitan areas are learning of their HIV+ status, ANE funded the formation of the first network organization of people with HIV. The Indian network has grown to serve people in several cities throughout the country, helping people find information and resources, and disseminating current and accurate scientific information on HIV/AIDS. The network also has been involved with influencing policy and decision-making with the government's National and state-level AIDS Control Organizations. In the past two years, the Indian Network of People Living with HIV/AIDS has become a model. For example, Network leaders travel to other nascent groups to share their experiences, offer advice on where to find technical and financial assistance, and encourage formation of similar groups throughout India and Asia,

Intermediate Results

IR1 – National/Regional Consensus on HIV/AIDS Policies Facilitated

ANE's assistance has supported assessments, workshops and public education efforts to promote appropriate HIV/AIDS policies and greater government commitment. The IHAA supports "linking" organizations to develop NGO technical expertise and management capacity – to manage programs and stimulate effective responses to the HIV/AIDS epidemic. In 1998, ANE assistance to the IHAA supported a regional workshop on "Mobilizing Care, Community Support and the Involvement of People

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In 1998, SO8 support to the IHAA partners in Asia resulted in the establishment of formal and sustained collaborative relationships between IHAA partners and governments in Bangladesh, Cambodia, and Morocco. In Bangladesh, HASAB, the IHAA linking organization, was asked to support the National AIDS Program by developing and maintaining a database on NGOs involved in HIV/AIDS. HASAB also invited a member of the National AIDS Program to participate in a care and support study tour to Thailand, carried out with support from the IHAA.

In Cambodia, negotiations were initiated in 1998 between the Ministry of Health and KHANA to develop terms of an agreement whereby KHANA would manage World Bank funds received by the MOH for NGOs grants. KHANA is also a member of the HIV/AIDS Co-ordination Committee.

In Morocco, PASA/SIDA was asked by the National AIDS Control Programme to participate in a working group to analyze the AIDS situation and the response in Morocco.

As a result of USAID/ANE support to the IHAA in 1998, the coverage of HIV programs implemented by local NGOs increased such that nearly 200 local NGOs initiated HIV programs in Asia this year.

Regional HIV in Asia Conference support. USAID joined UNAIDS, regional partners and Harvard Institute of International Development in organizing a workshop on “Monitoring the AIDS Pandemic in Asia,” a technical meeting of epidemiologists held in preparation for the “AIDS in Asia” Conference in Manila. The resulting assessment of this epidemic was widely disseminated, and provides the basis for most, including UNAIDS, country estimates. ANE funds also supported the participation of key persons from non-presence countries, further promoting regional collaboration and discussion on appropriate policies and program responses. At a satellite meeting of the same conference, ANE also sponsored a forum for commercial sex workers from several Asian countries to share their experiences with conference attendees in order to ensure that this key group’s concerns are addressed.

Estimations of HIV cases averted. ANE is also supporting applications in Asia of AVERT, a user-friendly computer program designed to estimate HIV cases averted by interventions developed under USAID’s AIDS Control and Prevention Project (AIDSCAP). The program uses several scenarios to demonstrate the potential impact of

supporting interventions in reducing HIV vs. not supporting them. Follow-up consultations with policy makers provides further impetus to government action on HIV/AIDS. For example, a workshop held in December 1998 gave program managers from several countries a chance to develop case studies documenting the results obtained from interventions which have been used to prompt enhanced government responses.

ANE assistance to USAID non-presence countries has included activities in Laos and Vietnam which complement bi-laterally funded projects in Cambodia, cross-border interventions, and earlier programming in Thailand allowing for a comprehensive response in Southeast Asia.

IR2 – Successful Program Models for Limiting HIV Transmission Developed and Disseminated

ANE programming has strengthened bilateral programs in the Asia region in several respects. HIV and behavioral surveillance in Cambodia supported by ANE has complemented the Mission's bilateral HIV program and helped to direct its funding more effectively and efficiently. The behavioral surveillance survey (BSS) component will serve the Mission, government of Cambodia, and international donors to monitor behavioral change in response to their prevention investments. For example, the BSS indicated that sex workers reported increased consistent condom use with their clients, from 35% in 1998 to 50% in 1999.

Bangladesh port workers research. The SO has also supported formative research models which have led to replication from other donors. ANE funded a formative research project which documented high levels of commercial sex in the Chittagong port area, as well as behavioral risk linkages between Chittagong and ports in Myanmar, Thailand, and India. This assessment helped to steer donor resources for prevention activities to the sites of greatest vulnerability. In fact, the UK Department of International Development responded with a multi-million dollar prevention program commitment for Chittagong Port City.

ANE also supported the development of curricula to train communication staff in sexual behavior change, and during the past year individuals from Cambodia and the Indian states of Tamil Nadu and Maharashtra participated in these trainings, taking back with them expertise for the Mission-funded projects in both of these countries.

IR 3 Selective Replication of Successful Program Models in Non-Presence Countries

Indicator: Number of condoms sold in millions (Indicator SO 8.3 – Original Results Framework; Indicator IR 8.2.1 -- Revised Results Framework)

In Vietnam, condom sales in the four provinces funded by USAID increased from 1.3 million in 1997 to over 4.6 million in 1998. An agreement with PSI, Inc. was signed in 1998 that will promote HIV/AIDS education and social marketing of condoms in Laos and Vietnam. Following a joint USAID/FHI and JICA assessment visit, the Japanese generously agreed to provide locally-manufactured condoms for the program in Vietnam. ANE's contribution will permit expansion of the program to new areas previously unserved by social marketing.

With strong support from the US Ambassador to Laos, ANE funded the start-up costs for the first condom social marketing program in that country. A condition of this assistance was the co-sponsorship of this activity by UNAIDS/Laos and the provision of condoms by UNFPA. Research on target audiences and the set-up of distribution channels has been completed, with the launching of the actual sales scheduled for mid-1999.

IR 4 ANE Regional Bilateral HIV/AIDS Programs Strengthened

Indicator 8.4.1 HIV/AIDS Service Delivery Improved. The Mission in Bangladesh has strengthened its bilateral program by using technical assistance provided by ANE support. This technical assistance was provided directly to the seven-year National Integrated Health and Population Project which USAID funds through a collaboration of nine PVOs, NGOs and government agencies in Bangladesh. The assistance included guidelines for STD case management, development of a national behavioral change communication strategy, and workplans for outreach to commercial sex establishments.

SO 8 also supported the development of curricula to train communication staff in behavioral change communication. Staff from USAID-assisted projects in the Indian states of Tamil Nadu and, Maharashtra and health workers from Cambodia participated in the training. The Behavioral Sentinel Survey (BSS), a monitoring tool pioneered by FHI/ARO, was applied with good results in India and Cambodia, demonstrating reductions in risk behavior attributable to behavioral change communication and improved NGO outreach and public education.

IR5 Other Donors/Host Countries Increase Support for Effective Responses

Under this intermediate result, ANE does not channel funding but rather monitors and documents responses from host countries and donors to the funding provided under the other intermediate results. The following are responses noted during the past fiscal year.

Indicator 8.5.1 – Number of Pilot Activities expanded or replicated

Indicator 8.5.2 -- Aggregate amount of Resources Allocated to HIV/AIDS prevention

AUSAID Mekong project. Beginning in 1998, AUSAID committed A\$5 million over three years to fund a four-pronged prevention strategy in the Mekong sub-region covering Yunnan, Myanmar, Thailand, and Indochina. SO 8 funding for technical experts helped to design the strategy. This collaboration will lead to a coordinated and more efficient response to the epidemic in the region.

DFID Bangladesh project. ANE supported an assessment of Chittagong, Bangladesh port workers which ultimately led to the financial commitment of DFID to support interventions for these affected communities. The assessment provided the necessary impetus and rationale to provide HIV prevention interventions before a major epidemic emerges.

Kenan Institute Asia. ANE funds were leveraged with funds from the Kenan Institute, a fund created by USAID/Thailand shortly before the end of bilateral assistance to Thailand, to create a Masters Degree program co-managed by Mahidol University in Thailand and the University of North Carolina. This Masters Degree program focuses on Reproductive Health, including HIV/STDs, and allows students to complete their coursework partially through distance learning modules and through the internet.

Cambodia HIV surveillance and behavioral surveillance. Initially funded by USAID/ANE, the World Bank has now taken over the funding these critical surveillance tools. They continue to seek ANE contractor assistance in design, analysis, and interpretation.

JICA assistance for condom procurement in Vietnam. JICA is providing condoms for the condom social marketing program in Vietnam as a result of the ANE-supported assessment.

The International HIV/AIDS Alliance increased other donor support for local NGO implemented HIV programs. The IHAA and partner organisations (LOs) in the ANE region were able to leverage or sustain support from the following donors:

Bangladesh-European Union, UNAIDS/Bangladesh

Cambodia-EC/UNFPA

Sri Lanka-APCASO, Princess of Wales Trust/EAP Network

1. Expected Progress Through FY 2001

- ANE funding will continue to support model program development, including the expansion of those in cross-border settings. As the caseload of people with HIV and AIDS rises – our partners will devote more of their efforts to development of model services and referral mechanisms for those most affected.
- The dynamics of the HIV epidemic in Asia will be analyzed and better understood so that resources are focused on countries where the largest epidemics are expected to occur and where the most risk exists. Sero-prevalence surveys in sub-population groups will be conducted opportunistically as requested by Missions and where little data exists in order to guide prevention interventions.
- With the dual epidemics of HIV and TB, the SO will support testing and documentation of strategies which work to create synergistic and mutually-reinforcing outreach and care programs to reduce morbidity and mortality due to TB.
- The increased agency-wide emphasis on the serious and widespread problem of the trafficking of women in Asia and its relationship to HIV spread will be met with ANE support to model program development in Nepal and elsewhere.
- Donor and host government support to injecting drug user programs is low, due in part to the stigma attached to the target group and difficulty in reaching them. ANE will support pilot interventions in Asia which can be replicated as needed elsewhere.

Performance Data Table

ANE STRATEGIC OBJECTIVE 8: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
APPROVED: 11/17/1997 COUNTRY/ORGANIZATION: Regional/Family Health International			
RESULT NAME: Increased HIV/STI interventions at cross border areas			
INDICATOR 8.1: Number of successful cross-border interventions implemented			
<p>UNIT OF MEASURE: Discrete sites at high-traffic border crossings and seaports in the region with active HIV prevention programs.</p> <hr/> <p>SOURCE: FHI project monitoring</p> <hr/> <p>INDICATOR/DESCRIPTION: Sites are defined as border crossings and the surrounding areas between two or more countries</p> <hr/> <p>COMMENTS: The five active programs in 1999 include cross border points in the following areas: 1) Raxaul, India/Birgunj, Nepal 2) Koh Kong, Cambodia/Klong Yai, Thailand 3) Svay Rieng, Cambodia/Tay Ninh, Vietnam 4) Huay Xi, Laos/Chiang Kong, Thailand 5) Lao Bao, Vietnam/Daen Savann, Laos</p> <p>These programs include behavior change communication and condom promotion.</p>	YEAR	PLANNED	ACTUAL
	1998	5	5
	1999	6	
	2000	8	
	2001	10	
	2002	11	
	2003	12	

Performance Data Table

ANE STRATEGIC OBJECTIVE 8: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
APPROVED: 11/17/1997 COUNTRY/ORGANIZATION: Regional/Family Health International			
RESULT NAME: Increased quality surveillance of the HIV/STI epidemic and risk behaviors			
INDICATOR 8.2 Number of countries with minimum Surveillance Systems functioning in countries of the region and areas of affinity (FHI/ARO)			
<p>UNIT OF MEASURE: Countries with HIV/STI and/or behavioral surveillance systems providing useful information to policy makers</p> <hr/> <p>SOURCE: FHI project monitoring</p> <hr/> <p>INDICATOR/DESCRIPTION: A functioning HIV/STI surveillance system typically consists of 2 groups (ANC women and STD clients) sampled at multiple sites, designed according to international standards. Behavioral surveillance systematically measures sexual risks among selected sub-population groups repeatedly over time.</p> <hr/> <p>COMMENTS: Two countries are currently being assisted with their surveillance efforts: Cambodia and India. The latter has concentrated on the state of Tamil Nadu where behavioral surveillance has been initiated in collaboration with the USAID/APAC project. Cambodia initiated both HIV as well as behavioral surveillance with USAID support.</p>	YEAR	PLANNED	ACTUAL
	1998	2	2
	1999	3	
	2000	5	
	2001	7	
	2002	8	
	2003	9	

Performance Data Table

ANE STRATEGIC OBJECTIVE 8: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
APPROVED: 11/17/1997 COUNTRY/ORGANIZATION: Regional/Family Health International			
RESULT NAME: Increased sales of socially marketed condoms in non-presence countries			
INDICATOR 8.3 Increased Availability of condoms sold in millions (FHI/ARO, DKT, PSI) in target areas			
UNIT OF MEASURE: Condoms in millions	YEAR	PLANNED	ACTUAL
	1998	40	
SOURCE: FHI project monitoring	1999	43.75	
	2000	50.0	
INDICATOR/DESCRIPTION: Millions of condoms sold during the year.	2001	60.0	
	2002	70.0	
COMMENTS: Figures are for socially-marketed condoms in the USAID non-presence countries of Vietnam and Laos. All figures are national and reflect both condoms financed under the SO and those provided by other donors or host governments. Nationally, the SO is involved with behavioral change communication, advertising and promotion – and, therefore, plays at least a partial role in expanding national sales.	2003	78.5	

Performance Data Table

ANE STRATEGIC OBJECTIVE 8: Increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East			
APPROVED: 11/19/1997 COUNTRY/ORGANIZATION: Regional/Family Health International			
RESULT NAME: Increased Innovative models developed and disseminated for prevention and treatment of STDs, HIV and other infectious diseases, and for the care of persons living with HIV/AIDS			
INDICATOR 8.4 Number of innovative models in operation			
UNIT OF MEASURE: A model is a discrete intervention and corresponding evaluation so that it can be disseminated to other areas or used as an example for other countries	YEAR	PLANNED	ACTUAL
	1998	2	2
SOURCE: FHI project monitoring	1999	3	
	2000	5	
INDICATOR/DESCRIPTION: Interventions may be related to behavior change communication, STI diagnostic and treatment programs, condom promotion, policy, advocacy, and/or care for people with HIV/AIDS.	2001	7	
	2002	8	
	2003	9	
COMMENTS: Two model programs which have seen promising results in the past year include: 1) a care and advocacy program for people with HIV in India which represents the first network for HIV-positive individuals in India 2) a slum intervention project in Delhi, India which is indicating behavioral change among slum dwellers			

Revisions to the SO8 Indicators and Results Framework For ANE Regional Program in HIV/AIDS

1. Revisions to Strategic Objective 8 Performance Indicators

Changes to the SO-level Performance Indicators were discussed during extensive discussions held in January 1999 between FHI and USAID representatives, and via exchange of messages on subsequent occasions. Discussions with other partners, i.e., IHAA and the Population Council/HORIZONS took place during 1998 and early 1999. The revised SO performance indicators agreed upon during the course of those discussions are those presented in this document. They represent re-formulations, deletions and additions to previous indicators in the ANE Results Framework, in line with revised PPC guidance. The indicator deleted is "Improved management of STIs in Demonstration Areas." We agreed to delete this indicator because STI management is not a region-wide focus. It may be one component of several of the interventions, but is not broad enough across the region to merit the status of an indicator of success – or failure. The other indicators were revised to allow for more economical reporting – and to render them more appropriate to the core activities and focus of the Strategy. USAID/W concurrence with these changes is sought as an outcome of the R4 review process.

At the Intermediate result level, it was agreed to drop several indicators which were, upon more extensive consideration, determined to be unnecessary or difficult to measure. Also, in conformity with revised Agency guidance limiting the length of the R4, only three of those IR indicators are presented in the FY2001 R4. These changes are made in light of the revised R4 guidance (PPC, 1999), have been developed in close partnership with the implementing partners, and represent indicators deemed adequate to program management.

ANE SO8: INCREASED USE OF EFFECTIVE RESPONSES TO THE HIV/AIDS PANDEMIC IN ASIA AND THE NEAR EAST		
8.1 Number of Successful Cross-Border Interventions Implemented 8.2 Minimum Surveillance Systems Functioning in Countries of the Region and Areas of Affinity (FHI/ARO) 8.3 Increased Availability of Condoms Sold in Millions (FHI/ARO, DKT, PSI) in target areas 8.4 Increased Availability of Quality Information on Safer Sexual Behavior (FHI/ARO, IHAA) 8.5 Higher Policy Evaluation Scores (PES) in Cooperating Countries 8.6 Improved Management of STIs in Demonstration Areas		
ANE IR	ANE IR INDICATORS (Current)	G/PHN/HN/HIV INDICATOR
IR 1 National/Regional Consensus on HIV/AIDS Policies Facilitated	8.1.1 Number of new agreements between and among governments for addressing the HIV/AIDS epidemic 8.1.2 Number of countries with comprehensive national-level HIV/AIDS policies in place	<ul style="list-style-type: none"> No of countries with operational STI/HIV surveillance systems (IR 4.5.1) % of non-health sector programs that incorporate STI/HIV/AIDS responses (IR 4.3.2)
IR 2 Successful Program Models for Limiting HIV Transmission Developed and Disseminated	8.2.1 Number of new cross-border intervention models developed, tested and disseminated (FHI, IHAA) 8.2.2 Number of new intra-country models developed, tested and disseminated (HORIZONS, FHI/ARO, IHAA)	<ul style="list-style-type: none"> Number of research findings and evaluation results adopted/applied in subsequent program design and implementation (IR 4.6.2) Making Operational the prevention to care continuum (IR 4.3.5)
IR 3 Selective Replication of Successful Program Models in Non-presence Countries	8.3.1 HIV/AIDS service delivery expanded 8.3.2 Policy environment for HIV/AIDS interventions enhanced 8.3.3 National HIV/AIDS monitoring and evaluation strengthened	<ul style="list-style-type: none"> % target group that can acquire a barrier method (IR 4.1.2) Number of people being provided with quality STI/HIV/AIDS services by USAID-assisted private sector organizations. (IR 4.4)
IR 4 ANE/SEA Bilateral HIV/AIDS Programs Strengthened	8.4.1 HIV/AIDS Service Delivery Improved 8.4.2 National HIV/AIDS Monitoring Systems Improved 8.4.3 Number of NGOs/PVOs adding HIV/AIDS Services	NA

IR 5 Other Donors/Host Countries Increase Support for Effective Responses	8.5.1 Number of Pilot Activities Expanded or Replicated 8.5.2 Aggregate Amount of Resources Allocated to HIV/AIDS Prevention	<ul style="list-style-type: none"> • % of local area governments in countries that are supporting STI/HIV/AIDS prevention, care, and support activities (IR 4.3.1)
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Revised Framework SO8 – Increased Use of Effective Responses to the HIV/AIDS pandemic in Asia and the Near East

ANE SO8: INCREASED USE OF EFFECTIVE RESPONSES TO THE HIV/AIDS PANDEMIC IN ASIA AND THE NEAR EAST

SO Indicators:

- 8.1 Number of Cross-Border sites with Preventive and Educational HIV/AIDS interventions (FHI/ARO)
- 8.2 Number of countries/states with operational STI/HIV prevalence and behavioral surveillance systems (FHI/ARO)
- 8.3 Number of SO8 - assisted NGOs adopting best practices or new HIV/AIDS services (IHAA, FHI/ARO)

ANE IR	ANE IR INDICATORS	G/PHN/HN/HIV INDICATOR
Intermediate Result 1 Increased quality information on HIV/AIDS – produced and disseminated to regional/national policy makers, NGOs and partners	8.1.1 Number of organizations actively participating in STI/HIV/AIDS training or action planning meetings (FHI/ARO, IHAA) 8.1.2 Number of influential scientific and public information articles written with support from this SO (FHI/ARO, HORIZONS)	<ul style="list-style-type: none"> • No of countries with operational STI/HIV surveillance systems (IR 4.5.1) • % of non-health sector programs that incorporate STI/HIV/AIDS responses (IR 4.3.2) • Number of research findings and evaluation results applied in subsequent program design and implementation (IR 4.6.2)
Intermediate Result 2 Increased number of quality program models (for prevention and treatment of STDs/TB/HIV developed and disseminated	8.2.1 Number of socially marketed condoms sold (in million) in target areas (AIDSMARK, FHI/ARO, IHAA) 8.2.2 Number of people being provided with quality information on HIV/AIDS by USAID-assisted private sector organizations (PVOs and/or local NGOs) (IHAA, FHI)	<ul style="list-style-type: none"> • Operationalization of prevention to care continuum(draft) (IR 4.3.5)
Intermediate Result 3 Increased Availability of quality HIV prevention, mitigation and care services for vulnerable populations	8.3.1 Number of people provided increased quality STI/HIV/AIDS prevention, mitigation and care services by USAID-assisted PVOs and local NGOs in ANE region. (IHAA, FHI/ARO, NGO Networks)	<ul style="list-style-type: none"> • % target group that can acquire a barrier method (IR 4.1.2) • Number of people being provided with quality STI/HIV/AIDS services by USAID-assisted private sector organizations. (IR 4.4)

Intermediate Result 4 Bilateral HIV/AIDS Programs Strengthened in USAID Presence Countries	8.4.1 STD/HIV/AIDS Service Delivery Improved 8.4.2 Number of implementing agencies adopting best practices in behavioral change communication	<ul style="list-style-type: none"> • % of local area governments in countries that are supporting STI/HIV/AIDS prevention, care, and support activities (IR 4.3.1)
Intermediate Result Five Other Donors/Host Countries Increase Support for Use of Effective Responses	8.5.1 Number of ANE-supported models expanded/adapted/cost-shared by other donors (IHAA, FHI/ARO) 8.5.2 Increased number of local government units that adopt or increase support to STI/HIV/AIDS prevention, care, and support activities (FHI/ARO, UNAIDS)	<ul style="list-style-type: none"> •

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Summary of Changes:

Note: No change to the Strategic Objective is proposed. Proposed changes include:

- Intermediate Result Revisions – IRs were edited to better reflect the regional initiatives, and allow for less “hair splitting” and more generalization in results reporting on model development, information systems, etc.
- Indicators – Of six SO-level indicators – three are dropped. Elements of the three indicators are captured in revised indicators at the IR level.
 Rationale: The major outputs of the Regional SO are captured under the remaining SO indicators. Combining some intermediate results will make for economies of reporting and make it easier to understand the desired outcomes and the relationship (synergies) between intermediate objectives.

Action Request: ANE Bureau Management approval of the Revised SO8 Results Framework and Indicators.

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Table 1. FY00 Budget Request for HIV/AIDS

SO 8 – Budget Request for FY99 (\$000)	
IR 1 - National/Regional Consensus on HIV/AIDS Policies facilitated...(FHI)	300
IR 2 -- Successful program models for limiting HIV transmission developed and disseminated...(FHI)	1,750
--- IHAA (Alliance) NGO programs in Bangladesh, Cambodia, Morocco, and Sri Lanka	1200
IR 3 – Selective replication of successful program models in Non-Presence Countries (FHI)	1,600
IR 4 - ANE/SEA bilateral HIV/AIDS programs strengthened (FHI)	470
IR 5 - Other donors and host governments increase support for effective responses (indirect support)...(FHI)	0*
General - ARO TA, Consultants, management, and support costs	1,300
Sub-Total Budget...FHI	5,420
... Less estimated FY99 carryover	(1,500)
FHI/ARO Request Total	3,920
Sub-Total Budget Request from IHAA	1,200
ANE Funding required in FY99...	5,100

Notes: * costs absorbed under general (last item) category
 Less 1,500 of FY99 funds available for program support in FY00.

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