



Semi-annual Report 17  
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## *Acronyms*

A/B	Abstinence or Be Faithful
AIDS	Auto-Immune Disorder Syndrome
ANC	Antenatal Care
ANERELA+	African Network of Religious Leaders living with or affected by HIV/AIDS
APAC	AIDS Prevention And Control (project)
ART	Anti-retroviral Treatment
ARV	Anti-retrovirals
ASEAN	Association of Southeast Asian Nations
ASEP	AIDS Surveillance and Education Project
BBS	Behavior and Biologic Survey
BBSS	Behavioral and Biological Surveillance Study
BCC	Behavior Change Communication
BHR	Bureau of Humanitarian Response
BSS	Behavioral Surveillance Survey
CBC	Community Based Care
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
CHBC	Community and Home Based Care
COP	Country Operational Plan
CORE	The Child Survival Collaborations and Resources Group
DFID	Department for International Development (UK)
DPS	Provincial Health Directorate
DSD	Department of Social Development
ECR	Expanded and Comprehensive Response
FANTA	Food and Nutrition Technical Assistance
FBO	Faith Based Organizations
GC	Gonorrhea
GHAIN	Global HIV/AIDS Initiative
GHARP	Guyana HIV/AIDS Reduction Project
GFATM	Global Fund to Fight AIDS, TB, and Malaria
HBC	Home Based Care
HCBC	Home and Community Based Care
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
IA	Implementing Agency
IBBS	Integrated Bio-Behavioral Studies
ICRW	International Center for Research on Women
IDU	Intravenous Drug Users
IEC	Information Education and Communication (materials)
IP	Information Programs
IRB	Institutional Review Board
JICA	Japan International Cooperating Agency
KGGA	Kenya Girl Guides Association
M&E	Monitoring and Evaluation
MAP	Marketing Assistance Project
MARPs	Most At-Risk Populations
MERG	Monitoring and Evaluation Reference Group
MCH	Maternal and Child Health

MIS	Management Information System
MOE	Ministry of Education
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MNCV	Medical Netherlands Committee Vietnam
MSH	Management Sciences for Health
MSF	Medecins Sans Frontieres
MSM	Men who have Sex with Men
NACP	National AIDS Control Program
NAP	National AIDS Program
NAP+N	National Association of People Living with HIV/AIDS in Nepal
NASCOP	National AIDS/STI Control Program
NBTS	National Blood Transfusion Services
NCD	National Capital District
NDOH	National Department of Health
NGO	Non-Governmental Organization
NIHE	National Institute for Hygiene and Epidemiology
OFDA	Office of U.S. Foreign Disaster Assistance
OGAC	Office of the U.S. Global AIDS Coordinator
OI	Opportunistic Infection
OPC	Out-Patient Clinic
OVC	Orphans and other Vulnerable Children
PC	Palliative Care
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
POS	Program Operations Support
QA	Quality Assurance
QI	Quality Improvement
RDM	Regional Development Mission
REDSO	Regional Economic Development Services Office
RHAP	Regional HIV/AIDS Program
SI	Strategic Information
SNNPR	Southern Nations Nationalities and Peoples Region
SOP	Standard Operational Procedures
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TOT	Training of Trainers
USG	United States Government
UN	United Nations
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization



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### *Introduction*

#### **IMPACT Background and Synopsis**

The IMPACT project is designed to promote the global technical leadership of USAID and has historically been the lead field-implementation program for all USAID HIV/AIDS prevention, care and support programs supporting SSO 4 of USAID's Global Health Bureau. The success of this project in the field speaks for itself with over \$439 million in obligations. IMPACT provides a platform for USAID's mandated scale-up of HIV interventions in PEPFAR priority-focus countries and is the Agency's primary engine for implementing a wide variety of prevention, care and support, and treatment programs worldwide.

IMPACT has played a pivotal role in global leadership by developing tools, strategies and technical expertise in the areas of ART, VCT, PMTCT, strategic behavioral communication, care and support, HIV and TB integration, M&E, including behavioral surveillance, OVC and other related fields, that it has provided to over 800 partners since inception of the project, including NGOs, FBOs, CBOs and the public and private sectors. Having worked through a network of over 800 partners since inception of the project, including international NGOs, FBOs, CBOs and the public and private sectors, IMPACT plays a pivotal role in global leadership by developing tools, strategies and technical expertise in the areas of ART, VCT, PMTCT, strategic behavioral communication, care and support, HIV and TB integration, M&E - including behavioral surveillance, OVC and other related fields. IMPACT approaches seek to strengthen the response to the pandemic and improve capacity specifically at the country level. The IMPACT project has a vast reach with a strong field presence where it manages comprehensive programs through the provision of sub-grants to local organizations and the technical and management support necessary for those programs to succeed. Perhaps the most far-reaching accomplishment of the IMPACT project has been to serve USAID field missions in a time of rapid HIV/AIDS program expansion. At one time IMPACT operated programs in more than 40 countries and is currently operating programs in more than 30 countries. The IMPACT project continues to prepare for and implement responsible close out of country programs, including regular and thorough examination of financial pipelines as well as the planning and budgeting for close out itself. Most of the country office program activities will end in FY06, though some will continue into FY07, either as has been planned with the Mission or should a funding pipeline remain at the end of the fiscal year. These country offices have developed or are finalizing close-out plans and will continue to receive technical support and guidance during the close-out process.

Please note that data from IMPACT country programs is to be reported to headquarters by the end of April, and therefore, a data supplement to this semi-annual report will be provided in mid-May 2006. Consequently, some of the numbers provided in the content of this report may change, though not drastically, when all of the data is reported.

#### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

**CONTINUATION OF ANTIRETROVIRAL PROGRAMS:** IMPACT's treatment model works through and supports local institutions at the district level in comprehensive care (both public and FBO) and is critical in advancing the care and treatment agenda and laying the groundwork for program scale-up. The development of tools, methodologies, guidelines, training programs, district-based assessment techniques, oversight boards

and drug procurement and logistics have built the platform for the comprehensive care and treatment rollout in the Emergency Plan. During this reporting period, IMPACT support for ART continued in five countries, including the creation of a Comprehensive Care Center model in Kenya which was adopted as the national model by that country's MOH. The model integrates ART with clinical care and other HIV-related services. As part of its role to promote quality and guidance for these technical areas, IMPACT developed a pediatric ART lessons-learned document, as well as a guide to creating referral networks, which recognizes the importance of functional referral networks for HIV comprehensive care and is being utilized in IMPACT countries with guidance from FHI staff. In addition, IMPACT is developing a manual to guide establishment of HIV-service delivery, including ART, at the secondary health facility level in resource-limited settings and has drafted a guide for country programs to prepare for close out of IMPACT-funded ART programs.

**VOLUNTARY COUNSELING AND TESTING AND PREVENTION:** IMPACT has been working in the area of VCT since 1997, emerging as a global leader in technical assistance, development of evidence-based strategies and tools, and program implementation, emphasizing prevention and greater access to care, treatment, and support. IMPACT is contributing to a manual for developing national guidelines for counseling and testing of children and is finalizing a manual on comprehensive HIV prevention and care programs for IDUs, which is expected to be completed in May 2006. Employing different models for different contexts and needs, IMPACT currently supports VCT in more than 500 facilities in 23 countries and has expanded geographical coverage and broadened the range of services provided at VCT sites. An example of this is that lessons learned by IMPACT/Egypt's VCT program were used to sensitize 14 regional countries and have led to several requests for additional TA from IMPACT for those countries. IMPACT has also responded creatively to the new paradigm in counseling and testing by addressing issues of human resources and by increasing community involvement, including PLHAs, in counseling and testing efforts.

IMPACT has supported PMTCT efforts since 2000 by providing TA, implementing programs, and developing tools, strategies and technical documents. IMPACT has been increasingly called upon to provide TA and on-going support for the implementation and scale-up of PMTCT services. In the next reporting period, IMPACT will bring together lessons learned in counseling and testing and PMTCT from IMPACT countries in Africa and Asia as a way of documenting results and challenges in these technical areas.

**HOME-BASED CARE:** IMPACT provided extensive HBC TA in Cote D'Ivoire and Ethiopia to build the capacity of staff and implementing partners. Additionally, since April 2004, FHI has been supporting the Foundation for Hospice in Sub-Saharan Africa's work to develop a community-level training curriculum on palliative care for children living with HIV/AIDS and other life-threatening illnesses. The final version of this training curriculum was delivered to USAID in December 2005.

**ORPHANS AND VULNERABLE CHILDREN:** IMPACT collaborated with the USAID Africa Bureau, UNICEF, and The Futures Group International, to provide continued TA to countries to improve and finalize the M&E frameworks of their National Plans of Action in favor of OVC. The final draft of a program-level OVC M&E guide to help document and improve the scale and scope of existing programs in OVC was finalized and IMPACT, in collaboration with Plan International, arranged for the French translation and distribution of *Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools*.

IMPACT contributed to a number of global technical initiatives including the third annual Global Partner's Forum on OVC held in London in February, development of a white paper on increasing pediatric access to cotrimoxazole to inform the resulting recommendation of the GPF, presentation of the Dean's lecture at the London School of Hygiene and Tropical Medicine in March, and collaboration with OGAC, UNICEF, UNAIDS, WHO and Save the Children, to conduct a regional meeting in Vietnam on children affected by HIV/AIDS in March.

**STRATEGIC BEHAVIORAL COMMUNICATION (SBC):** IMPACT published the *ABC Study Final Report*, the final report of the IMPACT-Population Council collaboration/operations research project in Kenya. The report documents responses among youth and workers to ABC messages and the impact of ABC

approaches on risk behaviors and decisions to practice safer sex behaviors. Follow-up research is expected to take place in May 2006. IMPACT's BCC listserv continues to be utilized for dissemination of the latest tools, articles and reports on health communication efforts worldwide as well as to share knowledge and expertise between FHI country offices worldwide. IMPACT finalized a global SBC framework for implementation at the field level and continues to guide IMPACT programs globally on quality of SBC programming.

**GLOBAL MONITORING AND EVALUATION:** IMPACT provides direct TA to IMPACT country offices, USAID Missions and host country governments in the area of surveillance, population size estimation, program design and evaluation, data analysis, use and dissemination. During this reporting period, IMPACT provided trainings to government and NGO representatives on surveillance in the Latin American and Caribbean and Middle East regions. IMPACT contributed to the USG training network database based out of the CDC and continued to develop and improve implementation of the Global Spreadsheet (GSS) of Program Monitoring Indicators, based on feedback from the field and newly revised mandatory indicators that arose from the PEPFAR initiative and recent discontinuation of the Programmatic DataBase. Additionally, this year IMPACT produced a detailed GSS manual and guidelines on implementing Respondent Driven Sampling (RDS). Two size estimation trainings were conducted, and IMPACT continued to provide TA to USAID Missions and other stakeholders on size estimation during the reporting period.

IMPACT also supported discussions at global meetings regarding requirements for ethical approval of research studies and guidance on how to submit research protocols to the FHI Protection of Human Subjects Committee. Finally, FHI has been working with country programs to help them plan for close out of IMPACT, including helping them to plan for documentation of program performance and measuring program outcomes and impact where appropriate.

**GLOBAL LEADERSHIP THROUGH INFORMATION SHARING:** During the reporting period, IMPACT ensured that field staff and partners had access to the latest tools, guides, lessons learned and other documents to advance The Emergency Plan. IMPACT has long been a premier information resource, bringing USAID's HIV agenda to national governments, partners and IAs. Recognizing the importance of getting new information into the hands of people who can act on it quickly, IMPACT has increased the use of FHI's website and Intranet to disseminate information for and about IMPACT's work. During the reporting period, we introduced Intranet capability to IMPACT field staff. This allows IMPACT staff in most country programs to access a variety of important tools and documents more quickly. Additionally, USAID content on FHI's website country pages was greatly expanded, especially with increased attention to IMPACT's HIV treatment programs in countries like Kenya, Nigeria and Vietnam. IMPACT also produced a broad spectrum of print materials during this reporting period to address the most pressing HIV needs in developing countries.

**ORGANIZATIONAL AND HUMAN CAPACITY DEVELOPMENT:** During the reporting period, work continued on the QA/QI Initiative. The goal of the initiative is for projects at all operating levels to fulfill their objectives and to achieve results that are efficient, cost-effective and adhere to standards. The QA/QI Core Team is leading the effort to develop tools (frameworks/strategies, minimum standards, SOPs, checklists, proxy indicators and programming processes) to be used in the implementation of the QA/QI Initiative. Additionally, a QA/QI Operations Manual is being developed to guide implementation of QA/QI. The manual will serve as a central location for the QA/QI tools and will assist staff to build the capacity of IAs in developing and strengthening their own QA/QI systems. The manual is expected to be completed and disseminated during the next reporting period. Furthermore, a new, semi-annual program review system was implemented as part of the on-going QA/QI Initiative.

A technical meeting was convened during the reporting period specifically for Asia country offices to strategize more effective and efficient provision of TA and to support recent improvements in the area of QA/QI. The agenda included a range of management issues affecting the provision of TA to both regional and country programs, capacity building for country program staff and IAs and development of south-south technical sharing between country programs. These meetings are critical to improve the quality and coordination of TA to country offices so that the quality of service delivery and other programming is constantly being improved.

With IMPACT support, an improved pipeline budget tool, which is used by budget managers to track financial expenditures and project future financial needs, was disseminated. As IMPACT nears completion, this tool has become particularly important in close-out planning. During the reporting period, four country offices were decentralized, a status that facilitates enhanced responsiveness of country offices to donors and IAs. Additionally, ten decentralized offices received bi-annual reviews to ensure the continued quality of their programs under decentralization.

Through IMPACT, FHI continued to support USAID field missions in a time of rapid HIV program expansion under the Emergency Plan in priority focus countries as well as scaling up programs in non-priority focus countries. While IMPACT is closing, this effort is helping to lay the groundwork for continuation of programs under new USG-funding mechanisms. During the reporting period, IMPACT worked with over 250 organizations, including NGOs, FBOs, CBOs, hospitals, and governments to build their capacity to respond to the HIV/AIDS pandemic. Additionally, in the first half of FY06, IMPACT awarded over 40 new subagreements to support HIV/AIDS field-based programming. IMPACT's strength in improving organizational capacity is preparing countries to participate in larger efforts, including the Emergency Plan, to better respond to the pandemic.



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***GLOBAL CORE/DESIGNATED  
CORE ACTIVITIES***

## *Care and Treatment*

### *Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)*

#### **Documentation of Pediatric HIV/AIDS Clinical Care and Treatment Lessons Learned**

Input was provided for the development of a pediatric ART lessons-learned document, *Prioritizing Children: Developing and Delivering Pediatric HIV/AIDS Clinical Care and Treatment including Antiretroviral Therapy in Resource Constrained Settings: Lessons Learned From Kenya and Ghana*, which was submitted to USAID for review in November 2005. Once approved, this document will be disseminated to implementing partners IMPACT country offices.

#### **Development and Dissemination of SOPs**

SOPs for secondary and tertiary level health facilities have been completed in additional HIV clinical care and treatment areas, including: 1) Organization of HIV Health Facility Based Care, and 2) Treatment Services and Management of Adverse Reactions to ART. Furthermore, the following SOPs were updated to incorporate current scientific and clinical evidence: 1) Management of Adults and Adolescents on ART, 2) ART Adherence Counseling, and 3) HIV Post-Exposure Prophylaxis. SOPs for HIV Clinical Care, including Treatment Monitoring at the Primary Health Level and SOPs for Standard Precautions for use at all health facility levels were also completed.

SOPs for ART Infants and Children and HIV Clinical Care of Adults and Adolescents are in final draft form and expected to be completed at the end of April 2006. SOPs and Standards are also being developed for Counseling and Testing and PMTCT. Dissemination of the SOPs is expected to take place in the next reporting period. Care and Treatment staff is also contributing to the *Generic Guidelines for Counseling and Testing of Children*, a manual being developed by Prevention and Mitigation staff with funding from the Africa Bureau that will be used to inform the development of national guidelines for counseling and testing of children.

#### **Development and Implementation of Innovative Strategies to Create/Strengthen Referral Networks**

In FY06, IMPACT provided support for the development of the *Creating Referral Networks* guide, which continues to be utilized in IMPACT countries with ongoing guidance from care and treatment staff. For instance, in Ethiopia, services are being linked by referral systems to ensure that VCT serves as an entry point to both HIV prevention and care and treatment and that HCBC programs effectively contribute to identifying patients who are eligible for ART treatment and ensuring adherence to treatment.

#### **Tool Development for HIV-Service Delivery at Secondary Health Facility Level**

A manual is being drafted to guide technical and program staff in setting up HIV service delivery, including ART, at the secondary health facility level in resource-limited settings. The manual presents a basic package of essential HIV clinical care services for the secondary health facility level and includes the minimum requirements for establishing services to meet international standards of HIV care and treatment. Guidelines for supportive supervision and mentoring are provided for ongoing monitoring of service quality. The manual is expected to be completed by September 2006.

#### **Development of a Program and Tools for QA of Clinical Care and ART Programs Funded under IMPACT**

QA of HIV clinical care and treatment programs is a component of FHI's broader QA/QI Initiative. Essential tools have been drafted for adaptation according to local country settings, including an ART Strategic Framework, several SOPs (as noted above), and a QA Checklist for ongoing monitoring of the essential elements of health facility-based HIV service delivery. In addition, Care and Treatment staff has been involved in drafting a *Project Close Out Strategy for HIV Care and Treatment* that is meant to guide IMPACT-funded ART programs as they close out or transition to other funding.

### **Conduct Global Technical Meetings for Staff Working in HIV Counseling and Testing Programs, Including PMTCT**

Preparations are underway for two concurrent meetings for all FHI staff working in PMTCT and counseling and testing, to be hosted locally by FHI country offices in West Africa and East Africa. These meetings are scheduled to take place in the next reporting period.

### **Global Leadership in HIV/AIDS**

IMPACT supported the participation of Care and Treatment at the PMTCT Global Partners Forum in Abuja in December 2005, where participants developed a Call to Action for increasing access to PMTCT for children. In preparation for the meeting, FHI developed a background paper that will be published in a peer review journal, *The Lancet*. As a follow-up to Abuja, a Care and Treatment attended an Inter-Agency Task Force meeting in Geneva in March 2006 that examined the results of the Abuja meeting and sought to translate the Call to Action into practical steps for partners and task force member agencies. In January Care and Treatment also attended a WHO consultation on HIV testing and counseling and violence against women in Geneva, which included discussions on how to integrate gender-based violence into HIV/AIDS programs. Additionally, in January Care and Treatment represented IMPACT at a UNICEF/WHO Pediatric HIV/AIDS care meeting in New York and in March at the annual core group meeting of the TB/HIV working group in London.

## *Evaluation, Surveillance and Research*

### *Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)*

#### **Global M&E and Surveillance Leadership**

IMPACT has provided guidance on surveillance at the global level and continues to build the capacity of national counterparts, FHI country offices, IAs, USAID Missions and other key players as appropriate in the area of surveillance and strategic information data collection. For example, continued support is being provided to government and NGO representatives that attended in-depth regional trainings on surveillance in the Latin American and Caribbean and Middle East regions. IMPACT core funds also support FHI's contribution to the USG training network database based out of the CDC.

IMPACT core funds were also used to further develop and improve implementation of the Global Spreadsheet (GSS) of Program Monitoring Indicators. In FY05, country offices utilized the online the GSS for reporting on global indicators including Programmatic DataBase (PDB) indicators and PEPFAR indicators. Based on feedback from the field and newly revised mandatory indicators that arose from the PEPFAR initiative and recent discontinuation of the PDB, the GSS was revised again for data collection in FY06. This year the capability of the GSS was greatly improved to be more user-friendly, to increase its analysis capabilities and to track targets set by country offices. These improvements are expected to enhance the quality of data collected on a global scale. Additionally, this year Evaluation, Surveillance and Research staff produced a detailed GSS manual to help country offices to correctly interpret indicators, enter complete and accurate data and utilize the data analysis capabilities available in the online tool. While it is no longer required to report indicators to the PDB, Evaluation, Surveillance and Research continues to collect data for all FHI programs on global indicators, including all required PEPFAR indicators.

IMPACT core funds have also supported discussion at global meetings regarding requirements for ethical approval of research studies and guidance on how to submit research protocols to the FHI Protection of Human Subjects Committee. IMPACT will provide support to the next regional M&E meeting in Asia during the next reporting period, as well as support for Evaluation, Surveillance and Research staff to attend several global meetings on strategic information.

IMPACT core funding has supported efforts to develop QA/QI guidelines and tools for IAs and countries offices. Several tools and guidelines are currently being developed to improve M&E quality in program design and implementation. Furthermore, to better reach high-risk groups for surveillance purposes, Evaluation, Surveillance and Research staff has developed a guideline on Respondent Driven Sampling (RDS) to support the implementation of this methodology of sampling in several countries in Eastern Europe, the Caribbean and Africa.

#### **Guidance for Combining STI and HIV Testing with Behavioral Surveillance**

IMPACT will provide support to update the Evaluation, Surveillance and Research guide for Behavioral Surveillance Surveys in the coming months with a new section on the integration of STI and HIV testing for a combined Biological and Behavioral Surveillance Survey. The update will also include lessons learned from several years of using the guide in the field, including new methods of sampling such as RDS.

#### **Size Estimation Training for the Africa Region**

Since FHI developed the size estimation guidelines, two trainings sessions were conducted in Asia, and FHI is currently working on setting up similar trainings in Africa. To do this, FHI will be leveraging funds from other organizations that are interested in size estimation trainings in Africa. In the meantime, since size estimation plays a key role in the area of surveillance, program planning, projections, monitoring and intervention coverage estimates, Evaluation Surveillance and Research, with its existing expertise, has continued to provide technical assistance to USAID Missions and other stakeholders on size estimation during the reporting period.

**IMPACT Close Out and Documentation**

FHI has been working with country programs to help them plan for close-out of IMPACT, including helping them to plan for documentation of program performance and measuring program outcomes and impact where appropriate. This TA will continue into the next reporting period.

**Global M&E Meeting/Training**

With IMPACT support, Evaluation, Surveillance and Research staff organized a global M&E meeting in Arlington in October to update staff that work on M&E in the field on new M&E and strategic information tools and methodologies, evaluation design and implementation, and analysis and use of evaluation findings for improvement of country programs and surveillance methodologies. Participants included representatives from both FHI country offices in Africa, Asia and Latin America and the Caribbean and IAs. As part of the orientation on new surveillance methodologies and tools available for M&E staff in the field, IMPACT designated core funds were utilized to sponsor a visit by Dr. Doug Heckathorn of Cornell University, creator of the RDS methodology. Dr. Heckathorn presented RDS to the meeting participants and provided an initial training on how to utilize the methodology to reach hidden populations when conducting surveillance studies.

**Development of an M&E Guide**

FHI, in collaboration with USAID, is developing an M&E guide for the program level to fill the gap between program-level and national-level M&E. IMPACT designated core support is being utilized to finalize the document. In addition, USAID has approached FHI to help pretest the vulnerability scale for OVC being developed by OGAC.

## ***Information Programs***

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Publications**

IMPACT produced a broad spectrum of print materials during this reporting period to address the most pressing HIV needs in developing countries. Some of these materials examine technical topics, while others focus on program areas. We seek to explore subjects that will benefit the greatest number of people – and about which there is relatively little information already in print.

Among the materials we distributed widely in this period are two of IMPACT's most useful new resources, *Delivering Antiretroviral Therapy in Resource-Constrained Setting: Lessons from Ghana, Kenya and Rwanda* (a 118-page book that documents valuable lessons FHI and its partners have learned in the two years since launching FHI's first ART sites) and *HIV/AIDS Care and Treatment* (a facilitator's guide to a comprehensive five-day training course, with accompanying material for course participants).

We initiated French editions of two popular guides on children's issues: *Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools* and the *Handbook for Paediatric AIDS in Africa*. To stretch IMPACT dollars, the French edition of the former was done in collaboration with Plan International, and the latter (a publication of the African Network for the Care of Children Affected by AIDS) in collaboration with UNICEF. We continued to publish "Snapshots from the Field," a series of easy-to-read articles accompanied by photo illustrations. And we began preparing close-out reports for IMPACT programs, completing eight by the end of this period.

#### **Website and Intranet Activity**

During the reporting period, we introduced Intranet capability to IMPACT field staff. This mechanism now allows IMPACT staff in most country programs to access a variety of important tools and documents more quickly, enabling them and their partners to move forward with their work more efficiently.

FHI's website continued to present IMPACT activities in clear, easy-to-understand and easy-to-find postings. During the reporting period, IP worked with staff in Arlington and in the field to greatly expand USAID content on the country pages, including increased use of photos and images. We especially increased attention to IMPACT's HIV treatment programs in countries like Kenya, Nigeria and Vietnam.

## ***Prevention and Mitigation***

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Technical Support to IMPACT Country Programs and USAID**

IMPACT provided ongoing TA in Strategic Behavioral Communication (SBC), STIs, IDU, Workplace programs (WPP), uniformed services and OVC to IMPACT country programs. Additionally, IMPACT published *ABC Study -- Final Report*, the final report of the FHI/IMPACT-Population Council collaboration/operations research project in Naivahsa, Kenya. The report documents responses among youth and workers to ABC messages and the impact of ABC approaches on risk behaviors and decisions to practice safer sex behaviors. Follow-up research is expected to take place in May 2006. For SBC, the IMPACT BCC listserv continues to foster south-to-south collaboration and sharing of lessons learned. The SBC unit uses the listserv to disseminate the latest tools, articles and reports on health communication efforts worldwide as well as to share knowledge and expertise between FHI country offices worldwide. The FHI/IMPACT OVC and M&E teams, collaborating closely with the USAID Africa Bureau, UNICEF, and The Futures Group International, continued to provide TA to countries to improve and finalize the M&E frameworks of the National Plans of Action in favor of OVC. During the current reporting period, IMPACT provided TA to several countries including Nigeria, Cote d'Ivoire and Namibia.

#### **Development and Dissemination of Global Tools**

IMPACT has provided support for Prevention and Mitigation to work on the development of tools for dissemination to the field. During this period, IMPACT finalized a global SBC framework for implementation at the field level. The SBC framework includes nine documents summarizing the role of SBC in OVC, HBC, PC, prevention in the care setting; ART, PMTCT, counseling and testing, STI and TB/OI interventions. The QA/QI standards completed during the period include: SBC Minimum Standards; SBC subagreement checklist; and SOPs for 11 SBC intervention areas (formative assessment, linking with baseline studies, materials development, peer education, etc.) QA/QI tools were also developed for OVC programs, including a strategic framework, standards and a checklist for the development of subagreements. In collaboration with Evaluation, Surveillance and Research, M&E indicators were also agreed upon for OVC. WP developed a strategic framework for workplace programming to provide a comprehensive strategy, technical approach, program goals and objectives, illustrative activities and M&E guidance. WP also developed minimum standard guidelines for country offices, IAs and program components, QA checklists for country offices, IAs and program components, an IA subagreement checklist and quality proxy indicators. An Intranet site has been created to store all Prevention and Mitigation tools and to make them accessible to the field.

#### **Documentation Development and Dissemination**

In collaboration with Plan International's West Africa regional office, *Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools* was translated into French. Plan is handling the translation and printing while IMPACT will assist with dissemination. The English version continued to be distributed regularly throughout the reporting period.

Work continued on the development of a program-level OVC M&E guide to help document and improve the scale and scope of existing programs in OVC and to link them to national-level data reporting systems necessary to meet the UNGASS goals. The design of the guide and several of its modules are complete. Additional modules are being written by a range of M&E and OVC experts in the field. During the reporting period several meetings were held with USAID to obtain final edits and the final draft was delivered to USAID.

Since April 2004, IMPACT has been supporting the Foundation for Hospice in Sub-Saharan Africa's (FHSSA) work to develop a community-level training curriculum on palliative care for children living with HIV/AIDS and other life-threatening illnesses. The final version of this training curriculum was delivered to USAID in December 2005.

*Prioritizing Children: Developing and Delivering Pediatric HIV/AIDS Clinical Care and Treatment including Antiretroviral Therapy in Resource Constrained Settings: Lessons Learned From Kenya and Ghana*, a pediatric ART lessons learned document, was developed in collaboration with Care and Treatment and submitted to USAID for review in November 2005. The document is designed to help improve access to available diagnosis and therapies for HIV-infected children. Also in collaboration with Care and Treatment, work continued on a manual for counseling and testing of children and their families. This document targets policy-makers, managers and front-line workers, to guide them on policies and procedures as they relate to counseling and testing of children. The document is expected to be submitted to USAID by the end of the reporting period.

Work also continued on the development of a manual for people working with IDUs, their families and partners, focusing on providing HIV counseling and testing to mitigate drug-related health impacts. The manual also addresses policymakers and comprehensive HIV prevention and care programs for IDUs. It is expected to be completed in May 2006.

During the reporting period, the Prevention in Care Settings guide was reviewed internally by Care and Treatment staff. Based on discussions with staff and the more recent push for routine testing, the guide was revamped and field tested in Kenya. The guide will be sent for broader peer review during the next reporting period.

In November 2005, Program for Appropriate Technology in Health finalized and printed the *Participatory Monitoring Guide*, a guide on participatory monitoring of BCC programs. The guide, which aims to involve community and program staff in assessing and improving programs, has a variety of participatory monitoring tools to help local partners, staff and managers meet defined objectives of BCC.

### **Global Leadership in SBC, STIs, IDU, WPP, Uniformed Services and OVC**

IMPACT supported Prevention and Mitigation staff participation in the planning of the technical consultation leading up to the third annual Global Partner's Forum on OVC held in London in February. Additionally, Prevention and Mitigation shepherded the development of a white paper on increasing pediatric access to cotrimoxazole to inform the resulting recommendation of the GPF. In February 2006, a Prevention and Mitigation representative attended a conference in New York that focused on the role of gender programming in HIV/AIDS, reproductive health and other programs globally. A member of the Prevention and Mitigation team was invited to the London School of Hygiene and Tropical Medicine in March 2006 to present the Dean's lecture on "Women as Critical Links: Promoting HIV/AIDS Related Prevention, Treatment, Care and Support for Orphans and other Vulnerable Children in Sub-Saharan Africa."

In March IMPACT, in collaboration with OGAC, UNICEF, UNAIDS, WHO and Save the Children, conducted a regional meeting in Vietnam on children affected by HIV/AIDS. Twenty-four country delegations from the Asia Pacific region attended the meeting. Attending countries committed to establishing coordinating structures, reviewing policies and legislation, conducting a situation analysis and developing national action plans to address the needs of children in the region.

## ***Human Capacity Development Project***

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

In FY05, IMPACT implemented a human capacity development demonstration project in Kenya in response to the inadequacies identified by the human capacity assessment for ART rapid scale up. The assessment revealed low staff morale caused by a number of shortcomings within the work environment, especially inadequacies in human resource management as well as in pre-service training in HIV/AIDS of para-medical (non MD) health personnel. The Kenya human resource development intervention was implemented through (i) support for the development and actual inclusion in the regular curriculum of a pre-service HIV/AIDS curriculum for the Kenya Medical Training College (KMTC), which trains 90% of the non-MD health workforce in Kenya, and (ii) support for the placement of human resource consultants in two major provincial hospitals (Coast Province and Rift Valley Province General Hospitals) for a period of six months, with the understanding that the facilities would make available their own staff to be mentored by the consultants and assume the new roles and responsibilities after the consultants left. A consultant was also placed in KMTC to provide skilled instructional design and coordination of inputs from the KMTC faculty in the development of the curriculum, which received support from the New York University Center for Aids Research. Project activities ended in September 2005, and a close out workshop was to be held in FY06. Due to a shortage of funds, the closeout workshop was not held. A final report is currently being prepared.

## ***Program Operations Support***

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Central Planning and Reporting**

The IMPACT FY06 Global Workplan and travel matrix was compiled, reviewed and edited for submission to USAID. Additionally, guidelines were provided to staff on the submission of the first IMPACT semi-annual report for FY06, and preparations are underway to submit the report to USAID early in the next reporting period.

In November, IMPACT FY05 program and financial data was submitted to Synergy's Programmatic Database. In January Synergy communicated to FHI that IMPACT data submissions would no longer be needed from FHI.

Using an established QI approach, IMPACT supported facilitated improvements to the pipeline budget tool, which is used by budget managers to track financial expenditures and project future financial needs. In January the revised tool was disseminated to staff both at headquarters and in country offices and is being utilized by budget managers on a quarterly basis.

Planning and monitoring for closeout of FHI's country IMPACT programs continued through the refinement of guidelines, tools and systems. A tracking system was developed for closeout and is monitored regularly in coordination with program staff.

#### **Manual Development**

IMPACT supported monthly meetings with FHI staff from various divisions to update, revise and improve the Program Management Manual. This manual is used to guide program implementation from start-up to close-out. At the end of the reporting period nearly all of the revisions for the manual were compiled. Completion of the manual and distribution is expected during the next reporting period.

#### **Decentralization**

IMPACT provided support to continued decentralization of country offices. Decentralization facilitates enhanced responsiveness of country offices to donors and IAs as a way to better serve our ultimate beneficiaries through quickly implemented, high-quality HIV/AIDS programs. During the reporting period, four country offices were decentralized. Additionally, decentralized country offices continued to be monitored through a QA process, which occurs biannually for each office. During the reporting period, ten decentralized country office QA reviews were completed.

***Bureau of Humanitarian Response/Partnership and Voluntary Cooperation  
(BHR/PVC)***

***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

**Strategic Information**

In FY02, the BHR committed \$500,000 to FHI through the IMPACT project to provide technical support in the area of HIV/AIDS to the CORE Group's child survival activities worldwide. This obligation was later reduced to \$460,000 in order to shift funds to a BHR/OFDA obligation to provide TA to a pilot project in southern Sudan. Given that similar efforts were taking place within USAID, USAID/Office of HIV/AIDS advised not to finalize the VCT and PMTCT guides developed by the CORE Group. In lieu of this activity the CORE Group wrote a best practice on community mobilization to share with its membership. This is the last activity under this obligation.



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# *AFRICA*

## ***Burundi***

### ***Brief Background***

Since FY02, USAID/REDSO has committed a total of \$2,150,000 to the IMPACT project for HIV/AIDS prevention and care activities in Burundi. During the first half of FY06, IMPACT activities focused on disseminating a BSS, strengthening VCT services for youth in particular, working with OVC and strengthening care and support services.

IMPACT project activities in Burundi will soon be ending, and consequently, FHI has transferred many of the subagreements funded by the IMPACT project to another USAID-funded project, the ROADS (Regional Outreaches to Address AIDS through Development Strategies) project. Currently, ROADS is funding six of the previous eight IMPACT subagreements. In order to prepare for close-out, FHI has requested that each of its local partners provide a list of all non-expendable property purchased under their respective subagreements, and FHI will use this information to prepare and submit a request for final disposition of non-expendable equipment to USAID Burundi for their approval. It is anticipated that IMPACT project close-out in Burundi will take place in September 2006.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### ***Care and Support***

IMPACT successfully partnered with the Collectif pour la Promotion des Associations des Jeunes (CPAJ) and the Association Burundaise pour le Bien-Etre Familial (ABUBEF) to develop youth-friendly VCT centers in Bujumbura. These subagreements closed in January 2006. The partnerships are still in place but are now implemented through the ROADS project.

In December IMPACT provided TA to train both medical and non-medical personnel in VCT service delivery. IMPACT conducted a two-and-a-half day VCT workshop for 21 participants to be trained to become VCT supervisors. IMPACT collaborated with several local partners on the training, including La Famille pour Vaincre le SIDA (FVS), Association Nationale de Soutien aux Séropositifs (ANSS), Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+), ABUBEF and CPAJ.

A draft VCT TOT curriculum was developed in collaboration with the Ministry of Public Health, and VCT QA tools were developed with the National Network of Counselors.

#### ***Strategic Information***

IMPACT finalized and disseminated BSS reports by target group - youth, prostitutes, displaced people and uniform services. IMPACT also provided M&E TA to FVS-AMADE to carry out a formative needs assessment and to establish data collection tools for various IAs to conduct quality reporting.

## *East and Central Africa HIV/AIDS Project (REDSO)*

### **Brief Background**

Since 2001, FHI's East and Central Africa (ECA) HIV/AIDS project has worked closely with USAID/REDSO to provide technical and programmatic support to regional HIV/AIDS programs and initiatives. Activities for FY06 are designed to complement the new ROADS (Regional Outreaches to Address AIDS through Development Strategies) project by identifying "hot spots" along transportation corridors, strengthening local organizations to meet community needs, identifying and addressing emerging HIV/AIDS issues in the region, building and collaborating with regional networks, and rapidly testing and diffusing innovative approaches to HIV prevention, care, mitigation and treatment. To date, USAID/REDSO has committed \$4,775,000 in field support funds to FHI/IMPACT ECA.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT is supporting the implementation of the "Shoot Back Innovation," an intervention using aim-and-shoot cameras to give truck drivers a means to capture risk, solutions, prevention, and health issues along their journey. The photos will be produced into a traveling exhibition to culminate the project. Peer education and basic HIV and AIDS trainings were conducted recently in Mariakani (February 2006) and Malaba, Kenya (March 2006). In total, 91 participants (38 Mariakani, 53 Malaba), including representatives from the Kenya National Chamber of Commerce and Industry and the Kenya Long Distance Truck Drivers Welfare Association, participated in the four-day capacity building workshop.

In March 2006, IMPACT collaborated with the Kenya National Chamber of Commerce and Industry on business leadership and HIV/AIDS trainings in Busia, Malaba and Mariakani. These workshops trained 75 participants (men and women) from the business sector.

FHI and Religions for World Peace held an initial pre-planning meeting with the Inter-Religious Council of Kenya National Secretariat to discuss activities aimed at reducing HIV-related stigma and discrimination. Forty-two religious leaders (men and women) from Mariakani were trained on HIV issues related to stigma, denial and discrimination.

IMPACT worked with the Zambia Health Education and Communication Trust to conduct a Knowledge, Attitude and Practice Survey among Common Market for Eastern And Southern Africa (COMESA) staff and to develop an HIV/AIDS policy for the COMESA Secretariat. These trainings were held at the COMESA Secretariat in Lusaka in March 2006. The cadres of trainees included secretaries, library assistant, two professionals and spouses of members of staff. An action plan for peer education for April–July 2006 has been developed.

#### **Care and Support**

IMPACT is working with the NASCOP/FANTA Project in Kenya to address food and nutrition aspects of HIV/AIDS programming.

#### **Global Leadership in HIV/AIDS**

IMPACT developed a policy paper highlighting the links between alcohol and HIV prevention, care and treatment. The paper was submitted in February at the 42nd Regional Health Ministers' Conference in Mombasa. IMPACT is currently assessing alcohol-related interventions to curb HIV infections and enhance treatment outcomes along transport corridor communities.

## *Egypt*

### ***Brief Background***

To date USAID/Egypt has committed \$4,135,000 in field support funds to the IMPACT project to strengthen HIV/AIDS prevention and care. Since 1999, FHI has been managing the IMPACT project in Egypt in close collaboration with the MOH. During this reporting period, IMPACT continued to support programs that build both public and private sector capacity at the national and local levels to implement effective HIV/AIDS prevention and care strategies. IMPACT provided TA through the promotion of VCT, surveillance, M&E, outreach services to high-risk groups and capacity building.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT developed National Guidelines for the Management of Sexually Transmitted Infections. These guidelines will be used for the detection and treatment of STIs at two pilot sites that will be launched during the coming reporting period. IMPACT completed refurbishment of the pilot STI site in Cairo and is in the process of preparing the Alexandria STI site. IMPACT is also in the process of developing a training manual for the detection and treatment of STIs. IMPACT continued to build the capacity of the Freedom NGO to provide comprehensive HIV prevention and care programs for IDUs, including street-based outreach services.

Ground-breaking achievements have been accomplished through the National Religious Leaders activity, in which local Christian and Muslim religious leaders were trained on how to provide HIV prevention activities among their congregations. Muslim and Christian religious leaders tool-kits have been finalized and a video has been produced to support this activity in conjunction with UNDP.

#### **Care and Support**

IMPACT launched Egypt's first NGO-based anonymous VCT site at Caritas in Alexandria by building the capacity of this faith-based organization to provide VCT services to high-risk groups. IMPACT also continues to provide on-going TA to the Central Laboratory VCT site particularly in regards to M&E. Counselor training was provided for various NGOs and MOHP staff. IMPACT has also produced Arabic and English counseling manuals. IMPACT continued to work with an advertising agency on the development of two BCC videos for VCT. Additional copies of the previously developed HBC series were printed due to the high-demand for this document, bringing the total number printed to 22,000.

#### **Treatment**

IMPACT continued developing the HIV/AIDS Clinical Care Curriculum for Physicians and a separate curriculum for nurses.

#### **Strategic Information**

IMPACT began data collection on the National BBSS among high-risk groups, which will provide data never before available on the status of the HIV epidemic in Egypt. In working with people at high risk of HIV infection, IMPACT conducts its programs in accordance with guidelines established by the USG. IMPACT continues to build the capacity of all its IAs on M&E.

#### **Global Leadership in HIV/AIDS**

IMPACT provided on-going TA to the NAP and local organizations. IMPACT collaborated with the NAP in conducting World AIDS Day activities. Additionally, HIV awareness-raising sessions were conducted among garbage collectors and university students.

## *Ethiopia*

### ***Brief Background***

PEPFAR-supported activities in Ethiopia build upon the foundation of previous expanded and comprehensive response programming initiated in 2001. IMPACT work in Ethiopia focuses on community- and health center-level programming support. IMPACT is strengthening behavior change for HIV prevention in the context of AIDS care as well as enabling care, support and treatment for those affected by AIDS. IMPACT supports community-level services such as HCBC in 14 major towns including the capital Addis Ababa. IMPACT is also working in public sector health centers to ensure expanded quality counseling and testing services, OI management, and preparation for ART delivery. All services are linked through referral systems ensuring that counseling and testing serves as an entry point to HIV prevention, care and treatment and that HCBC programs effectively identify patients who are eligible for ART. As part of the PEPFAR Ethiopia COP05, USAID/Ethiopia obligated \$5.102 million to IMPACT in Ethiopia to implement A/B prevention, other prevention, VCT, palliative care, TB/HIV and ARV adherence. FHI is also using IMPACT field support funds to further strengthen already-initiated activities.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Prevention**

IMPACT continued to focus its prevention activities on individuals who engage in high-risk behaviors, and used existing community structures to reach medium- and low-risk populations. IMPACT continued to implement and strengthen BCC programs targeting youth through the National Youth Network and three specific high-risk groups: taxi drivers, their assistants and inspectors in Addis Ababa; regional police forces in SNNPR; and agricultural development agents in Amhara. IMPACT further assisted the regional HIV/AIDS Prevention and Control Office and other stakeholders involved in BCC in Amhara, Oromia and SNNPR to finalize and implement regional BCC campaigns, reaching a conservative estimate of 57 million people. The regional BCC campaigns and HIV prevention programs are holistic HIV prevention programs designed to address the factors that influence HIV risk behaviors of target populations, including stigma and discrimination, knowledge of HIV/AIDS, misconceptions and self-risk perception – as well as promote HIV-preventive behavior (A/B or ABC as appropriate for the specific target population and per the OGAC ABC guidance) and VCT.

#### **Care and Support**

IMPACT built the capacity of regional Health Bureaus in Addis Ababa, Amhara, Oromia and SNNPR to lead expansion of HIV counseling and testing services and QA. IMPACT is providing technical assistance to 469 VCT sites in these regions, undertook an initiative with the MOH and regional Health Bureaus to engage lay counselors in VCT and started the development of a lay counselors training curriculum for Ethiopia. In the past two years, IMPACT greatly expanded HCBC in Ethiopia to include HCBC programs in Addis Ababa and 13 other major cities. FHI has focused on quality and coverage improvement, building effective referral networks at the community level to enable the programs to address the needs of PLHA and to ensure their access to care and treatment, including ART, addressing challenges and strengthening HCBC program activities to provide palliative care.

Through IMPACT's support for HCBC, VCT and clinical care strengthening at the health-center level, and BCC efforts, IMPACT worked to integrate ART-related BCC efforts in all programs. IMPACT further strengthened linkages between prevention-focused interpersonal communication programs and integrated palliative care networks, including HCBC programs and facility-based VCT and clinical care. IMPACT worked with the MOH and I-TECH to develop BCC materials to support ART adherence to be used in all of these programs, including booklets on self care, ART facts and side effects, OI care, and ART adherence. The materials and tools promote positive living for HIV+ asymptomatic and symptomatic persons, and inform PLHA about the normal side effects of ART and when they should seek medical care.

## **Treatment**

IMPACT worked with the MOH and regional Health Bureaus to train TB service providers in HIV/AIDS care and treatment and in provider-initiated clinical and diagnostic HIV counseling and testing for all persons with TB as part of standard TB care. IMPACT also worked with the MOH to establish an improved patient referral system between TB and HIV programs, and to improve adherence to TB treatment by TB-HIV co-infected persons through strengthening of referral linkages. IMPACT continued to advocate the MOH and regional Health Bureaus to incorporate TB preventive treatment as part of the palliative care package. IMPACT also continued to work with partners to strengthen access to TB treatment and treatment adherence for clients reached through HCBC programs established in Addis Ababa and 13 other major cities in Amhara, Oromia and SNNPR. In the past six months, IMPACT assisted the regional Health Bureaus in Addis Ababa, Amhara, Oromia and SNNPR to strengthen TB/HIV care in 198 health centers, to establish chronic AIDS care clinics in 214 health centers, and to improve OI/ART care support through HCBC programs.

## **Strategic Information**

During this period, 22 local organizations received TA for strategic information activities and 108 people were trained in strategic information, including M&E, Surveillance and HMIS.

## **Global Leadership in HIV/AIDS**

IMPACT builds the capacity of local counterparts (Ethiopian government, NGOs, CBOs, FBOs and private sector agencies) to design, implement, monitor and evaluate effective HIV/AIDS programs in the context of the expanded and comprehensive response to AIDS in Ethiopia. IMPACT assisted HCBC and prevention programming mentoring organizations to increase their organizational management capacity to more effectively lead civil society care and support efforts.

## ***Ghana/Global Health/Office of Population Reproductive Health***

### ***Brief Background***

In FY05, FHI received \$100,000 in IMPACT funding from Global Health/Office of Population Reproductive Health to assess the integration of family planning activities into ART services in collaboration with EngenderHealth. Ghana was chosen as the site to carry out these activities. The sites chosen in Ghana are the Korle Bu Teaching Hospital in Accra and the Atua Government Hospital in the Eastern region. Both of these sites are National ART sites.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Strategic Information**

After a successful Performance Needs Assessment Survey, a training of trainers was held in November 2005. The purpose of the training was to prepare participants to conduct downstream training at the facility level with the goal of incorporating family planning services into HIV care and treatment services. Downstream training of facility-level service providers started on January 9, 2006, at the Korle Bu Teaching Hospital and ended in Atua Hospital on February 6, 2006. In total 32 (16 providers per facility) participants were trained, including nurses, doctors and health educators. Two job aids, a family planning quick reference chart and a flow chart to assist providers in counseling, were field-tested with the providers during the downstream training. A client brochure is being developed and will be ready for use by service providers by mid-April. Systems for recording family planning services that are provided to ART clients have been put in place in the family planning and ART clinics, as well as referral networks for family planning services not provided at ART clinics.

Training of data collectors from Research International for the study took place between February 27 and March 3, 2006. Data collection is set to start by mid-April. The Ghana IRB is currently examining protocols and the study design. Meanwhile, integrated family planning and ART services are being provided at the study sites.

## *Guinea*

### ***Brief Background***

Since 2001, USAID/Guinea has contributed \$5,630,000 (including \$1,580,000 for FY06) to FHI for the IMPACT program in Guinea to provide technical support in the implementation of targeted, comprehensive strategic behavioral communication (SBC) interventions. In November 2004, IMPACT began providing direct supervision for the design and implementation of the following activities: a comprehensive SBC program with targeted high-risk groups, VCT, strengthening of referral systems to STI clinics, and monitoring behavior change over time. These activities are carried out directly by IAs through sub-grants to governmental and non-governmental organizations.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT assisted 12 IAs as they developed and submitted revised workplans and budgets for 2006. IMPACT also worked with three new organizations – one media-based and two faith-based – to develop new SBC subagreements that focus on expanding messages further into the community. A total of 15 IAs currently conduct SBC activities in 494 sites around Conakry, N’Zérékoré, and Kissidougou. During the reporting period, activities reached approximately 86,449 people through group discussions and an additional 11,869 people through individual discussions. Among the new activities supported by IMPACT during the reporting period were broadcasts of five television spots and 24 radio episodes pertaining to STI/HIV/AIDS. IMPACT also organized three musical concerts in two principal cities, and an estimated 11,500 people attended these events. Finally, IMPACT and its partners developed and translated an SBC peer facilitator guide and a detailed SBC strategy into five local languages.

#### **Care and Support**

Four IMPACT-supported model VCT centers continued to provide quality services. Approximately, 1,000 people were tested with roughly 300 receiving HIV-positive results. IMPACT will extend VCT activities to new geographical locations in the coming reporting period, since new VCT subagreements were signed with five government health centers and one private health center. IMPACT identified three local organizations and provided TA to them as they developed first drafts of subagreements that are focused on HBC and strengthening referral networks for PLHA. In addition, IMPACT began planning for workshops to develop national HBC guidelines and training manuals for providers and trainers. These materials will be reviewed and approved by local and national stakeholders in workshops to be held in the upcoming reporting period.

#### **Strategic Information**

IMPACT organized a workshop to finalize the results of the PLHA needs assessment completed in September 2005. The results will be used in the development of HBC guidelines and training materials. To build the capacity of IAs in M&E and strategic information, IMPACT revised four M&E data collection tools including the codification system and trained eight IA M&E officers in data collection techniques using Excel and Epi-Info.

#### **Global Leadership in HIV/AIDS**

IMPACT also provided capacity building training in financial and administrative management for the financial managers of its partner IAs in the Forest region. Furthermore, IMPACT trained 35 journalists on stigma and discrimination reduction to encourage more positive depictions by the media of PLHA. Twenty-eight SBC trainers from IAs received a refresher training focused on stigma and discrimination reduction, OIs and use of supporting materials. These trainers, in turn, trained 400 peer facilitators in their communities. Finally, IMPACT provided technical and financial assistance to create a network of PLHA called REGAP+.

## *Kenya*

### ***Brief Background***

In this period, PEPFAR activities expanded with nine new implementing partners joining the IMPACT project in Kenya, bringing the total number of partners to 62. In addition, 15 small grants were approved. To date, \$43.3M has been programmed under IMPACT in Kenya, with an obligation of \$11.1M in 2006. Priority areas include the establishment and scale-up of comprehensive HIV care services including the provision of ART with increased focus on children, expansion of PMTCT services, and intensification of A/B programs. A new entrant to the IMPACT prevention program, the police service, has trained police peer educators. Another partner, the Family Planning Association has intensified its activities working with men, since the focus on men as responsible partners has become an important part of the IMPACT strategy.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Prevention**

The KGGA program reached primary school girls in 675 schools with abstinence messages using *Sara* comic books and videos and 450 Sara clubs. Additionally, 500,000 in-school girl contacts were made. 960,000 Straight Talk magazines and 4,000 copies of Sara comic books were distributed this period. Among out-of-school youth, 600 Magnet Theatre productions were conducted with A/B messages reaching more than 150,000 youth. The workplace peer education program targets private companies with prevention messages and orients some of them to start treatment services for their infected staff and families. In total, peer educators in the workplace, the community and those working with vulnerable groups, such as prostitutes, long-distance truckers, and bicycle taxi drivers, made more than 250,000 contacts with their peers and distributed 4 million condoms. The number of male condoms distributed has decreased this period and investigations are underway to determine the reason for this. The PMTCT program had eight new sites established, bringing the total number of sites to 55, the majority of which are in Rift Valley Province. About 21,000 new ANC mothers were served with a testing uptake averaging 50%, Nvp uptake for the baby and the mother at 30% and 65% respectively. Nakuru and Busia hospitals initiated the Zidovudine-Niverapine ARV prophylactic protocol during the period.

#### **Care and Support**

Through subagreements with Pathfinder International's COPHIA project and two large HBC and OVC programs in Western Province, IMPACT reached more than 60,000 OVC and 40,000 PLHA in 3,000 households. These programs significantly contributed to incoming patients for comprehensive care in nearby centers. During the reporting period, 400 community health workers were trained. IMPACT established 60 new VCT sites, resulting in a total of 230 sites established since 2001. IMPACT provides TA to more than a third of all the sites registered in the country. Of particular interest is the Mama na Dada VCT site, which was established to serve youth with special needs—reproductive health, drug use, and trauma. To date, IMPACT has supported the testing of over half-a-million individuals, of which nearly 70,000 were served during the last six months. A diagnostic counseling and testing pilot tested in the previous period is now operational and higher counseling and testing numbers are anticipated.

#### **Treatment**

The number of IMPACT-supported ART sites increased from 40 in September 2005 to more than 50 in this period. They are providing care services to 20,000 patients at the ratio of 2:1 females to males, despite some shortage of starter packs and CD4/CD8 reagents in some new sites. Though the program is meeting the set client targets, the sporadic outages of laboratory reagents adversely affect the recruitment, proper management and follow-up of patients. In the Western region, two CD4 machines were procured for Vihiga District Hospital and St. Mary's Hospital which has boosted the number of PLHA seeking diagnosis for further management in the two neighboring facilities. In total, 11,000 patients are on ART. Additionally, Pharm Access Africa, Ltd., facilitating the private sector link, has so far established 21 'ACCESS' pharmacies for the provision of ARVs

for workplace programs, currently serving over 1,000 workers and/or their family members. Five provider courses in pediatric treatment were conducted by Gertrude's Garden Children's Hospital training 165 health workers. Rape management and post exposure prophylaxis has had an increased focus, with SOPs being formulated, documented, distributed and operational in some sites. To accurately capture rape cases, 9 out of 12 facilities in the IMPACT regions now have specific registers. In addition, 200,000 pamphlets on general information on TB care seeking and 2,500 TB/HIV guidelines and algorithms were printed and distributed. The TB clinics served 6,000 HIV+ patients, and over 1,000 were referred for HIV clinical care and further follow-up. The IMPACT ART network program initiated during the last reporting period was greatly advanced with the development of a logo for the Network Gold Star, and with training of private practitioners in Mombasa, Nairobi, and Nakuru. The official launch of the franchised network in collaboration with the Kenya Medical Association will take place during the next period.

### **Strategic Information**

The long awaited dissemination of the national BSS findings was conducted and presided over by the Minister of Health, 4,000 copies of the survey were distributed. The electronic comprehensive care management software was also scaled up to 20 of the 50 comprehensive care centers and data clerks and the clinicians increasingly appreciate its dexterity in program and patient management. Ninety service providers were trained in data management for the ART programs. Special analysis of program results during the period included the VCT program in-depth analysis of 17 centers, an evaluation of IMPACT's prevention program with prostitutes in the Coast Province, showing that IMPACT has contributed immensely in positive changes on behavior indicators, and the Kenya Girl Guide program evaluation. Other reports documenting the IMPACT project results are at various stages of completion; they will culminate in a national dissemination conference.

### **Global Leadership in HIV/AIDS**

IMPACT and UNICEF have joined hands in the development of a new Sara comic book on OVC, which will be published in the next period and available for distribution throughout Africa. FHI formed a partnership with Coca Cola to raise funds for OVC to be distributed to identified OVC charities. This is one of the first campaigns done by Coca Cola that identifies its product with HIV.

## *Malawi*

### ***Brief Background***

In Malawi IMPACT has received a total of \$6,570,523 in funding from USAID/Malawi. With this, IMPACT has provided support to IAs for integrated HBC/OVC services and TA to the MOH in HIV/AIDS care and treatment, focusing on country-wide supervision of ART initiating clinics. The Malawi program has transitioned to a bilateral cooperative agreement with USAID/Malawi and remaining IMPACT funds are being strategically programmed to complement the activities included in the bilateral.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Treatment**

In support of the National ARV Scale up Plan (2004-2005), IMPACT procured and delivered approximately 1,000 kits of Unigold (20 tests per kit), 70 Determine kits (100 tests per kit) and 2,000 Hemastrip HIV test kits to Umoyo Network, a USAID-funded program that supports VCT in Malawi.

#### **Care and Support**

IMPACT hired an international consultant to produce a 15-20 minute documentary film on its integrated HBC and OVC support program. The focus of the film was to document lessons learned and best practices identified by IMPACT and its partners.

#### **Global Leadership in HIV/AIDS**

IMPACT supported the Country Office Capacity Assessment Tool to examine programmatic, administrative, financial and technical capacity in the country office and to develop an action plan to facilitate increased capacity and decentralization of the Malawi office. In addition, FHI/Malawi staff was trained to implement the Technical and Organizational Capacity Assessment Tool with IAs to support organizational development, capacity building and sustainability at the IA level.

## *Mozambique*

### ***Brief Background***

Through IMPACT, FHI has provided direct implementation support and TA for the delivery of PMTCT services in Zambezia Province. IMPACT has also supported the establishment of a total of seven PMTCT sites in the districts of Quelimane, Ile, Mocuba and Nicoadala. Over the past year, IMPACT worked with nine local partners to carry out PMTCT community mobilization activities to create demand for PMTCT services and build the capacity of local IAs. To date, USAID/Mozambique has committed a total of \$3,129,000 to the IMPACT project in Mozambique, and as part of PEPFAR, USAID/Mozambique obligated \$1,340,000 in COP05 funding to the IMPACT project. To prepare for the end of IMPACT, close out activities were initiated on March 31, 2006.

### ***Key Achievements in this Reporting Period (October1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT continued to support seven PMTCT sites and exceeded the targets established in the COP05. IMPACT has maintained a strong and productive partnership with the MOH and has provided TA to the MCH/PMTCT and Statistic Provincial Departments at the provincial MOH (DPS). IMPACT continued to support the delivery of a holistic package of PMTCT services in seven health facilities and received permission from the MOH to provide counseling and testing for HIV services in two referral maternities.

The Zambezia Provincial PMTCT Technical Group, created with technical leadership from IMPACT, was recently highlighted by the DPS as an excellent platform from which to build the HIV/AIDS Coordination Group, which will address and present solutions for pressing prevention, care and treatment issues.

In the reporting period, 6,991 women received HIV counseling and testing, of which, 1,598 tested HIV positive and of those 827 women and 455 babies received a full course of Nevirapine. In addition, 425 men have undergone HIV testing within PMTCT services. FHI's strategy of involving men in PMTCT services was commended by the MOH and donors as an effective means of reducing gender-based-violence and improving the participation of women in PMTCT-related services.

IMPACT partnered with nine local organizations to implement the PMTCT BCC strategy and reached more than 25,000 individuals of reproductive age, including more than 5,000 pregnant women. In coordination with the National Council Against AIDS and other stakeholders, IMPACT conducted a two-week campaign commemorating World AIDS Day 2005.

#### **Treatment**

IMPACT continued to support seven established mother-to-mother support groups. These groups provide care and support services to HIV-positive mothers as well as referrals and adherence-tracking at sites where ARV treatment is available. In addition, IMPACT ensured consistent syphilis screening and treatment in all five FHI-supported sites that provide ANC services.

IMPACT, in collaboration with CDC and the MOH, conducted a pilot training on the revised and improved protocols for STI management, with 25 clinicians representing the ten provinces of Mozambique. The curriculum pilot tested in this training will be used to train health providers at the national level.

#### **Strategic Information**

IMPACT provided TA and capacity building to the Ministry of Women and Social Action to develop an M&E system to improve data collection on OVC.

## *Namibia*

### ***Brief Background***

The USAID-supported HIV/AIDS Prevention and Care program in Namibia began in September 2000. The program expanded under PEPFAR to include PMTCT and ARV treatment services. Funding for the current program year (April to March) is \$7,267,222 and total funding for the six-year program is \$19,315,960. The goal of the program is to build the capacity of local organizations to develop, implement, and scale-up comprehensive prevention, care and support programs for people affected and infected with HIV. The Namibia IMPACT program works primarily through faith-based organizations, churches and mission hospitals, both at the national and regional level, as well as with the Ministry of Gender Equality and Child Welfare (MGECW). Nineteen new subagreements were implemented during this period.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

PMTCT services at five hospitals have benefited from the introduction of routine counselling and rapid testing at antenatal services and maternity wards. The number of pregnant women who were tested and post-test counseled is even higher than the number of first ANC visits at mission hospitals, since many women are reached during outreach visits to district clinics and health centres. The improved efficiency of the referral process for women who qualify for ART resulted in an increase in the number of HIV pregnant women receiving highly effective ART regimens. At the national level, continued support is being provided to the *YouthPaper*, published by *The Namibian*, the largest English daily in the country. Philippi Trust Namibia's kids clubs have been reaching children with counseling and HIV awareness messages, focusing mainly on abstinence as the primary prevention strategy, and they launched Youth Clubs in February to reach individuals aged 13-18 years. The Walvis Bay Multi-Purpose Centre's Shebeen (informal bar) program has greatly expanded in the largest port city of Namibia to educate Shebeen clientele about HIV and AIDS. The Chamber of Mines hosted its annual Peer Educator meeting, marking the burgeoning achievements of its partner companies that have consistently reported a growing interest by employees to receive training to become peer educators. The Sam Nujoma Multi-Purpose Centre's HIV Outreach Program has expanded to reach schools, Shebeens and workplaces.

#### **Care and Support**

IMPACT works through several FBO to recruit, train, and supervise volunteers in the provision of HBC, referral and follow-up care and counseling support. IAs are currently field-testing a QA checklist for HBC to be finalized next quarter. In conjunction with local government and traditional leaders, volunteers also conduct community mobilization, train family members in basic care and support in the home, and reach out to OVC. The Evangelical Lutheran Church in Namibia AIDS Action collaborated with their church leadership to organize Namibia's first outreach-meeting for the African Network of Religious Leaders Living with or Personally Affected by HIV & AIDS (ANERELA+) and Churches United Against HIV & AIDS in Southern Africa. Eighty percent of Namibia's OVC live in rural areas. Thus, the same FBOs that provide palliative care also provide the lion's share of community-based support for OVC, mostly focusing on improved access to education, supplemental nutrition, and psycho-social support. With support from IMPACT, the MGECW translated their informational brochures on qualifying for social grants into six local languages for distribution. Presently over 45,000 OVC receive social grants – up from 7,000 in 2003. In preparation for a planned OVC national database, a revised OVC registration form was distributed to all MGECW offices and NGO/CBO partners. Two local IAs are collaborating with the World Food Program to help distribute food to an estimated 110,000 OVC beginning in April 2006 in six northern Namibian regions.

#### **Treatment**

A computerized patient management system (CompuCare) developed through a public-private partnership, has been installed in four private practices and two hospitals in Andara and Nyangana. A program developed by

CompuCare to export the data from this system into the Epi-info format of the MOH –CDC was successfully tested. Routine HIV testing for TB patients has been introduced and is now implemented in all hospitals. The total number of patients on treatment has further increased. An analysis of the causes of defaulting was implemented at the Rehoboth Mission Hospital, the site with the highest defaulter rate. All defaulters had received repeated counseling before starting ART. Home visits were conducted for those who were identified as defaulters. In collaboration with private medical insurance companies, an analysis was done on the dispensing of ART in the private sector. The increased capacity of the Namibian HIV Clinicians Society to improve the quality of HIV care was highlighted by the official opening of the Society's offices by the MOH and the U.S. Ambassador. In addition, IMPACT continues to promote training on treatment literacy on request by municipalities, line ministries and NGOs.

### **Global Leadership in HIV/AIDS**

Revision of the *Community Counseling Training Toolkit* that began in October 2005 is nearing completion. The toolkit consists of six week-long modules. The Personal Growth, Basic Counseling, Adherence Counseling and General HIV modules were piloted with trainers and trainees and have been revised based on feedback received. The remaining four modules will be piloted, revised and finalized in the next quarter. The previously developed *Peer Educator Toolkit* was revised and updated during the quarter; the English version is print-ready, and the Afrikaans and Oshindonga versions are currently being translated. With the end of IMPACT, FHI will be providing a set of these materials to each IA. Together with Strategies for Hope (UK), IMPACT co-published *MAKING IT HAPPEN: a Guide to Help Your Congregation Do HIV/AIDS Work*.

## *Nigeria*

### ***Brief Background***

Since 2000, the IMPACT project has been helping the USAID/Nigeria Mission implement effective interventions and increase the capacity of local organizations, both public and private, to assume responsibility for their own HIV/AIDS programs. To date, FHI has received \$29,388,800 in Nigeria for the IMPACT project. Building upon lessons learned from over 16 years of experience working in Nigeria, IMPACT has provided technical support to national-level bodies like the National Action Committee on AIDS and the National HIV/AIDS and STI Control Program for the effective integration of HIV/AIDS/STI and TB prevention and care programming into key national structures, such as the military, the workplace, the police and unions/networks. IMPACT has worked to develop, support and evaluate programs to reduce risk behaviors among targeted populations; improve the capacity of state and local action committees on AIDS, non-governmental, community and faith based organizations to implement quality STI/HIV/AIDS prevention activities; facilitate access to and utilization of quality STI and support services for youth and other high-risk groups in target areas; strengthen and establish care and support activities in target areas; integrate TB prevention activities into HIV activities; and improve demand for, access to and quality counseling and testing services in targeted areas. All IMPACT project activities in Nigeria, except for PMTCT-related activities, were closed out in September 2004.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Prevention**

The primary focus of the IMPACT project in Nigeria since the main close out in 2004 has been support to 25 sites that are implementing PMTCT and counseling and testing services in the states of Anambra, Edo and Kano and the Federal Capital Territory. During this period, IMPACT conducted the following activities in support of PMTCT: continued facility-based sensitisation seminars and advocacy visits to major stakeholders, continued capacity building for facility staff in PMTCT and counselling and testing, and trainings on the management of patients on highly active antiretroviral therapy as well as on rapid testing for laboratory personnel. Other activities included increased demand creation for counselling and testing in preparation for the change in testing algorithm from cold chain to non-cold chain dependent kits.

#### **Treatment**

IMPACT saw an increase in the number of HIV-positive pregnant women accessing treatment, because referral systems and linkages were improved through the integrated services co-supported by the Global HIV/AIDS Initiative Nigeria (GHAIN) program, the FHI-led USAID-funded HIV/AIDS bi-lateral, and other USG partners in Nigeria. Additionally, the FHI-led GHAIN program supported the branding of the counselling and testing centres as “Heart to Heart Centres,” which resulted in increased counselling and testing by pregnant women and the general public.

With IMPACT funds, FHI also supported increased laboratory services for pediatric ART services at Massey Street Children Hospital in Lagos and Murtala Mohammed Specialist Hospital in Kano. The two laboratories are now in operation and providing the desired services.

## *Rwanda*

### ***Brief Background***

Since 1998, USAID/Rwanda has provided over \$16 million in bilateral and field support funds to the IMPACT project to implement programs focusing on decentralized clinic-based services, including VCT and PMTCT services and prevention and treatment of OIs. All programs are supported by community-based prevention and support interventions. In 2003, USAID committed \$1.4 million to the IMPACT project in PPI funding to support PMTCT activities at additional sites and to provide ART. In FY04, USAID/Rwanda obligated an additional \$6,572,000 in funding from PEPFAR Tracks 1.5 and 2.0. For FY05, USAID/Rwanda obligated \$ 7,889,975 for COP05.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT provided TA and financial support to 39 PMTCT sites throughout Rwanda. The PMTCT package includes prenatal and maternity care combined with VCT and Nevirapine. In addition, IMPACT continued community-based prevention activities in Rwanda by supporting peer education projects with five Catholic Dioceses. The primary goal of these activities is to promote HIV/AIDS prevention amongst unmarried youth, but the dioceses have expanded activities to include community mobilization to provide material and moral support to HIV-affected families in need. Finally, as part of a regional initiative targeting vulnerable communities located along the East African transport corridor, IMPACT launched new interventions in partnership with Association de Chauffeurs de Poids Lourds au Rwanda and Association des Épouses de Chauffeurs.

#### **Care and Support**

IMPACT supported 44 VCT centers in Rwanda during the reporting period. IMPACT support for VCT services entails: (1) renovating clinic and lab facilities, (2) providing sites with lab equipment, furniture, supplies, and client education materials, (3) training counselors and lab technicians, and (4) providing on-going supportive supervision and monitoring. The VCT services provide pre-and post-test counseling and referral for HIV+ clients to clinical and other social support services. IMPACT also initiated an intervention in collaboration with Biryogo Social and Health Center to provide prostitutes with STI care. The intervention applies an “enhanced syndromic management” approach, which combines presumptive treatment for STIs with limited etiologic diagnosis and treatment.

#### **Treatment**

IMPACT supported 18 sites to offer high-quality ARV services. These services entail: clinical and laboratory examinations, including CD4 screening and WHO clinical staging; counseling; intensive education on HIV and ARV drug regime and adherence; OI prophylaxis; ARV treatment; follow-up care and referral to community support services. Preventive therapy using cotrimoxazole was also implemented and supported at 40 health facilities.

#### **Global Leadership in HIV/AIDS**

IMPACT continued to provide long-term TA to Rwandan government institutions through staff seconded to the National Commission against AIDS and the Treatment and Research AIDS Center.

## *Senegal*

### ***Brief Background***

The total available funding in Senegal under the IMPACT project for FY06 is \$404,000. IMPACT activities during the reporting period focused on BCC, strengthening of care services and support to a coordinated and comprehensive response.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Prevention**

Prevention efforts concentrated on key high-risk groups including mobile groups, MSM and prostitutes in six of the 11 regions of the country. Select evaluation activities were initiated to both assess past successes and to guide future programming for local IAs. Topics included a telephone hotline and syphilis screening at health huts. During this period, IMPACT also initiated implementation of a four-month national mobilization campaign in collaboration with the AIDS Division and USAID's social marketing partner, ADEMAS (l'Agence pour le Développement du Marketing Social), to promote VCT and general prevention messages.

#### **Care and Support**

IMPACT established a successful network of partnerships between public-sector health institutions and Food for Peace to bring food aid to PLHA receiving both medical treatment and psychosocial care at three medical centers and more than ten community-based sites. During the reporting period, training, equipment and site renovations were completed, as well as the national policy and training documents for integrated HIV/AIDS and nutrition care.

#### **Global Leadership in HIV/AIDS**

IMPACT supported the National AIDS Commission in their launch of a new phase of program planning and management based upon an integrated and multi-sectoral model at the regional level. In response to a direct recommendation from the World Bank and other development partners, and based upon the vulnerability study that IMPACT supported in the last reporting period, the National AIDS Commission is conducting a series of regional workshops to implement the UNAIDS "Three Ones" principle. IMPACT supported the development of tools as well as the actual implementation of this process in collaboration with the World Bank's Multi-Country HIV/AIDS Program for Africa.

IMPACT also continues to directly support the CCM and its Technical Secretariat through TA and an Administrative Assistant.

## *South Africa*

### ***Brief Background***

To date, USAID has committed \$5,188,000 in field support and PEPFAR funds to the IMPACT program in South Africa, and the program's current fiscal year budget is slightly over \$1 million. The goal of the IMPACT work in South Africa is to strengthen the capacity of IAs in the areas of prevention, strategic information, and care and support. IMPACT's principal mandate is to support the South African government, in particular the National Department of Health (NDOH) and the National Department of Social Development (NDOSD). To date, activities have included the provision of technical and programmatic assistance to local organizations in the areas of OVC, PMTCT, VCT, STI, PC, HCBC, and M&E. IMPACT has also supported a study of presumptive periodic STI treatment in mining communities, a BSS, and other strategic information activities at the national level. At the request of USAID/South Africa and the NDOH in FY05, the focus shifted toward supporting and implementing interventions in palliative care and HCBC.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Care and Support**

The major focus of this reporting period was the start-up of the Integrated Community Palliative Care pilot model. Site assessments were conducted in four district-level sites in two provinces, Limpopo and Northern Cape, progress was made in developing subagreements with district level IAs, and a partnership was formalized with Wits Palliative Care to mentor and build capacity of those IAs. In addition, IMPACT continued supporting the existence and expansion of the Johannesburg Hospital Palliative Care Team through a subagreement with Parents for AIDS Action. During this period, staff salaries and capacity building were supported. As one of IMPACT's numerous activities in direct support of the NDOH, IMPACT continued to second two PLHA Coordinators to the HIV/AIDS Treatment, Care and Support Sub-Directorate.

#### **Strategic Information**

As part of the rapid palliative care appraisal commissioned by the South African government, IMPACT completed the desk review and phase one of data collection in Northern Cape and Limpopo provinces. In March 2006, the National HIV/AIDS, STI and TB Department approved the roll-out of the appraisal to other provinces, making it a national activity. The findings will provide the government with baseline information on the number of services provided, their location and geographical coverage, and the comprehensiveness of the services offered. It will also identify gaps/limitations in services and unmet need for palliative care, which will contribute to future policy and practice decisions. IMPACT plans to conduct a training during the next reporting period, using the recently finalized *Palliative Care Appraisal Training Manual* for research assistants; data collection will then proceed to take place in all provinces. In addition, IMPACT will recommend indicators to be included in the District Health Information System.

#### **Global Leadership in HIV/AIDS**

One of IMPACT's main accomplishments to date has been the establishment of a close relationship with the South African government. FHI is one of numerous international NGOs in a country with a wealth of resources and a complex history; therefore, obtaining local buy-in and trust is a large feat. In FY06, IMPACT continues to support the National Palliative Care Core Working Group and serves as the chair on the National M&E Task Force. The NDOH consults IMPACT regularly and ongoing TA is offered on national strategies for care and support. To follow on the initial documentation of HCBC best practices training conducted in FY05 in collaboration with the NDOH and NDOSD, IMPACT finalized the *Training Manual for the Documentation of Best Practices in HCBC*. A follow-up training is scheduled for late May 2006.

## ***Southern Africa/Regional HIV/AIDS Program (RHAP)***

### ***Brief Background***

Since FY99, USAID's Africa Bureau has been providing funding to FHI/IMPACT, Population Services International, MEASURE, and the POLICY Project, and more recently to PACT as well, to intensify the prevention and care response for mobile populations that frequently cross international borders among ten countries in Southern Africa and for vulnerable populations at busy border trade towns. To date, RHAP has received a total of \$7,219,000 in funds. The current fiscal year budget is \$1,003,087. The program was designed in response to studies that show increased vulnerability among mobile populations, the continued importance of targeting high-risk groups in high prevalence settings, and the need to provide a means for sharing and transferring project success across borders. The program is grounded in local partnerships. RHAP activities address: prevention and care for highly vulnerable populations; coordination and management; capacity building; and monitoring, evaluation and assessments. The prevention and care interventions are primarily implemented through peer education, drop-in centers, group and one-to-one BCC messaging; distribution of free condoms; counseling and referrals for STI treatment and VCT; and basic HBC and support services. All sub-recipient activities are scheduled for completion at the end of this reporting period in preparation for full project close-out.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

During the reporting period, the African Network of Religious Leaders Living with or Personally Affected by HIV & AIDS, ANERELA+, experienced continued growth in staffing and program management, while increasing their M&E skills and supporting BCC activities among religious communities in South Africa. Centre for Positive Care continued to conduct peer education and sensitization activities with truck drivers, prostitutes, vulnerable women, migrant farm workers, and uniformed service members along northern South African borders. Activities during this reporting period also focused on organizational capacity building. All IMPACT-supported activities were finalized at the end of this reporting period.

#### **Care and Support**

During this reporting period, CARE International supported HIV/AIDS and STI resource centers, conducted peer education activities, built the capacity of CBOs, and networked with service providers in South Africa. They also replicated and documented best practices from Lesotho and South Africa. In addition, they continued to implement basic HBC activities. All IMPACT-supported activities ceased at the end of this reporting period. Project HOPE's Corridors of Hope (CoH) project continued to provide a variety of tangible services in a largely overlooked rural area of Malawi on the Mozambique border in Mulanje District, including peer education through prostitutes and bicycle taxi drivers. Their well-frequented community resource center hosts a PLWHA support group and provides services such as STI management and HBC up to the time the activities closed in November 2005.

#### **Strategic Information**

Project Support Group (PSG) conducted end-of-project evaluations for all RHAP sites: Center for Positive Care, South Africa; Family Life Association of Swaziland; Project Hope, Malawi; CARE/Lesotho and CARE/South Africa. In addition, they conducted a baseline survey for Mwanza, Malawi, the newest Project Hope site (not supported by RHAP). An outside consultant also conducted a follow-up survey for Project Hope's Mulanje, Malawi site.

## *Tanzania*

### ***Brief Background***

In Tanzania FHI is implementing HIV care, treatment and support activities under the COP06. COP06 funding is mainly provided through FHI's bilateral agreement with USAID with remaining funds from IMPACT Track 1.5 and 2.0 complimenting the bilateral activities. During this reporting period, total IMPACT spending was \$50,367.16.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Care and Support**

IMPACT facilitated the participation of Dr. Vida Mmbaga, clinical coordinator of Care and Treatment at Iringa Regional Hospital, in the International Conference on HIV/AIDS and Sexually Transmitted Infections in Africa in Abuja, Nigeria in December. Additionally, IMPACT supported the reprinting of 7,000 copies of the national HBC guidelines for distribution to all districts in the country, as well as reprinting of 10,500 booklets for HBC at the community level for distribution to additional NGO/FBO/CBO and public HBC providers in the country.

#### **Strategic Information**

IMPACT supported M&E capacity building through the attendance of an FHI representative at the Third Annual Global Monitoring and Evaluation workshop.

## *Uganda*

### ***Brief Background***

IMPACT work in Uganda has involved identifying “hot spots” along transportation corridors, enlisting and strengthening local organizations to meet community needs, identifying and addressing emerging issues, building and collaborating with regional networks, and rapidly testing and diffusing innovative approaches to HIV prevention, care, mitigation and treatment. For FY06, FHI in Uganda received \$300,000 in IMPACT project funding.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

In November 2005, IMPACT conducted project design trainings for 95 youth, low-income women and PLHA cluster members to facilitate effective implementation of the cluster-model funding mechanism. Following the project design trainings, IMPACT and the clusters developed draft scopes of work, budgets and subagreements, which were signed in February 2006. IMPACT also provided training in financial management/accounting to all cluster anchor organizations.

In March 2006, two youth clusters and one low-income women cluster were trained in leadership, group dynamics and conflict resolution. The clusters also met to establish the criteria for selecting different cluster resource people for upcoming trainings and to set dates for the trainings that will include peer education, magnet theatre and psychosocial support counselling. These trainings will be conducted during the next quarter.

#### **Care and Support**

In March 2006, IMPACT conducted community mapping activities in Malaba and Busia, and 44 people from the youth, low-income women and PLHA clusters were trained in community mapping and development of service directories. Subsequently, each site developed a map of active and potential SafeTStop outlets and a comprehensive directory of clinical and non-clinical services. The latter will facilitate referrals and create or strengthen formal links among the clusters and other service providers.

## *Zambia/Corridors of Hope*

### ***Brief Background***

Since 2001, IMPACT project work in Zambia has focused on three key areas: prevention of STI/HIV among prostitutes and their clients, mainly truck drivers and uniformed personnel at border sites; development of community-based responses for the care and support of OVC; and psychosocial support to HIV-positive children and their families. To date, USAID/Zambia has committed a total of \$17,042,339 to the IMPACT project in Zambia, and CDC has committed an additional \$750,000.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

While approaching close out of sites on March 31, 2006, the Zambia Corridors of Hope (COH) Project continued to provide VCT, STI treatment, BCC and reproductive health services at ten sites—seven at border towns and three at key inland sites. COH is implementing a new policy of providing services to all clients that visit the sites (rather than the original target groups). Interestingly, with the adoption of this policy, during this reporting period more than 55% of the clients accessing VCT were from the general population and **not** from the primary, high-risk target groups. The project continued to work through those that had been previously-trained, specifically 50 outreach workers, 240 staff and staff of stakeholder organizations in VCT, and 188 peer educators (prostitutes). Building upon the work done in previous reporting periods, the workplace component worked with 32 trucking companies to support the previously-trained peer educators as they provided information and sensitization meetings and skills-building workshops to employees and their spouses.

#### **Strategic Information**

During this reporting period, data for three studies was gathered. A project evaluation, funded by JICA, was conducted by a team of three consultants. They visited three sites and interviewed beneficiaries and stakeholders. Secondly, a Behavioral Surveillance Survey was conducted at three sites by local consultants working with local data gathers. They administered an extensive questionnaire to 1,062 truckers and 1,114 prostitutes at the three sites. Finally, using the techniques of in-depth interviews and focus group discussions with prostitutes, truck drivers, local officials, and stakeholder groups in four sites, data for a qualitative assessment and documentation were gathered. The final reports of all three studies will be completed in the next period.

## *ASIA AND THE NEAR EAST*

## *Asia Regional Program*

### ***Brief Background***

From the beginning of the IMPACT project to date, USAID/ANE and RDM/A have provided \$21,053,360 to FHI's Asia Regional Program (ARP) to support strategic regional HIV/AIDS programs such as migrant and cross border interventions, to "seed" HIV/AIDS programs in USAID non-presence countries and strengthen surveillance systems throughout the region. In FY06, the ARP focused on: a) strengthening prevention, care and support services for Nepali migrants in India; b) implementing USAID-ASEAN collaboration on HIV/AIDS; and c) providing global leadership in HIV/AIDS.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT provided interim support to interventions for Nepali migrants to India, working in both source communities in Nepal and the destination city in India, Mumbai. The project provided BCC and VCT services and referral to STI management through December 2005. In January 2006, FHI received funding from DFID to continue and expand this cross border intervention for three years.

#### **Treatment**

As a part of the USAID-ASEAN Collaboration on HIV/AIDS Program, IMPACT and the MOH, Malaysia (the ASEAN coordinating country) organized a regional dialogue in December among key stakeholders on comprehensive HIV/AIDS prevention, care and treatment for drug users in Kuala Lumpur. As agreed by ASEAN and the Malaysian MOH, IMPACT will support the development of a training curriculum with emphasis on comprehensive HIV prevention, care, support and treatment for drug users and will organize a regional training based on this curriculum by the end of FY06. In addition, IMPACT, POLICY Project, Bamrasnaradura Institute, and Asia Pacific Network of People Living with HIV/AIDS organized a regional training in November on HIV/AIDS care including ART for care providers; 19 participants from seven ASEAN countries attended.

#### **Strategic Information**

Strategic information continued to play a major role under the ARP's portfolio. Activities related to MSM programming have been planned and conducted. The activities included a qualitative study on male-to-male sexual networks in Thailand and Indonesia and an evaluation of the MSM interventions in Bangladesh, Nepal and Indonesia. Under the USAID-ASEAN Collaboration on the HIV/AIDS program, IMPACT coordinated with the POLICY Project to provide surveillance capacity building opportunities to ASEAN countries starting with a regional workshop in December 2005 to familiarize policy makers with the surveillance system and another in February 2006 on the use of surveillance results for decision making.

IMPACT continued to play a leading role in the region to strengthen national surveillance and M&E systems by publishing the guidelines for BSS data coding and management. In addition, IMPACT collaborated with the CDC to develop a training manual for the field operation of respondent driven sampling data collection.

## ***Bangladesh***

### ***Brief Background***

The IMPACT project has been in existence in Bangladesh since 2000 with FHI striving to prevent the spread of HIV by supporting interventions for MARPs through local implementing NGOs. FHI spent the first two quarters of FY06 transitioning activities from the USAID field supported program, IMPACT, to the Bangladesh AIDS Program (BAP), a USAID bilateral that was awarded in September 2005 and formally launched in December 2005. Only a few activities in FY06 will continue with IMPACT funds, which will completely close out this year. To date, FHI has received a total of \$14,225,000 through the IMPACT project in Bangladesh.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT and IAs designed 20 subagreements that generated new ideas for the projects, evaluated the lessons learned from IMPACT, and realigned/reassessed their strategies under BAP. IMPACT supported partners' tailored and focused behavior change interventions such as peer education and packaged clinical services to increase accurate knowledge of STI/HIV transmission, risk reduction behaviors, stigma and discrimination reduction, and enabling environments for behavior change. QA planning began and will take off in the third quarter with a QA subagreement and additional staff.

#### **Care and Support**

IMPACT established eight mini labs and trained six lab professionals on using HIV rapid tests, the first effort of its kind in Bangladesh. There is also an increase in meaningful involvement of PLHA at national and international forums.

#### **Strategic Information**

IMPACT began rolling out an innovative approach that integrates high-quality supply and demand by assuring a high standard of STI services and VCT quality. FHI is working to transform and upgrade Drop-in-Center services and facilities into Integrated Health Centers, which will address both the psychological and medical needs of clients through a social franchised brand, "Modhumita." FHI and partners will continue an on-going long-term research study with IMPACT funds through June 2006. Research efforts will continue to gather evidence on populations at risk and behaviors to inform appropriate responses.

#### **Global Leadership in HIV/AIDS**

IMPACT conducted a training on Minimum Standards for Targeted STI Services and TA to the government for updating the National STI Guidelines. IMPACT conducted "Standard Precautions" training, leading to one private hospital starting to provide care for HIV positive patients, an outstanding private sector response in a situation of wide spread stigma and discrimination. FHI efforts at the national level resulted in an in-country validation of HIV antibody rapid tests and the plans for roll-out of VCT for most-at-risk groups. IMPACT also provided support for the development of National Care and Support Operational Plans, led the development of National ART Guidelines, and provided TA for a Respondent Driven Sampling pilot study to improve HIV surveillance efforts. IMPACT continues to share experiences, SBC materials, and TA/training with numerous NGOs and donors, including the World Bank/DFID-funded HIV/AIDS Prevention Project, the National AIDS/STD Program, Department of Narcotics Control, and the U.S. Embassy.

During the reporting period, IMPACT printed 49 copies of *Clinic Register* and designed the following: IDU Photo Album (Male and Female), IDU Home Based Detox Leaflet, IDU Membership Card, and Outreach Card for Male Prostitutes.

## *Cambodia*

### ***Brief Background***

FHI's IMPACT project implementation plan in Cambodia for 2005-2006 continues to focus on areas of national HIV surveillance strengthening; broad-based prevention among key populations; focused programs with military wives and families; and care and treatment for PLHA through the continuum of care program. USAID's total funding through the IMPACT project in Cambodia is \$19,095,000, and the FY06 IMPACT budget is \$565,194.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT's women at risk program initiated several training activities for IA staff on topics such as supportive monitoring of 'Tools for Life,' educational tools and drug abuse prevention education. HIV/STI prevention outreach activities were extended to casino workers and indirect prostitutes in Ko Thom, Kandal province. The STI unit continued to work closely with the government, military and NGO STI clinics to strengthen and improve the quality of services. A significant highlight for the uniformed service program was the completion of the military peer evaluation and the alcohol campaign evaluation. Both evaluations reveal that the programs have had a significant effect on increasing knowledge levels and changing behaviors among the target groups. An achievement of the MSM program has been the development of some new innovative IEC materials and the involvement in national-level MSM network meetings together with other NGOs such as KHANA. In response to the request by Coca Cola and with approval from USAID, IMPACT provided training on basic HIV/AIDS to 200 Coca Cola employees.

#### **Care and Support**

The OVC/HBC program has continued to build the capacity of IAs in the areas of counseling and HBC. The annual child camp was held and curricula and materials were developed for youth club activities.

#### **Treatment**

In the past six months, treatment activities (OI management) have been initiated at five new sites- Ko Thom (Kandal), Pailin, Memot (K. Cham), Cheung Prey (K. Cham) and Tbong Khnom (K. Cham). In addition, pediatric AIDS services have been initiated in Chey Chumneas Hospital, Kandal. Currently, FHI supports 11 sites across five provinces for care and treatment activities.

#### **Strategic Information**

Analysis for the national STI survey was conducted and completed among MSM, brothel-based prostitutes and police in eight provinces. The report will be produced in the next reporting period. Preliminary analysis of the "Enhanced Monitoring of the Quality of Life for Patients on ART" survey reveals that, compared to the baseline, patients report improved health and overall well-being, including greater acceptance by family members at a six-month follow up. A dissemination meeting was conducted with key stakeholders to share the results of the "Costing on the Facility-based Component of the Continuum of Care" study.

#### **Global Leadership in HIV/AIDS**

FHI was one of the key USAID partners in the contribution of the COP and associated targets. FHI continues to be a part of technical working groups and provides ongoing TA in the development of SOPs, curricula and guidelines.

## *China*

### ***Brief Background***

IMPACT activities in Southern China are part of the USAID RDM/A's strategy for the Mekong Region. Until the end of FY05, funds specifically obligated to China totaled \$2,465,000. During FY06, FHI utilized the remaining funds obligated through IMPACT in China for TA and administrative and staff costs while funding for program interventions has been provided by USAID RDM/A. The first half of FY06 saw significant development of all program components from prevention, care and support to treatment activities in Yunnan and Guangxi. Technical and operational support and training from IMPACT have resulted in remarkable increased capacity of IAs to plan and conduct program activities and deliver services.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT supported prevention interventions among MARPs, including female prostitutes and clients, MSM and IDUs. To better inform the on-going MSM intervention, formative research was conducted among MSM in Kunming. Peer educators and outreach workers provided male prostitutes, gay men and MSM with counseling, encouraged the use of user friendly VCT and STI services as well as distributed condoms and lubricants and acted as leaders in extending care and support to PLWHA in the MSM community. IMPACT designed a series of three posters promoting STI services for MSM and posted them in MSM cruising venues around Kunming. Many BCC support materials and tools were developed to support other BCC activities. Training sessions were conducted for effective utilization of those materials for IAs working with prostitutes, their clients and IDUs in high-risk, high-HIV prevalence areas of Yunnan and Guangxi. The materials included those that help outreach and peer educators hold discussions about HIV risks and its prevention among their peers and a brochure that helps entertainment venues owners understand HIV prevention activities implemented by IAs. During the period, 460 MSM, 1,600 prostitutes, over 1,000 male clients and over 1,000 IDU were reached.

#### **Care and Support**

Three VCT sites supported by IMPACT provided services to reduce risk behavior and served as entry points for HIV care and treatment. The VCT sites in Ningming and Pingxiang provided counseling and testing to 329 clients. Among them, 187 received their test results, and 34 PLWHA with low CD4 counts were referred to Pingxiang hospital for OI/ART services. The TB services at these sites also referred clients for counseling and testing after conducting risk assessment. In Gejiu, 273 clients received counseling and testing. Among these, 244 received their test results.

#### **Treatment**

IMPACT has been supporting a continuum of care program in Ningming and Pingxiang (Guangxi) for less than one year. In this time, new services have been developed and linked with existing services to enable the provision of a range of services for PLWHA including VCT, clinical management of HIV, including ART, home-based care and a PLWHA support group. People testing positive for HIV were referred to Pingxiang People's Hospital for consultation, including a CD4 test. The hospital also examined, diagnosed and treated OIs. FHI consultants provided further clinical training through joint patient case review with Chinese counterparts and the provision of training on management of HIV and TB co-infection. A senior nurse from FHI provided training to laboratory staff in tests for OI diagnoses. FHI supported PLWHA who received services from both Ningming and Pingxiang to form PLHA peer support groups for the first time. In addition, one PLWHA started to provide psychosocial support to HIV patients as part of the team at Pingxiang Hospital. These initiatives significantly enhanced acceptance of PLWHA in the health care setting, which is still problematic in China. By the end of March, Pingxiang hospital had provided HIV care to 77 PLWHA, 40 of which were provided with ART.

## *India*

### **Brief Background**

To date, USAID/India has obligated \$23.6 million to FHI for the IMPACT project. IMPACT is providing TA to approximately 55 partners to implement comprehensive HIV prevention and care services to OVC, IDUs, migrants, truckers, MSM and PLHA in six states in India. The IMPACT program in India fits USAID/India's programmatic priorities and the National AIDS Control Organization's strategic plan, taking into account USAID's geographic focus and bilateral partners, AVERT Society and APAC.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Prevention**

A new project was initiated with the International City/Country Management Association to document case studies of city government contributions to HIV/AIDS prevention in Vishakapatnam, Andhra Pradesh. Project Concern International in partnership with USAID and IMPACT organized a national event in Delhi to conclude a year-long AIDS Walk for Life, which covered 13 states and 400 cities and reached out to approximately two million people, especially vulnerable groups of women, children and youth. SBC materials, including a board game for children and a set of 20 flash cards emphasizing abstinence and being faithful, were developed for OVC projects in Delhi and were released by the USAID Mission Director and FHI.

#### **Care and Support**

The U.S. First Lady met peer educators from an OVC project in Hyderabad and witnessed a life-skills education session. She also met self-help group members including HIV-positive mothers. A life-skills education toolkit has been finalized and is currently being translated into three Indian languages. The protocols on child counseling have also been edited and will be printed in the next quarter. Photo-documentation, end of project reviews, lessons learned documentation and outcome level assessments are currently being undertaken for select IMPACT projects including OVC projects.

#### **Treatment**

The comprehensive HIV prevention and care projects in Namakkal, Tirunelveli and Tuensang districts have developed close linkages with the government ARV treatment program. The Positive Living project in Namakkal has collaborated with the treatment center to increase access to ARVs for PLHA and to conduct patient and community education for treatment adherence. With TA from IMPACT, Sahara-Micheal's Care Home has developed a training manual for HIV caregivers.

#### **Strategic Information**

IMPACT provided TA to Tamil Nadu State AIDS Control Society in developing a common M&E framework for all HIV/AIDS organizations in the state. Regional workshops were held to build the capacity of FHI partners to operationalize computerized MIS system.

#### **Global Leadership in HIV/AIDS**

IMPACT collaborated with the Futures Group to develop district plans for all 30 districts of Tamil Nadu. TA was provided to APAC for a National BCC Consultative workshop and with finalization of the BCC strategy for NACP III. IMPACT contributed to the development of state program implementation plans in Andhra Pradesh, Maharashtra and Tamil Nadu as well as the NACP-III design. TA was provided to AVERT Society on operationalizing ABC guidelines in HIV prevention and care programs in Maharashtra. TA was also provided to IMPACT partners on program Management, MIS, QA, IMPACT close out procedures.

## *Jordan*

### ***Brief Background***

Since June 2000, USAID/Jordan has committed \$1.9 million in field support to the IMPACT project in Jordan, and in FY06 IMPACT received \$200,000 in Jordan. In Jordan FHI's work is to initiate HIV/AIDS prevention activities for a low-prevalence setting by increasing awareness and knowledge of STI prevalence, improving access to and quality of HIV/AIDS prevention and care services (including patient referral and monitoring services), and increasing stakeholder involvement (namely national policymakers) in HIV/AIDS planning efforts.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Prevention**

IMPACT began working with several Jordanian NGOs to implement activities with high-risk youth in Jordan. Through initial workshops on HIV/AIDS issues, including BCC, VCT and Monitoring and Evaluation, Jordanian NGOs were given an orientation to HIV/AIDS in Jordan and the work and philosophy of FHI's IMPACT project. IMPACT collaborated with the Jordan Scout Youth Group, Al-Mashreq private school, Caritas for Asylum Seekers, University of Jordan, Women Program Center in Waqqas, and the Rehabilitation Center in Waqqas on peer education among youth. IMPACT supported the translation of the *Youth Participation Guide* into Arabic, and a first draft has been completed and field tested. FHI held awareness sessions for vulnerable women and girls in Zarqa in collaboration with the NGO Khawla Bint Al-Azwar in the south of Jordan with the NGO Al-Bdour and Al-Taibah High School for Girls.

During the reporting period, IMPACT conducted program activities through several subagreements including: Horizon Strategic Study Center, which targets prostitutes and other vulnerable women through the adaptation and development of prostitute peer education tool kits; the Jordanian Association for Family Planning and Protection, which targets female youth, detainees in juvenile and rehabilitation centers, and "gatekeepers" (secondary targets); the Jordan Red Crescent Society, which targets MSM and other vulnerable male youth; the Khawla Bintul Azwar Association, which targets prostitutes and other vulnerable female youth; and the Family Awareness and Guidance Center, which targets vulnerable young males (out-of school youth) working in handicraft and industrial complexes.

IMPACT also coordinated the first meeting to bring leaders from business and labor unions together with leaders of local NGOs that are implementing HIV/AIDS initiatives and the NAP. The purpose of the meeting was to establish a dialogue about the role of the private sector in supporting the goals and objectives of the national strategy.

#### **Global Leadership in HIV/AIDS**

IMPACT continued to provide TA and updates and to coordinate IMPACT activities with the National AIDS Committee/National AIDS Program at the MOH. IMPACT collaborated with the MOH on the organization of World AIDS Day, which was commemorated in several cities in Jordan. IMPACT, with support from USAID, UNICEF and WHO, designed and published posters, brochures and pens for distribution at the events. IMPACT also provided input and insight to support other USAID projects, including the Policy Project, in the development of a national HIV/AIDS policy/legal review document and with an advocacy meeting for PLHA. IMPACT organized a meeting with NGOs to conduct the Technical and Organizational Capacity Assessment Tool. This is an FHI-developed tool that facilitates self-assessment to both enhance project implementation and build organizational capacity. IMPACT attended a workshop in December on the Role of Women in Health Awareness and Community Development that was held in Tunisia, and IMPACT also sponsored Dr. Aysha from the MOE to attend this workshop. IMPACT sponsored two people from The Performing Arts Centre at the Nour Al-Hussein Foundation to attend a TOT in theater-based techniques in Marrakech, Morocco.

## *Lao PDR*

### ***Brief Background***

From 2002 through FY05, USAID committed \$2,275,000 for HIV prevention programming in Lao through the IMPACT project. TA provided through the IMPACT project complements the priorities of the National Center for HIV, AIDS and STIs and aims to 1) strengthen the surveillance system and 2) strengthen STI/HIV/AIDS prevention interventions for prostitutes and their clients in order to address the high rate of bacterial STIs and behavioral risks for sexual HIV transmission.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

During the previous report periods, IMPACT and its government partners in Lao assembled the components for a comprehensive behavior change and STI service for prostitutes working in the four most populous cities in Lao where an outbreak of HIV is most likely: Vientiane, Savannakhet, Champasak, and Luang Prabang. These four “hot spots” have approximately 2,000 prostitutes at any given time, working out of drink shops, nightclubs, and via cell phone contact numbers. The IMPACT program attempts to reach each of these 2,000 women at least twice a month with full-time outreach by 32 salaried educators, most of whom are peers. Each month, a new behavior change theme is introduced to improve message retention and combat boredom. IMPACT also supports the operations of seven Wellness Centers in these four cities as a base for the outreach program, a drop-in center for prostitutes, and a site for weekly STI clinics. This reporting period marked the first time that all seven centers were fully staffed and operational. IMPACT also supports the Burnet Institute of Lao to conduct a parallel program of outreach education and targeted media for potential clients of prostitutes in two cities: Vientiane and Champasak. That program includes abstinence promotion among single male youth and “be faithful” messages for married men.

Through February 2006, the IMPACT-supported program had achieved 24,718 cumulative contacts with 3,653 new and returning prostitutes in the hot spot cities. In the most recent reporting month, the program canvassed 319 prostitution access points and conducted hundreds of 45-minute interactive educational sessions with small groups of prostitutes. Although IMPACT is not the only conduit of prevention funding in these cities, preliminary outcome data suggest that the program is achieving protective levels of condom use to thwart an HIV epidemic in Lao. In January 2006, FHI implemented a survey of over 1,000 prostitutes in the catchment area to estimate levels of condom use in the prior week. For all cities combined, respondents reported using condoms in 86% of episodes with clients and 52% with boyfriends. Overall, the level of condom use with any partner was 74%.

#### **Care and Support**

An HIV VCT service has been integrated into Savannakhet Wellness Center operations. A total of 29 clients have received counseling and test results during the report period. One was diagnosed with HIV infection. Lao’s only ART program is managed by MSF out of the Savannakhet government hospital.

#### **Strategic Information**

In collaboration with the Lao Center for HIV, AIDS and STIs, IMPACT completed the combined English-Lao report of the second round of second-generation surveillance. This report summarizes the results of the two rounds of BBSS supported by IMPACT in 2001 and 2004. Copies will be printed and distributed in the next report period.

## ***Middle East Regional Program***

### ***Brief Background***

In FY05, the Middle East Regional Program received \$530,000 from the USAID/ANE Bureau for IMPACT to undertake and support activities for HIV prevention and care in high-risk populations. IMPACT has been asked to assist in building the technical competencies to respond to the epidemic in the region. IMPACT plans to implement and support HIV/AIDS surveillance, VCT and M&E activities. Information gathered through these activities will provide a clearer estimate of the current HIV/AIDS situation in the region and will help determine future program planning.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Care and Support**

During this reporting period, IMPACT co-facilitated a regional training workshop on VCT for HIV. The regional training was initially conceptualized by FHI's Cairo, Egypt office as a part of its effort to build the capacity of the countries in the east Mediterranean region to design and implement VCT for HIV. The workshop took place at a hotel in Cairo from February 26 to March 6, 2006. The participants were NACP managers, senior counselors and NGO staff from 14 Middle Eastern countries including Bahrain, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Sudan, Tunisia and Yemen. In addition, staff from UNICEF / Yemen participated in the training.

IMPACT was well placed to conduct the training, since it developed the National Guidelines for Voluntary HIV Counseling and Testing and the National Monitoring and Evaluation Plan for Voluntary HIV Counseling and Testing Services for use in Egypt. IMPACT also established a pilot VCT site at the Central Laboratory in Egypt in collaboration with the MOHP and other donor agencies to serve as a model for the rest of the region. At the conclusion of the training, each country team drafted an action plan for establishing or upgrading VCT services in their respective countries. IMPACT will follow up with the countries on their action plans and provide guidance as they move forward with implementation of the plans.

## *Nepal*

### **Brief Background**

FHI's IMPACT work in Nepal focuses on ensuring a continuum of prevention-to-care services to those infected/affected by HIV/AIDS. IMPACT has three strategic approaches: 1) increase national capacity to manage an effective response to the epidemic; 2) improve HIV prevention; and 3) implement appropriate care and support strategies to mitigate the impact of the HIV epidemic. Under IMPACT, USAID/Nepal has committed over \$18.7 million to date. Programs are implemented in 30 districts of Nepal through three initiatives: Safe Migration, Safe Cities and Safe Highways.

### **Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)**

#### **Prevention**

IMPACT and its local partners conducted HIV prevention activities for most-at-risk groups through a variety of strategies? mass media, outreach/peer education, drop-in centers, condom distribution and STI diagnosis/treatment services? along the highways and urban centers. In addition, IMPACT partnered with non-health sector organizations (sports federation, women's groups and faith-based organizations) to mainstream HIV/AIDS. FHI Nepal continued satellite broadcast of the popular safe migration weekly radio program, *Desh Paradesh*, expanding program areas into remote districts.

#### **Care and Support**

IMPACT continues to support VCT training for IAs, NGOs and government partners, including supportive supervision at the clinic sites. IMPACT partnered with the Albion Centre and PLHA groups to address nutrition issues among PLHA. FHI also continued its close work with the NAP+N to adapt and produce Booklets four and five of the Prevention to Care booklet series with accompanying brochures. To reduce HIV-related stigma, IMPACT worked in coordination with NAP+N and the Nepal Medical Association to launch a series of stigma-reduction trainings for health care providers throughout the country and negotiated free satellite re-broadcast through Equal Access of the radio program, *Talking to Each Other*. FHI and the National Center for AIDS and STD Control (NCASC) conducted the first national TOT for HCBC in Nepal.

#### **Treatment**

IMPACT completed a study to assess possibilities for integration of VCT and TB services. In collaboration with NCASC, IMPACT completed a ten-day HIV Clinical Management Training for doctors and nurses. IMPACT is also providing ongoing support to NCASC to develop a national logistics system to manage HIV commodities for the country.

#### **Strategic Information**

IMPACT is a leader in national HIV research and surveillance in coordination with NCASC, including participation in the national surveillance technical working group meetings. Findings were printed and disseminated from the 2005 Integrated Bio-Behavioral Survey among IDUs in Pokhara and Eastern Terai Highway districts and MSM in Kathmandu. IMPACT provided a technical training to national surveillance experts on respondent driven sampling and also conducted training on research ethics with the Nepal Health Research Council.

#### **Global Leadership**

IMPACT provided TA to partners working under the GFATM and major support to the development of the UNGASS report for Nepal. Additionally, IMPACT produced 11 publications during the period, including *Rapid HIV Testing Procedure Manual* and *Essential Package of Care FHI-Supported Clinical Services Operational Guidelines*.

## *Pakistan*

### ***Brief Background***

Under the IMPACT project in Pakistan, FHI is promoting “improved use of proven interventions to prevent major infectious diseases” and complementing the National Enhanced HIV/AIDS program for MARPs through information, education and communication programs regarding the risk factors for HIV/STI. The program has developed activities that reduce the transmission of HIV/STI among MARPs in six strategic cities of the Punjab and Sindh provinces, supported PLHA with HCBC, and supported TA to the NACP to monitor the dynamics of the epidemic and the effectiveness of prevention and care programming. IMPACT has worked with eight partner organizations for a comprehensive response to HIV/STI disease prevention. In total, USAID has provided \$2,060,000 to the IMPACT project in Pakistan.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT focused its effort on provision of preventive, STI and HBC support to MARPs. The ABC program has established contacts with more than 140,000 individuals from MARPs and associated populations. The increased reach has been made possible by 60 outreach workers and more than 1,000 trained peer educators. IMPACT’s peer outreach activities to reduce stigma and discrimination against PLWHA includes a puppet show, skits, role plays using the peer educator toolkit, and a youth show emphasizing abstinence and faithfulness to prevent HIV. In addition, community based outreach activities continued to create demand for STI services. IMPACT’s community-based STI establishments provided Syndromic management to more than 500 clients from MARPs, including MSM, female prostitutes and high-risk youth.

IMPACT launched two publications, *How to Design an Effective Communication Project* and *Assessment and Monitoring of Strategic Behavioral Interventions*, in the national Urdu language in addition to a one-page introduction, *Together We Achieve* for the World AIDS Day event.

#### **Care and Support**

IMPACT continued to support New Light’s work to provide HCBC support to PLWHA. The project provided HCBC to 84 PLWHA and their 276 family members during this reporting period.

#### **Global Leadership in HIV/AIDS**

IMPACT continued to play a leading role in providing TA to the national government. IMPACT participated in and provided technical inputs for many of the meetings convened by the NACP, including the Technical Advisory Committee on AIDS, the Monitoring, Evaluation and Research Sub-committee and the HIV Counseling Forum. IMPACT also provided TA in the development of national documents, including the national M&E framework, PMTCT strategic framework, national PMTCT and pediatric ART guidelines.

## *Papua New Guinea*

### ***Brief Background***

Papua New Guinea (PNG) has a serious HIV/AIDS epidemic, which has been classified as a generalized epidemic. The cumulative number of reported cases of HIV reached 12,341<sup>1</sup> in early 2005. In 2004, FHI became the first and the only USAID cooperating agency to implement HIV/AIDS/STI interventions in PNG with a focus on MARPs. The total obligation to date for the IMPACT project in PNG is \$1,500,000. The FY06 budget is \$180,019.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Prevention**

The HIV prevention program, Poro Sapot Project, continues outreach education, distribution of targeted IEC materials, and STI and VCT services for MSM, prostitutes and clients. IMPACT provided training for Poro Sapot Project staff in the areas of STI management and care and MSM sensitization, and trained outreach volunteers in BCC. The trained outreach volunteers reached 1,269 MSM, 1,557 uniformed workers, 5,225 prostitutes and 3,113 other individuals through one-on-one, group discussions and information sharing sessions at the drop-in center. Outreach volunteers and the drop-in center continued to distribute IEC materials and condoms (provided by AusAID) in increasing numbers. The IMPACT-supported STI and VCT clinic provided STI screening and treatment to 37 MSM, 243 prostitutes and 49 other MARPs.

IMPACT provided a small grant to Friends That Care, a community-based organization, to produce a music CD that includes HIV/AIDS prevention messages. Approximately 500 copies of the CD were distributed. IMPACT also supported Friends That Care to assist in preparing a quiz for the “Be AIDS Free” competition radio program that reached 300 people.

#### **Care and Support**

IMPACT provided a small grant to Igat Hope Inc., a newly formed NGO coordinating PLWHA programs in the country, for the translation and adaptation of the self-care manual developed by FHI in Cambodia. A total of 1,000 copies of the manual were printed in the local language, Tok Pisin. During the next six months, ten PLWHA will be trained as trainers in the use of the manual. They will train their peers to ensure that hundreds of PLWHA in the Port Moresby area not only receive the manual but are able to use it to better care for themselves as well.

#### **Strategic Information**

The Institute of Medical Research finalized and disseminated the report of the baseline behavioral survey it conducted among MSM and female prostitutes to plan and later evaluate the Poro Sapot Project. The report is the first of its kind related to MSM behaviors and generated media interest in PNG.

#### **Global Leadership in HIV/AIDS**

Responding to USAID’s request, IMPACT supported three CCM members from PNG to attend the Global Fund Regional Workshop for recipient countries from East Asia and the Pacific in Thailand in October 2005. Participants shared their experiences and learned new lessons and skills in implementation, monitoring and evaluation, acquisition of TA and compliance for Global Fund-supported activities. The workshop assisted CCM from recipient countries and development agencies to work together and facilitate Global Fund initiatives.

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<sup>1</sup> NACS/NDOH June 2005 Quarterly Report

## *Philippines*

### ***Brief Background***

From October 1997 to September 2003, IMPACT project activities in the Philippines were designed and implemented to support USAID/Philippines' bilateral AIDS Surveillance and Education Project. These activities filled gaps in understanding the STI problem in the Philippines and in improving STI surveillance and prevention responses.

ASEP concluded in September 2003. In 2004, USAID awarded a new bilateral project called LEAD for Health to MSH. This new project is designed to strengthen the capacity of local government units to provide family planning and selected health services, including HIV/AIDS. FHI's IMPACT activities in the Philippines are complementing the LEAD for Health project by providing technical and financial assistance in monitoring the STI/HIV/AIDS epidemics and in providing essential data, analysis and technical support for programs aimed at populations most at risk of HIV in the Philippines. The IMPACT funding received to date is \$2,125,000, and the FY06 budget is \$71,137.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Strategic Information**

In FY06, FHI's work in the Philippines is supported by a subcontract from MSH under the LEAD Project until July 2006. Thereafter, FHI will program the remaining IMPACT funds to cover the remaining needs in surveillance TA from August to September 2006. FHI will also reserve funds for the three-month IMPACT closeout from October to December 2006.

Responding to requests from national and local surveillance partners, including the Department of Health, the National Epidemiology Center and the DOH Regional Epidemiological Surveillance Units, IMPACT will provide support to the following activities during August to September 2006: 1) use/implementation of the Manual of Procedures for the Integrated HIV/Behavioral and Serologic Surveillance System, 2) use/implementation of the Manual of Procedures for Social Hygiene Clinics, and 3) use/implementation of the Revised Manual of Procedures for the STI Sentinel Etiologic Surveillance System.

During the past two months, FHI drafted the final country report for the IMPACT project in the Philippines. After the report is finalized, it will be shared with major stakeholders including the National AIDS/STD Prevention and Control Program, Philippines' National AIDS Council and USAID.

## *Thailand*

### ***Brief Background***

USAID has committed \$3,111,000 to the IMPACT project in Thailand. The focus of the IMPACT project in Thailand is to support the comprehensive prevention and care and support programs among MARPs, including MSM, Burmese migrants and PLWHA. Consistent with RDM/A's strategy, in 2005, FHI began consolidating its programs in the priority hotspots of Bangkok and Chiang Mai.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT and the Thai Ministry of Public Health supported a private advertising company, McCann, to develop a targeted communications campaign to reduce HIV risk behaviors and increase use of STI and VCT services for MSM. A significant achievement during this reporting period was the launch of the media campaign in February 2006 in Bangkok and Chiang Mai. Under the umbrella of the Ministry of Public Health, the campaign is part of an effort to reduce new HIV infections in Thailand by at least 50% over the next three years. The media campaign covers an eight-month period from February to September. The media channels used in this campaign included printed and internet on-line advertisements, radio spots, road shows, hotlines and websites to reach both hidden and concealed MSM in these major big cities.

In the Tak province, IMPACT supported Mae Sot Hospital to provide PMTCT services for pregnant women and Hepatitis B, Hepatitis C, and Syphilis blood screening for Burmese Migrants referred from Mae Tao Clinic. To date, 1,018 pregnant women and 823 blood donors were screened for HIV. Among these, 2.5% of pregnant women and 2.2% of blood donors were HIV positive.

In Chiang Rai, HIV/AIDS prevention activities for drug users and other community members in Akha villages supported by IMPACT ended in September 2005; however, this project will continue with local resources. In addition, FHI sought and received approval from USAID to leave the project vehicle with the IA. A project summary documenting the experience of combining a methadone-maintenance program with community-based HIV/AIDS outreach was completed in this reporting period.

#### **Care and Support**

IMPACT extended its subagreement with the Population and Community Development Association (PDA) to continue the loan fund for the positive partnership program, which pairs HIV-negative people with PLWHA under a credit scheme. During the reporting period, nine pairs of HIV-positive and negative people in the Bangkok metropolitan have received the loans. Although IMPACT continues to support the loan fund, PDA's operational costs associated of this project are now being supported by Pact.

#### **Strategic Information**

IMPACT completed a Situation Assessment of Knowledge and Perceptions of Prison Staff on HIV Prevention and Care at the request of the Department of Corrections, Ministry of Justice in order to better understand HIV risk behaviors in prison settings in Thailand and help the Department to define a program for reducing HIV infection in prisons. The assessment found that the major HIV risk behavior in prison seems to be male to male sex, including rape, and not injection drug use (as previously suspected). In addition, unsanitary tattooing practices among prisoners may also be a risk. As follow-up to the assessment, IMPACT is working with the Department of Corrections on an HIV curriculum that will be used to train prison staff on these issues.

## *Vietnam*

### ***Brief Background***

FHI continues to scale up and expand HIV prevention, care and treatment interventions and related surveillance and research in Vietnam through the IMPACT project with a budget of \$4,465,399 for FY06 (\$1,374,158 in rollover field support funds and \$3,091,241 in PEPFAR COP05 funds). The total IMPACT project obligation received to date in Vietnam is \$14,795,000. FHI has maintained and expanded its partnerships with the MOH, Provincial Health Services, Provincial AIDS Committees, international and local NGOs and the private sector.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT scaled up and expanded the coverage of prevention interventions targeting MARPs in ten provinces. The interventions included comprehensive HIV prevention and care programs for IDUs in eight provinces; family planning interventions in five provinces; male client interventions in four provinces; and MSM interventions in four provinces. In collaboration with DFID and WHO, IMPACT is supporting the development of a pilot Methadone program for IDUs in Hai Phong, which is expecting imminent approval from the government of Vietnam. In partnership with CDC and Abt. Associates, IMPACT supported the development and implementation of a transitional intervention program for IDUs released from the six rehabilitation centers in Ho Chi Minh City. IMPACT collaborated with StormEye to develop and implement a mass media campaign, Live Like a Real Man, which aimed at reducing use of prostitutes among men most-at-risk of HIV. The campaign was integrated with the ongoing outreach interventions in four provinces. Together with CDC, the POLICY Project and UNAIDS, IMPACT supported four out of five current MSM intervention sites in Vietnam.

#### **Care and Support**

IMPACT significantly contributed to the scaling up of care and support services for PLWHA in Vietnam. Eight VCT sites were established and operated, and hundreds of HIV counselors were trained by Bach Mai VCT Center in Hanoi and anonymous testing sites in Ho Chi Minh City. IMPACT supported the implementation of the continuum of care model in eight districts of the six focus provinces to provide comprehensive care for PLWHA through OPCs, home care teams, peer support groups, and OI/ART, TB/HIV cross-referral and OVC services. IMPACT involved the Hanoi Buddhism Association in providing spiritual and psychosocial care services for PLWHA. IMPACT also collaborated with the Medical Committee Netherlands Vietnam and Nordic Assistance to Vietnam to provide community-based care and support to PLWHA in Hanoi and Hai Phong. In partnership with the POLICY Project and the Vietnam CDC Harvard Medical School – AIDS Partnership, IMPACT also supported the MOH to conduct a situation assessment and to develop the national palliative care guidelines.

#### **Treatment**

IMPACT supported the start up of the first two ART sites under PEPFAR in Ho Chi Minh City and preparations for six OPCs for ART services in six focus provinces. In collaboration with the International Center for Equal Health Access, IMPACT placed U.S. physician volunteers to provide on-site training and mentoring for Vietnamese physicians working in OPCs.

#### **Strategic Information**

In partnership with CDC, IMPACT supported the NIHE to develop the national surveillance action plan, and to conduct BBSS among IDUs, female prostitutes and MSM in seven provinces. In partnership with the POLICY Project and the East-West Center, IMPACT also supported the NIHE to conduct the Integrated Analysis and Advocacy Project in Ho Chi Minh City. IMPACT also developed eight new materials during the reporting period, including two working papers on HIV prevention, care and treatment in Vietnam, an ARV pamphlet for physicians and health workers working in OPCs, and a guide to STIs for MSM.



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# ***EUROPE AND EURASIA***

## *Albania*

### ***Brief Background***

Very little is currently known about the state of the HIV/AIDS epidemic in Albania. Rising rates of IDUs, a population of women who have engaged in prostitution while living outside the country, an increasing migratory population, marginalized ethnic groups, and a homosexual population that is highly stigmatized suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on seroprevalence or behavioral factors among these high risk groups, and it is possible that rates of HIV are currently or could soon be alarming. Furthermore, countries surrounding Albania have recently experienced an explosion in their HIV-positive populations, and there is no reason to assume that Albania would be immune to these same influences.

USAID/Albania asked IMPACT to plan and implement a BBSS related to HIV/AIDS in Albania in collaboration with Social Scientific Systems/Synergy Project. Synergy's in-country support, which has ended, included support for the collection of quantitative data as well as support to the pre-surveillance activities. The BBSS will measure key behaviors and prevalence of HIV/STIs among selected target groups. The results of the study will be used to increase awareness of the HIV/AIDS situation in Albania and to inform and strengthen the local response to the epidemic. USAID/Albania has provided \$200,000 to the IMPACT project in Albania for technical and program support.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Strategic Information**

IMPACT, in collaboration with the Albania Institute for Public Health (IPH) and with guidance from USAID/Albania has ensured that the 2005-2006 BBSS has the full benefit of TA based on international experience in the design, implementation, and completion of comparable studies in other countries. IMPACT executed a subagreement with the Albanian Bio-BSS On-Site Project Coordinator to assist in all aspects of the study with all parties involved. IMPACT also executed a subagreement with an experienced Albanian research organization (the Institute of Public Opinion, Tirana) to participate in the management and analysis of all data collected for the BBSS with oversight from IPH. This agreement did not include the prior planning and data collection activities, as these were supported by Synergy, though IMPACT provided TA throughout the entire study process. This subagreement is still on-going and will end during the next reporting period. IMPACT monitored the Institute for Public Opinion's activities and provided TA during the process as necessary.

Throughout the study process so far, IMPACT has participated in meetings of the survey working group to provide technical guidance on the BBSS. Additionally, IMPACT has provided collaborative TA and oversight in writing of the BBSS final report and presentation of results. Data collection and analysis have been completed, and the report is in final draft form. In the next reporting period the final report will be translated into Albanian and printed in Albania, and a final dissemination meeting will be held.

## ***Baltics Regional Program***

### ***Background***

Since late 2000, IMPACT/Baltics has worked with local and regional stakeholders in Estonia, Latvia, Lithuania and the Russian cities of Kaliningrad and St. Petersburg to enhance local capacity to design, implement, evaluate and sustain HIV/AIDS prevention and care programs. In total, IMPACT/Baltics received \$2,397,192 in funding, including the Northern Europe Initiative and funding through the Department of State. At the request of the Mission, the IMPACT/Baltics program began closing and completed closure of activities by the beginning of FY05.

Although the Baltics Regional Program officially closed on October 15, 2004 and the final report was written, finalized and disseminated, after the final reconciliation of funds, it was determined that there were funds remaining for activities. In coordination with USAID, some activities were proposed for follow up in FY06.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Prevention**

IMPACT developed a concept paper entitled, *AIDS, Statistics, Health*, to fund an NGO in St. Petersburg to raise awareness about and create a more supportive environment for PLWHA/women prisoners among decision-makers, journalists and health care workers. The NGO would build the capacity of 120 health care workers in understanding and avoiding stigma and discrimination, particularly toward PLWHA/women prisoners, thus enabling them to provide better quality care, support and treatment to PLWHA/women prisoners. After receiving approval from USAID/Russia, IMPACT developed a subagreement with the NGO, to begin on April 1, 2006 for a nine-month period.

#### **Global Leadership in HIV/AIDS**

During this period, IMPACT finalized a report highlighting the Doctors We Trust project in St. Petersburg and the Together We Are Stronger project in Kaliningrad. Both projects focused on the limitations of health care for vulnerable groups in St. Petersburg and Kaliningrad. This report will be disseminated to stakeholders in the region during the next reporting period.

## *Kosovo*

### ***Brief Background***

In recent history Kosovo has lived through almost ten years of conflict, ethnic cleansing, and governance by the United Nations. The region has been in the process of rebuilding vital infrastructure, including the creation of legal and educational systems, as well as provision of health services. Kosovo is classified as a low-prevalence region for HIV/AIDS. Approximately 50 cases in the general population have been identified since 1986, and only two blood donors have tested positive since testing for HIV began in the same year. However, rising numbers of IDUs, a thriving prostitution industry populated by women trafficked both internally and externally, migratory populations, and a homosexual population that is highly stigmatized, suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on seroprevalence or behavioral factors among these high-risk groups, and it is possible that rates of HIV are increasing. Furthermore, countries surrounding Kosovo have recently experienced an explosion in their HIV-positive populations, and there is no reason to suspect that Kosovo would be immune to these same influences.

USAID/Kosovo asked the IMPACT project to plan and implement a BBSS in the country. Starting in FY05, FHI received IMPACT project funding in the amount of \$250,000. The goal of the Kosovo program is to conduct both the requisite pre-surveillance activities and a BBSS.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Strategic Information**

To implement a BBSS in Kosovo, IMPACT has worked very closely with USAID/Kosovo, the MOH, the Kosovo Institute of Public Health (IPH) and the UN Theme Group to ensure a collaborative process. Index Kosova is the local research group that was selected as the partner to implement the BBSS and during this reporting period a subagreement was executed with them. Index Kosova undertook several critical activities during this reporting period, including the necessary qualitative research, finalization of the questionnaire tools, training activities and start of the data collection process. The Index Kosova team organized and conducted qualitative research, in the form of key informant interviews and focus group discussions in order to determine the best means of reaching prostitutes and their managers. They worked in collaboration with the team (USAID, FHI, MOH/IPH, UN Theme Group) to design a questionnaire for investigating behavioral risk patterns in the prostitute population in Kosovo.

Additionally, all of the training workshops for the field teams, in preparation for data collection for the BBSS, were held during this period. The first training workshop was for three days for supervisors and field managers in order to orient them to the methodologies to be used in the field and to explain responsibilities and solutions to problems that may arise during the course of the data collection. The second workshop was conducted for four days and consisted of interviewers, coupon managers, supervisors and field managers. This training covered methodologies, problem solving, responsibilities, practical applications and prepared the team members to begin the data collection process. Data collection started and will conclude during the next reporting period. The data analysis, report writing and final dissemination meeting are also all scheduled to take place in the next reporting period.

## *Kyrgyzstan*

### ***Brief Background***

In July 2004, FHI was obligated \$50,000 through the IMPACT project to conduct a study in Kyrgyzstan to establish local gonorrhea antibiotic susceptibility patterns. The data and results of the study will inform the revision of the National Syndromic Management Guidelines. This work will be completed through a Task Order with the University of North Carolina at Chapel Hill, an IMPACT partner.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Strategic Information**

An initial visit was undertaken to select clinical and lab sites in Bishkek and Osh to enable them, ultimately without external assistance, to provide dependable GC surveillance for Kyrgyzstan. The initiation of the study continued to be delayed due to the procurement process for needed equipment and supplies to be procured by the Mission. It is expected that the necessary equipment and supplies will be available in the coming reporting period so that the study can begin.

## ***Russia Behavioral Monitoring Survey***

### ***Brief Background***

Since 2000, Russia's HIV/AIDS epidemic has been considered to be one of the fastest growing epidemics in the world. The highest rates of HIV infection are among IDUs, however, it is rapidly moving beyond this core group of IDUs into the heterosexual population through 'bridge populations' such as prostitutes and non-injecting drug users who engage in higher-risk sexual activities. Multiple focal epidemics are now occurring throughout the country in other marginalized populations, such as MSM. For this reason, IMPACT activities focus on addressing the specific needs of these high-risk populations of IDUs, prostitutes, MSM, and special-risk groups such as their sex partners and at-risk youth.

To date, the IMPACT project in Russia has received a total of \$960,000 from USAID/Russia. In FY05, IMPACT established a Behavioral Monitoring System (BMS) to measure key behaviors and to promote improved programming and strategic decision-making. IMPACT will coordinate a dissemination workshop with local and national stakeholders in each city in order to share the results of the BMS and discuss how the data can be used to guide program implementation. Following the completion of the dissemination meeting, FHI will prepare for close out, and a final report for IMPACT will be drafted.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Strategic Information**

IMPACT and its local partner, Stellit, conducted a BMS as a baseline in three cities (St. Petersburg, Irkutsk, and Orenburg) to evaluate USAID's targeted interventions for high-risk groups, such as MSM, IDUs, prostitutes and high-risk youth. The purpose of the survey is to collect information on sexual and drug-using risk behaviors, knowledge and attitudes about HIV/AIDS, and health-seeking behaviors in these groups.

During the reporting period, the results of the BMS were synthesized into a comprehensive report. With TA from FHI/Arlington, Stellit is working to finalize the report and prepare for the dissemination activities to take place in the spring of 2006.

## *LATIN AMERICA AND THE CARIBBEAN*

## ***Bolivia***

### ***Brief Background***

To date, USAID/Bolivia has obligated \$150,000 in field support to IMPACT activities. No additional funds were received in FY06. In FY05, IMPACT focused on improving the counseling and testing programs in Bolivia. Consultants provided TA in the development of a VCT manual for Bolivia and provided training in HIV prevention counseling tools and techniques. Participants included representatives from the country's nine departments and the corresponding MOH health center, or *Centros Departamentales de Vigilancia y Referencia de ITS*, and representatives from selected NGO alternative centers. Preparations for the final activity, strengthening the national VCT strategy and plan, were begun.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Care and Support**

Activities during this period included preparations for a planned stakeholders meeting to develop and strengthen the national VCT strategy and to develop a plan of next steps to ensure a comprehensive and sustainable VCT program. The meeting was originally scheduled for November but had to be cancelled because of scheduling conflicts many of the participants had with CONCASIDA, the LAC regional HIV/AIDS conference.

## ***Caribbean Regional Program***

### ***Brief Background***

To date, the IMPACT/Caribbean Regional Program has received \$3,774,000 in field support for implementation of activities. No additional funds were received during this reporting period. The country office that was established in 2002 to manage the HIV/AIDS prevention and control program closed in October of 2004. Final closeout activities continued into FY05. In FY05, IMPACT continued to support implementation of a Behavioral and Seroprevalence Surveillance Survey in the six Eastern Caribbean countries of Antigua and Barbuda, St. Lucia, St. Kitts and Nevis, Grenada, Dominica, and St. Vincent and the Grenadines. These studies will be completed in FY06.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

#### **Strategic Information**

In FY06, IMPACT continued its collaboration with the Caribbean Epidemiology Centre and the Phillips Consulting Group in the implementation of a Behavioral and Seroprevalence Surveillance Survey in six countries of the Eastern Caribbean. Target groups include minibus and taxi drivers, MSM, prostitutes, youth on the block, youth in school, and the general population. Data collection and cleaning continued during this reporting period; there were some delays in data collection in Grenada due to hurricane damage in the previous year, and St. Lucia, due to problems accessing the schools. Preliminary analysis of the data has begun and draft reports prepared. Preparations began for dissemination of the findings. The report will be finalized and disseminated during the next reporting period.

## ***Guatemala - Central American Program (G-CAP)***

### ***Brief Background***

USAID/G-Central American Program (G-CAP) committed \$200,000 in field support funds to IMPACT during 2002-2005. IMPACT received \$150,000 for FY04, and no additional funds were obligated in FY05 or FY06. At the request of USAID/G-CAP, IMPACT is working to implement a strategy to support the development of the comprehensive care diploma course in Central America. The focus of this program is on Guatemala, Panama, and Nicaragua, with limited participation by El Salvador and Honduras. USAID/G-CAP and FHI have identified members of the Technical Working Group from each of the five countries participating in the program.

The program was streamlined from the original \$1.3 million proposal to include select activities for rapid start-up, including the diploma course in care and treatment of PLHA, national ARV guidelines update and revision, facility assessment, and training. During FY06, IMPACT will utilize remaining funds to implement a series of HIV/AIDS diploma courses for health professionals in Panama, Nicaragua and Guatemala. Following the completion of these courses in October 2006, FHI will prepare for close out, and a final report for IMPACT will be drafted.

### ***Key Achievements in this Reporting Period (October 1, 2005 – March 31, 2006)***

#### **Treatment**

During the first half of FY06, IMPACT implemented an HIV/AIDS diploma course for physicians at the University of Panama. The goal of this course was to train health personnel in integrated management of patients living with HIV/AIDS in order to make possible the establishment of additional clinics in the areas most affected by the epidemic in Panama. The final evaluation workshop will be held in June 2006 and feedback provided from participants will be documented in a final report. Similar HIV/AIDS diploma courses in Guatemala and in Nicaragua are scheduled to begin in May 2006. Scholarships will be provided to selected participants to attend these diploma courses. In addition, IMPACT continued to facilitate regional and country multi-disciplinary comprehensive care networks through e-mail and conference call exchanges.

## *Mexico*

### ***Brief Background***

To date, USAID/Mexico has committed \$2,365,000 in field support funds to FHI for the IMPACT project in Mexico, of which \$140,000 was received in FY06. USAID/Mexico's priority for this fiscal year is the completion of the BBSS.

### ***Key Achievements in this Reporting Period (October 1, 2005 - March 31, 2006)***

### **Strategic Information**

In FY05, IMPACT and Facultad Latinoamericana de Ciencias Sociales began implementation of a BBSS in Acapulco, Monterrey, and the state of Mexico. The data collection in Monterrey and Acapulco was completed in FY05 and Mexico was completed in October 2005. During this reporting period, data entry and cleaning for all the studies was completed and preliminary analysis began. TA was provided by IMPACT to finalize analysis of the data and to begin the report writing for the three sites. All parties were also interested in adding another site, Tamaulipas, to the survey, so as money was available, preparations have begun. The survey will be completed during the next reporting period.



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## *FINANCIAL REVIEW*