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## *Acronyms*

|       |   |
|-------|---|
| A/B   | Abstinence or Be Faithful                             |
| AIDS  | Auto-Immune Disorder Syndrome                         |
| ANC   | Antenatal Care  |
| APAC  | AIDS Prevention and Control (project)                 |
| ART   | Antiretroviral Treatment                              |
| ARV   | Antiretrovirals                                       |
| ASEAN | Association of Southeast Asian Nations                |
| BBS   | Behavior and Biologic Survey                          |
| BBSS  | Behavioral and Biological Surveillance Study          |
| BCC   | Behavior Change Communication                         |
| BHR   | Bureau of Humanitarian Response                       |
| BSS   | Behavioral Surveillance Survey                        |
| CA    | Cooperating Agency                                    |
| CAA   | Catholic AIDS Action                                  |
| CBC   | Community Based Care                                  |
| CBO   | Community Based Organization                          |
| CDC   | Centers for Disease Control                           |
| CHBC  | Community and Home Based Care                         |
| COP   | Country Operational Plan                              |
| CORE  | The Child Survival Collaborations and Resources Group |
| CT    | Counseling and Testing                                |
| CTD   | Care and Treatment Division                           |
| DFID  | Department for International Development (UK)         |
| DPS   | Provincial Health Directorate                         |
| ECR   | Expanded and Comprehensive Response                   |
| ESR   | Evaluation, Surveillance and Research                 |
| FANTA | Food and Nutrition Technical Assistance               |
| FBO   | Faith Based Organizations                             |
| FP    | Family Planning                                       |
| GC    | Gonorrhea   |
| GHAIN | Global HIV/AIDS Initiative                            |
| HAART | Highly Active Antiretroviral Therapy                  |
| HBC   | Home Based Care                                       |
| HCBC  | Home and Community Based Care                         |
| HIV   | Human Immunodeficiency Virus                          |
| IA    | Implementing Agency                                   |
| IBBS  | Integrated Bio-Behavioral Studies                     |
| IDUs  | Injecting Drug Users                                  |
| IEC   | Information Education and Communication (materials)   |
| IP    | Information Programs                                  |
| JICA  | Japan International Cooperating Agency                |
| LOP   | Life of Project                                       |
| M&E   | Monitoring and Evaluation                             |
| MAP   | Marketing Assistance Project                          |
| MARPs | Most At-Risk Populations                              |
| MCH   | Maternal and Child Health                             |
| MOH   | Ministry of Health                                    |
| MOHP  | Ministry of Health and Population                     |
| MSH   | Management Sciences for Health                        |
| MSM   | Men who have Sex with Men                             |
| NACP  | National AIDS Control Program                         |

|        |  |
|--------|--|
| NACO   | National AIDS Control Organization                           |
| NAP    | National AIDS Program  |
| NAP+N  | National Association of People Living with HIV/AIDS in Nepal |
| NASCOP | National AIDS/STI Control Program                            |
| NCASC  | National Center for AIDS and STD Control                     |
| NDOH   | National Department of Health                                |
| NGO    | Non-Governmental Organization                                |
| 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                                  |
| PMD    | Prevention and Mitigation Division                           |
| PMTCT  | Prevention of Mother to Child Transmission                   |
| PNA    | Performance Needs Assessment                                 |
| QA/QI  | Quality Assurance/Quality Improvement                        |
| RDM    | Regional Development Mission                                 |
| REDSO  | Regional Economic Development Services Office                |
| RHAP   | Regional HIV/AIDS Program                                    |
| SBC    | Strategic Behavioral Communication                           |
| SI     | Strategic Information  |
| SOP    | Standard Operating 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 \$439,814,022 in LOP obligations to date and \$423,826,403 in expenditures as of September 2006. 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.

Having worked through a network of 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, PMTCT, counseling and testing (CT), strategic behavioral communication (SBC), care and support, HIV and TB integration, M&E - including behavioral surveillance, OVC and other related fields. IMPACT's approach is to strengthen the response to the pandemic and improve capacity by focusing on country level capabilities. To that end, 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 provides the technical and management support necessary for those programs to succeed. As of July 2006, the total number of subagreements executed by FHI with IMPACT funding reached 1,600. Perhaps the most far-reaching accomplishment of IMPACT 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 70 countries and is currently operating programs in more than 35 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 by June of FY07 with the final closeout planned for September 2007. 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.

The report herein includes global accomplishments using core and designated core funds followed by individual country or regional reports grouped in geographical regions and concludes with the financial review section. The reports provide brief background information for each project/activity followed by broad stroke accomplishments for the period of April 1- September 30, 2006, in the key technical program areas. Since the output data from IMPACT country programs has just come in and the quality review is expected to take place during the month of November, a data supplement to this semi-annual report will be provided in early December 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 and reviewed.

#### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

**CONTINUATION OF ANTIRETROVIRAL PROGRAMS:** The initial IMPACT-supported ART learning sites established in Ghana, Kenya and Rwanda have provided valuable experiences and lessons for scaling-up HIV care and treatment in terms of expanding and strengthening services at existing sites and introducing

services on a regional or provincial scale. During this reporting period, IMPACT support for ART continued for approximately 11,000 patients in at least nine countries. Mainstreaming pediatric care and treatment within service delivery has incorporated a family-centered approach and provided both Co-trimoxazole preventive therapy for HIV exposed and infected children and the availability of pediatric ARV formulations. With universal access to care and treatment as the goal, capacity building at the primary health level has been another major focus involving a multi-pronged approach including the development of standard operating procedures (SOPs) for managing patients living with HIV at this level, including those on ART, and quality assurance tools to support service delivery. Addressing the shortage of skilled clinicians at the primary level is a major challenge requiring innovative strategies. One approach, implemented in Rwanda initially as a pilot study and now expanded to additional primary facilities, is to train nurses in initiating and monitoring patients on ART. Through the recognition of the need to provide a comprehensive range of services to respond most effectively to the broad needs of patients living with the disease, technical assistance was also provided to develop and field test a methodology for integrating prevention for PLHA within the clinical setting, including strengthening communication between provider and patient regarding risk behaviors and family planning.

**COUNSELING AND TESTING (CT) AND PREVENTION:** IMPACT has been working in the area of CT since 1997, emerging as a global leader in technical assistance, development of evidence-based strategies and tools and program implementation while emphasizing prevention and greater access to care, treatment and support. IMPACT supports increased emphasis on children and contributed to a manual for developing national guidelines for CT of children. IMPACT is also finalizing a manual on comprehensive HIV prevention and care programs for IDUs, which is expected to be completed early in the next reporting period. Employing different models for different contexts and needs, IMPACT has expanded the geographical coverage by currently supporting CT at more than 515 sites in 22 countries and has broadened the range of services provided at CT sites.

IMPACT has supported PMTCT efforts since 2000 by providing technical assistance (TA), implementing programs and developing tools, strategies and technical documents. During this reporting period, IMPACT supported PMTCT as an integrated component of comprehensive care in 12 countries through almost 100 IMPACT-supported facilities and has increasingly been called upon to provide TA and on-going support for the implementation and scale-up of PMTCT services. IMPACT brought together lessons learned in CT and PMTCT via two regional meetings of IMPACT staff across Africa and Asia as a way of documenting results and challenges in these technical areas. The report of these two meetings will be finalized and disseminated early in the next reporting period.

**HOME-BASED CARE:** IMPACT has continued to provide technical assistance to build the capacity of staff and implementing partners in home-based and palliative care in countries such as Nigeria and Ethiopia. An extensive set of Quality Assurance/Quality Improvement (QA/QI) tools and guidelines was drafted during the reporting period and will be finalized for dissemination to IMPACT and PEPFAR countries during FY07.

**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 draft of a program-level OVC M&E guide to help document and improve the scale and scope of existing programs was developed and is undergoing final editing and review before submission to USAID and dissemination to IMPACT country offices. IMPACT also assisted USG to develop quality standards for OVC care, which can be applied to all USG country programs.

**STRATEGIC BEHAVIORAL COMMUNICATION (SBC):** During the reporting period, IMPACT published *ABC Messages for HIV Prevention in Kenya: Clarity and Confusion, Barriers and Facilitators*, 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. 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 also finalized and disseminated the global SBC framework for implementation at the field level; developed QA/QI Standards and

disseminated these to country offices for field testing; and continues to guide IMPACT programs globally on the quality of SBC programming. In addition, SBC staff facilitated orientations and participated in discussion panels where the role and value of health communication was discussed, including The Foreign Service Institute Economic and Commercial Studies Division and the Pan American Health Organization.

**GLOBAL MONITORING AND EVALUATION:** Through IMPACT, FHI provides direct technical assistance 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. IMPACT contributed to the USG training network database housed in 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. Two size estimation trainings, as well as three regional trainings on HIV/AIDS surveillance, 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 the close out of IMPACT, including helping plan for documentation of program performance, measuring program outcomes and impact where appropriate and ensuring that regular QA/QI measurements are in place for sustainable quality programs. A set of proxy indicators for QA/QI have been developed and are being pre-tested. These indicators include not only M&E related specific indicators but also program specific indicators that respond to the SOPs developed for other technical areas.

**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 implementing agencies (IAs). Recognizing the importance of getting new information into the hands of people who can act quickly, IMPACT has increased the use of FHI's website and Intranet to disseminate information for and about IMPACT's work. During FY06, FHI 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 was developed to guide implementation of the Initiative. The manual was disseminated in June 2006 to all country offices. It serves 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. Furthermore, a new, semi-annual program review system called *Quality Team Assessment Process* was implemented as part of the on-going QA/QI Initiative in February and August, and the results are being reviewed for further refinement of the process.

Two technical leadership meetings were convened during the reporting period specifically for Asia and Africa country offices to strategize more effective and efficient provision of TA and to support recent improvements in the area of QA/QI. The agendas 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-to-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 improved.



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

## ***Care and Treatment Division***

### ***Brief Background***

The activities described in this section refer to inputs and processes of the Care and Treatment Division (CTD) of FHI that were funded by IMPACT Core and Designated Core.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Development of Strategies and Guidelines**

With funding from the Africa Bureau, CTD staff worked jointly with FHI's Prevention and Mitigation Division to develop three key documents related to children: a) the generic Guidelines for Counseling and Testing of Children, a manual that will be used to inform the development of national guidelines for counseling and testing; b) a Palliative Care Guide; and c) "*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*". The latter was finalized after USAID review and disseminated to FHI Country Offices, while the first two documents are in the final stages of development and approval and will be disseminated in the next reporting period. In addition, the CTD was involved in drafting a Project Closeout Strategy for HIV Care and Treatment that is meant to guide IMPACT-funded ART programs as they close out or transition to other funding.

#### **Quality Improvement/Quality Assurance (QA/QI) activities**

Quality assurance of HIV clinical care and treatment programs is a component of FHI's broader QA/QI Initiative. Standard Operating Procedures (SOPs) and other essential tools for the provision of ART, management of HIV-related illnesses, standard precautions, provision of HIV care at primary health care level, pediatric HIV care and PMTCT+ were developed during the fiscal year and disseminated to FHI Country Offices during the reporting period. These QA/QI tools are meant to be adapted to local country settings and are also available for wider distribution on the FHI website. The SOPs and tools provide guidance on delivering a broad range of HIV clinical services at primary, secondary and tertiary level health facilities and include procedures appropriate for the management of children as well as adults and adolescents on ART.

Tools were also developed for counseling and testing (CT), PMTCT and Pediatric AIDS and disseminated to guide country offices throughout the implementation of their specific programs. A similar set of tools is under development for Home-based/Palliative Care and will be finalized and disseminated during the next reporting period.

#### **Development and implementation of training materials**

Recognizing the detrimental impact of the shortage of health care providers on the delivery of quality HIV care in many IMPACT countries, FHI developed materials to train nurses in assessing and implementing care for HIV-infected adults and children where physicians and clinic al officers are not available. Content on the management of patients on ART is included.

FHI also developed materials to train lay volunteers as treatment counselors, relieving facility-based clinical staff, particularly nurses, who are thereby able to focus on other clinical duties. The lay treatment support workers also visit patients on ART in their homes to provide treatment support as well as contact tracking of those who have missed clinical appointments and drug re-fills. The training materials are currently being formatted for dissemination to FHI Country Offices.

#### **Development and field testing of *A Guide for Integrating HIV Prevention into HIV Care and ART***

CTD staff worked jointly with Prevention and Mitigation Division staff in developing a guide that provides a facility-led planning and implementation process for incorporating prevention within different clinic-based services, including TB, STI, ART, ANC and outpatient and inpatient departments. Tools are included that enable facilities to conduct their own assessment of staff competency about prevention. Exercises that guide providers in practicing addressing prevention and pregnancy intentions among PLHA focus on disclosure, risk

and protective behaviors. Field testing of the guide took place at the end of the reporting period, and the guide will be disseminated when final revisions based upon field testing are completed.

### **Development and implementation of innovative strategies**

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 CT serves as an entry point to both HIV prevention and care and treatment and that home and community based care programs effectively contribute to identifying patients who are eligible for ART treatment and ensuring adherence to treatment.

### **Global Leadership in Clinical and Community Care**

As part of its FY06 Core workplan, the CTD held two concurrent technical consultative meetings on CT/PMTCT in Abuja, Nigeria and Nairobi, Kenya. The overall goal of these consultations was to promote a culturally relevant, multi-disciplinary, practical exchange of information and ideas including documentation and dissemination of lessons learned under IMPACT. Through formal and informal sessions, these forums served as a venue for:

- FHI/IMPACT PMTCT and CT programs to learn from one another;
- Establishment of a network of CT/PMTCT service providers; and
- Sharing, information dissemination and exchange of lessons learned in the area of CT and PMTCT over the course of the IMPACT project.

## *Evaluation, Surveillance, Research Division*

### ***Brief Background***

The activities described in this section refer to inputs and processes of the Evaluation, Surveillance and Research (ESR) Division of FHI that were funded by IMPACT Core and Designated Core during the reporting period.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Global leadership capacity building on M&E and Surveillance**

During the reporting period, the ESR division provided guidance on surveillance at the global level and capacity building to national counterparts, FHI Country Offices, Cooperating Agencies, USAID missions and other key players, as appropriate, in the area of surveillance and strategic information data collection. For example, continued support was provided to government and NGO representatives who attended in-depth regional training on surveillance in Latin America and the Caribbean (LAC) and Middle East regions in the previous reporting period. ESR core funds also support FHI's contribution to the USG training network database based out of CDC. These are ongoing support activities.

Core funds were also used to further develop and improve implementation of the Global Spreadsheet of Program Monitoring Indicators (GSS). Since FY05, Country Offices have utilized the online GSS for reporting on indicators, including PEPFAR indicators, as well as those required at the global level and for FHI program monitoring and improvement. In FY06, the capability of GSS was greatly improved not only to be more user-friendly but also to increase its analytic capability and to track targets set by projects. The improved and more fine-tuned GSS is expected to enhance the quality of the data collected on a global scale. Additionally, ESR division staff members have produced a detailed manual to guide Country Offices to correctly interpret indicators, enter complete and accurate data and utilize the data analysis capabilities available in the online tool.

During the reporting period, ESR staff participated in the recent regional M&E meeting in Asia and attended several global meetings on strategic information at the global level, such as the PMTCT Indicators Working Group and the online discussion forum through the global M&E listserv AimNet. Core funding has also supported ESR's efforts to develop Quality Assurance and Quality Improvement (QA/QI) guidelines and tools for implementing agencies (IAs) and Country Offices. These tools and guidelines will serve to improve the quality of design and implementation of programs with regard to M&E and are being pre-tested in the field. They will be finalized in the next reporting period based on the findings from the field test.

#### **Size estimation training for Africa Region**

Since FHI developed guidelines for population size estimation, two training sessions have been conducted in Asia. Africa has not benefited from such training, and FHI is currently preparing a concept paper that will incorporate leveraging of funds from UNAIDS or WHO to support such a training workshop. In the interim, recognizing that size estimation plays a key role in the areas of surveillance, program planning, projections, monitoring and intervention coverage estimates, ESR has continued to provide technical assistance to Missions and other stakeholders on size estimation during the reporting period.

#### **IMPACT Close out and documentation**

ESR staff has assisted country programs in planning for close out of IMPACT, including documentation of program performance and measurement of program outcomes and impact where appropriate. This technical assistance will continue into the next reporting period and through the final close out of IMPACT.

#### **Global M&E meeting**

The ESR division has conducted yearly global meetings in Arlington to update M&E staff working on IMPACT and PEPFAR programs in the field on topics such as: new M&E and strategic information tools and methodologies; the design and conduct of evaluations; the analysis and use of evaluation findings for the improvement of country programs; and surveillance methodologies. Meeting participants represent FHI

Country Offices and IAs in Africa, Asia and LAC, and the agenda is built upon lessons learned from previous meetings, the sharing of experiences and training in new areas. Preparations are currently underway for next fiscal year's meeting to take place in Africa, with a separate Asia meeting being planned by FHI's Asia Pacific Department in Bangkok.

Designated Core:

**M&E guide**

FHI, in collaboration with USAID, is developing an M&E guide for program level to fill the gap between program level and national level M&E. Designated core has supported ESR staff time in finalizing the document. Recent comments from OGAC are being incorporated in the document, and it is anticipated that limited funding may be allocated to pre-test the document in the field. In addition, USAID has approached FHI to help pre-test the vulnerability scale for OVC being developed by OGAC. ESR staff has participated in reviewing the guidelines and has also contributed to the discussion on QA/QI and quality of services for OVC at the global level.

**Pilot test of Geographic Information System (GIS)**

GIS is a powerful tool to assess the coverage of IMPACT programs in the area of care and treatment. A concept paper was developed to pilot-test GIS applications in measuring coverage over time in two countries, Zambia and Rwanda, and designated core funding was approved for this activity. Preparations are currently underway for the first part of this pilot activity, which will be a capacity/training workshop for ESR staff and participants from the two countries in early FY07. The data collection and analysis phases will then take place during the second half of FY07. The costs for this pilot test are being shared by ESR designated core funds and by the budgets of the two participating countries. Findings from this initiative will inform the potential for replication in other IMPACT or PEPFAR countries in the future.

## ***Information Programs***

### ***Brief Background***

In FY06, the Information Programs (IP) Unit expanded use of both print and electronic materials to disseminate information for and about IMPACT's work. These activities were critical for sharing successes and lessons learned with USAID, ministries of health, other government agencies (at local, district and national levels), policymakers, implementing partners and other NGOs. These activities provided important guidance and technical assistance to IMPACT staff members worldwide who implement IMPACT programs. Materials covered the spectrum of IMPACT's activities – prevention, care, support, treatment. In all categories, many of these activities reflect IMPACT's commitment to distributing materials in languages other than English.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

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. FHI seeks to explore subjects that will benefit the greatest number of people and about which there is relatively little information already in print.

Because IP focused during this period on providing IMPACT field offices with materials they will most need during close-out activities, IP invested in reprinting several valuable resources that IMPACT has been "out of" for some time. These include *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries* and the *Handbook for Paediatric AIDS in Africa*, an especially popular resource produced in collaboration with the African Network for the Care of Children with AIDS. A French edition of this publication is among the other key materials produced during this period. As programs began to wind down, IP also assisted country offices in producing their final IMPACT close out reports, including those for the Baltic States, the Dominican Republic, East Timor, Ghana and Nicaragua.

IP also arranged collaborations with other organizations to reduce budget implications for IMPACT. One example is the forthcoming Spanish edition of IMPACT's private-sector workplace guide, cost-shared with Futures Group. Another is the French edition of *Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools*, prepared in collaboration with Plan International.

IP also helped public affairs staff at USAID and OGAC identify and gather "success stories" to feature at the International AIDS Conference, in the PEPFAR newsletter and on the USAID website.

IP continued to use FHI's website to present IMPACT activities in clear, easy-to-understand, easy-to-find postings. 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 Bangladesh, Cambodia, Guyana, Kenya, Nigeria and Vietnam, as well as regional programs such as the ROADS Project in East Africa.

During this period, we also continued ongoing distribution of key resources produced under the life of IMPACT. Among these were: *Delivering Antiretroviral Therapy in Resource-Constrained Setting: Lessons from Ghana, Kenya and Rwanda* (which documents valuable lessons FHI and its partners learned in the two years since launching FHI's first ART sites); *HIV/AIDS Care and Treatment* (a facilitator's guide to a comprehensive five-day training course, with accompanying material for course participants) and *Developing Materials on HIV/AIDS/STIs for Low-Literate Audiences*.

## ***Prevention and Mitigation Division***

### ***Brief Background***

The activities described in this section refer to inputs and processes and outputs of the Prevention and Mitigation Division (PMD) of FHI that were funded by IMPACT Core and Designated Core.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Technical support to IMPACT country programs and USAID**

During this period, FHI continued to provide technical assistance in strategic behavioral communication (SBC), STIs, IDU, workplace programs, uniformed services and OVC to IMPACT country programs. For SBC, the IMPACT BCC list serve continues to foster south-to-south collaboration and sharing of lessons learned. SBC staff use the list serve to disseminate the latest tools, articles and reports on health communication efforts and to share knowledge and expertise between FHI Country Offices worldwide.

In relation to OVC, the focus on integration of infants, children, youth and families has deliberately been increased during the reporting period. In IMPACT, as in all new programs, FHI has worked with country programs to establish or strengthen referral systems and to improve family-centered care and support to focus on the whole household, lessening children's vulnerability before they are double orphans.

#### **Development of strategies, guidelines and Quality Assurance/Quality Improvement (QA/QI) tools**

In an effort to strengthen the quality of IMPACT programs, work continued on tools and strategies under FHI's QA/QI Initiative. The SBC Unit continued to develop and disseminate tools to support behavioral outcomes under HIV/AIDS/STI prevention, care, support, treatment and mitigation projects, including cross cutting issues such as stigma, discrimination and gender. During this period, FHI finalized and disseminated the SBC Framework to Country Offices for implementation at field level. The SBC Framework highlights the role of SBC in OVC, Home-based Care, Palliative Care, Prevention in the Care Setting, Care and Treatment, ART, PMTCT, STI and TB/OI interventions. It also emphasizes the compliment between advocacy and community mobilization in these service delivery areas. QA/QI standards and tools across the prevention and mitigation program areas were finalized and disseminated during the reporting period, and the OVC tools were also circulated to the USG working group on Achieving Standards of Care and Quality Improvement in Programming for OVC.

Workplace program activities under IMPACT for the reporting period included the development of QA/QI tools and strategies, a resource guide for workplace programming, proxy indicators for tracking workplace program quality and the development of M&E tools for workplace programs which have been successfully adapted in several country programs.

#### **Africa Bureau funded activities:**

During the reporting period, FHI staff provided ongoing technical support to the development of National OVC Plans of Action in at least three PEPFAR focus countries in Africa.

In collaboration with the Evaluation, Surveillance and Research Division, PMD staff also worked to finalize a program-level M&E guide for OVC, to help document and improve the scale and scope of existing programs in OVC and to link programs with national-level data reporting systems necessary to meet the UNGASS goals. Final feedback from OGAC will be incorporated during the next reporting period and the guide will be finalized and disseminated.

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*", developed in collaboration with the Care and Treatment Division, was finalized after USAID review and disseminated to FHI Country Offices during the reporting period. Two

other documents, a Palliative Care Guide for Children and the Guidelines for Counseling and Testing of Children are in the final stages of development and approval and will be disseminated in the next reporting period.

### **Global leadership in Prevention and Mitigation**

FHI staff continued to participate actively in providing global leadership in the areas of SBC, STIs, IDU, workplace programs, uniformed services and OVC through various technical meetings, task forces and working groups throughout the year. At the Foreign Service Institute Economic and Commercial Studies Division in August 2006, an FHI SBC team member facilitated orientation sessions on Behavior Change Communication (BCC) and HIV/AIDS and workplace programs, which included best practices and lessons learned from BCC interventions and HIV/AIDS programs, and facilitated an interactive exercise to explore participants' attitudes related to stigma and discrimination. FHI staff also made a presentation on the panel of HIV/AIDS specialists at the Pan American Health Organization in August 2006, including lessons learned from global HIV/AIDS programming and challenges faced in using communication/education to reach the UN Millennium Development Goals in the Americas. The PMD Director participated in a global technical consultation on "STI Interventions for Preventing HIV: Appraisal of the Evidence" organized by WHO in Geneva in July, which focused on reviewing the evidence of STI control for HIV prevention, including that on four community intervention trials and modeling for impact and biological synergies. There were also presentations on regional and country perspectives and discussions of programmatic implications and recommendations. Some of the issues raised will be incorporated into the revision of FHI's STI strategy.

OVC team members served as Technical Advisory board members of the Better Care Network for children, including facilitating a sub-committee on FBOs, and as a working group leader on Children and institutional care at the CIDA Child Protection Summit – contributing to the document "*Child Protection and HIV/AIDS Companion Paper to the Global Framework*" recently published by UNICEF and the latest UNICEF SARA publication focused on the unique needs of children affected by AIDS.

### Designated core:

#### **Regional OVC skills-building meeting in Asia**

FHI made a joint presentation with OGAC on the results of the March 2006 regional consultation on children affected by HIV/AIDS to OVC implementing partners in Washington, DC. The consultation highlighted the unique needs of children affected by the pandemic, and 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.

#### **Counseling and Testing guide for IDU**

Work continued on the finalization of a tailored manual for people working with IDUs, their families and partners, focusing on providing HIV counseling and testing. This document is expected to be completed in the first quarter of FY07.

#### **Prevention in Care Settings guide**

During the reporting period, internal feedback was incorporated into the guide, and field testing was conducted in Zambia. Based on the results of the field test, the guide will be finalized and disseminated during the next reporting period.

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

***Brief Background***

In FY02, the Bureau of Humanitarian Response committed \$500,000 to IMAPCT to provide technical support in the area of HIV/AIDS to the Child Survival Collaborations and Resources (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 technical assistance to a pilot project in southern Sudan.

***Key Achievements during the Reporting Period (April 1 – September 30, 2006)***

**Strategic Information**

Given that similar efforts were taking place within USAID, the USAID/Office of HIV/AIDS advised not to finalize the counseling and testing 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.

## ***Ghana/Bureau of Global Health, Population and Reproductive Health***

### ***Brief Background***

In January 2005, USAID/Global Health, Population and Reproductive Health committed \$100,000 to IMPACT to collaborate with Engenderhealth's ACQUIRE Project to examine the integration of family planning (FP) services into ART service delivery. This activity was a collaborative effort between FHI and Engenderhealth. Two sites (Atua Government Hospital and the Korle Bu Teaching Hospital) supported for HIV care and treatment services have participated in this activity. A performance needs assessment (PNA) was conducted at these sites in May 2005 to determine the HIV care system's (e.g. - informational materials, service guidelines and provider performance, supervision, logistics, management and referral linkages) capacity to provide FP services within context of ART services. Results of the PNA were used to identify gaps and to develop interventions to prepare the sites for the provision of FP services. Outcomes of the intervention will guide the expansion of integrated service delivery. In addition, Engenderhealth-FHI collaboration for integration of FP-ART will illustrate a process for supporting FP-HIV integrated services. As of September 30, 2006, FHI has completed project activities and spent \$99,507 of its total obligated budget.

### ***Key Achievements during the Reporting Period (April 1 – September 30, 2006)***

#### **Treatment**

After the downstream training for 32 health workers in February 2006, service delivery in FP-ART started in March 2006 at the two sites

EngenderHealth prepared a client brochure which was reviewed by FHI/Ghana staff and revised based on suggested changes. The brochure was introduced to both sites in early June. In addition, job aids were prepared to assist providers in their work.

Data collection was carried out during a six-week period from May 22 to June 30, 2006. Interviews were successfully completed with 368 women aged 18 to 45. In addition, 95 observations of client-provider interactions, involving 28 providers, were made. Six in-depth interviews were conducted with supervisors. Data analysis is nearly complete.



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# *AFRICA*

***Burundi***  
***As part of East and Central Africa Regional Program***  
***(Formerly REDSO)***

***Brief Background***

To date, \$2,150,000 has been obligated to IMPACT for HIV/AIDS prevention and care activities in Burundi, of which \$1,980,232 has been spent as of September 30, 2006. During FY06, IMPACT activities focused on strengthening counseling and testing (CT) services especially for youth, working with OVC and strengthening care and support services for PLHA. IMPACT has trained local NGOs and government health workers in SBC, CT, PMTCT, and care and support including OVC, ART and treatment of OIs.

Between January and April 2006, FHI transferred many subagreements funded by IMPACT to another USAID-funded bilateral agreement managed by FHI, the ROADS Project. ROADS is currently funding all of the previous eight IMPACT subagreements. IMPACT activities during the second half of FY06 were shifted to ROADS funding. With the remaining funds, in FY07 the IMPACT program in Burundi will mainly focus on provision of program and technical assistance in support of ROADS activities and fully transition to ROADS with the IMPACT close out in June 2007.

***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

**Prevention**

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 CT centers in Bujumbura. These subagreements closed under IMPACT in January 2006. The partnerships are still in place but are now implemented through the ROADS Project.

In December 2005, IMPACT provided technical assistance to train both medical and non-medical personnel in CT service delivery. IMPACT conducted a two-and-a-half-day CT workshop for 21 participants to become CT supervisors. IMPACT collaborated with several local partners on the training, including La Famille pour Vaincre le SIDA, Association Nationale de Soutien aux Séropositifs, Réseau Burundais des Personnes Vivant avec le VIH/SIDA, ABUBEF and CPAJ. A draft CT Training of Trainers curriculum was developed in collaboration with the Ministry of Public Health, and CT quality assurance tools were developed with the National Network of Counselors.

During this reporting period, IMPACT supported the opening of fourteen PMTCT service delivery points integrated with existing health centers. IMPACT has trained 37 people from ABUBEF, IMC and CED-CARITAS in CT. IMPACT has also trained 78 people from partner IDEM in PMTCT. Through IDEM, 15 people have been trained in laboratory testing. During the last half of this reporting period, 3,585 pregnant women received PMTCT services.

**Care and support**

During this reporting period, IMPACT trained 87 OVC in collaboration with APECOS/FVC. Sixty-two people have been trained in home based care. Through CPAJ, 110 people have undergone peer education and life skills training.

## *Côte d'Ivoire*

### ***Brief Background***

Through IMPACT, FHI/Cote d'Ivoire (CI) received \$900,000 in President Emergency Plan for AIDS Relief (PEPFAR) COP05 funds from CDC/Côte d'Ivoire to implement activities in three technical areas: 1) OVC; 2) Palliative Care/Home-Based Care (PC/HBC); and 3) continuum of care and referral networks. FHI/CI collaborated with the national government to improve the lives of OVC and support the rapid expansion of decentralized service delivery. FHI/CI also worked with the national government to establish a comprehensive PC/HBC plan that provides a framework for collaboration among partners to ensure effective service delivery to PLHA. Furthermore, FHI/CI worked with national partners to develop a proposal to implement best practice models for HIV/AIDS in workplace programs. During this reporting period, the main focus of FHI/CI was on global leadership and technical assistance at the national level. All COP05 IMPACT-funded activities are scheduled to end by September 30, 2006, and full close out is planned for October 2006. As of the close of FY06, expenditures were approximately \$600,000 out of a budget of \$600,000 from USAID.

### ***Key Achievements in this Reporting Period (April 1 - September 30, 2006)***

#### **Care and Support**

With regards to OVC, FHI/CI continued to provide technical assistance (TA) to the National OVC Program as follows: support to an OVC-related advocacy session toward a media network (REPMASCI); strategic orientation on OVC related-issues to the social workers training institute (INFS); definition of a minimum package of services for OVC; and development of training modules on OVC care and support. In terms of PC/HBC, FHI provided TA to the Ministry of Health in the validation of the following documents: national palliative care strategy; national quality standards for palliative care; national essential drugs list; and palliative care training modules.

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

Utilizing the district pilot model of decentralized, integrated and coordinated HIV interventions, FHI/CI provided TA to the local HIV coordination bodies during this period, which involved training 25 members of the local coordination bodies in basic public health concepts; conducting a situational analysis on prevention and care interventions in San Pedro, which is a district located in the south-west coast of the country; and developing the San Pedro department operational action plan.

## ***East and Central Africa Regional Program (Formerly REDSO)***

### ***Brief Background***

Since 2001, FHI's East and Central Africa (ECA) Regional Program (formerly REDSO) has worked closely with USAID/EA to provide technical and programmatic support to regional HIV/AIDS programs and initiatives. Activities for FY06 were designed to complement the new ROADS (Regional Outreach 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 programming. USAID/EA committed US\$5,275,000 in field support funds to IMPACT for the ECA Regional Program, of which US \$ 4,336,130 have been spent as at September 30, 2006. The FHI/ECA Program will close in FY07, and activities will be fully transitioned to the ROADS Project.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

*Kenya Long Distance Truck Drivers Welfare Association (KLDTDWA):* IMPACT conducted a four-day peer education and basic HIV and AIDS training in Mariakani in February 2006 and in Malaba in March 2006. In total, 91 representatives including staff from KLDTDWA and the Kenya National Chamber of Commerce and Industry (KNCCI) participated in this training. Capacity building for 15 KLDTDWA officials was conducted by Solidarity Centre and KNCCI in a two-day training session in May 2006. The training focused on understanding the association's role in advocating for truck drivers' rights with respect to Kenya's labor laws, the relationship with government and transport sector employers, membership recruitment and HIV and AIDS in the transport sector.

*Kenya National Chamber of Commerce and Industry (KNCCI):* IMPACT, through KNCCI, conducted business leadership and HIV and AIDS trainings for 194 business leaders in Kenya (Busia, Malaba and Mariakani sites). Trainings occurred in two phases between March-April 06 and July-August 06. IMPACT also trained 77 business leaders in entrepreneurial skills at the three sites between May and June, 2006. During the same period, KNCCI trained 15 people on HIV and AIDS workplace program management, stigma and discrimination. In addition, IMPACT trained 86 peer educators through the National Organization of Peer Education. Trainings were conducted in April 2006 for Busia and Mariakani and Malaba in July 2006. A total of 7,020 people were reached with HIV and AIDS information during the period from July to September 2006. Through IMPACT, 86 new business people registered as members of KNCCI. The program established three business leadership teams as grass root community structures in each of the three sites to facilitate program implementation. Each business leadership team consists of 15 members elected to represent all business sub-sectors within the sites.

*Religions for Peace (WRCP):* IMPACT through WRCP conducted training of trainers (TOT) in stigma, denial and discrimination mitigation for religious leaders in Malaba (185 ), Busia (122) and Mariakani (63). By the end of September 2006, 150 male and female religious leaders and other key staff from the religious institutions were trained in TOT skills in stigma, denial and discrimination mitigation and advocacy. IMPACT reached approximately 600 truck drivers with spiritual and psychosocial support at these three sites by the end of September 2006.

*Common Market for Eastern and Southern Africa (COMESA):* IMPACT conducted a KAP Survey among COMESA staff and developed an HIV/AIDS Policy for the COMESA Secretariat in Lusaka in March 2006. IMPACT, through the Zambia Health Education and Communications Trust, conducted peer education training for 14 COMESA staff in June 2006 in Lusaka; 11 of these trainees have become certified peer educators. In addition, IMPACT supported counseling and testing training for five psycho-social counselors at COMESA in July 2006 and August 2006.

### **Care and Support**

IMPACT worked with the NASCOP/FANTA Project in Kenya to address the food and nutrition aspects of HIV/AIDS programming in Malaba and Busia. The NASCOP/FANTA Project provided illustrative teaching aids and technical assistance to local implementing partners at both of these sites on incorporating food and nutrition into a HIV/AIDS care and support activities.

### **Global Leadership in HIV/AIDS: Strengthening the link between alcohol and HIV prevention, care and treatment**

During the period April – June 2006, IMPACT conducted rapid assessments in Rwanda and Zambia to assess alcohol-related interventions and their effects on enhancing HIV treatment outcomes in transport corridor communities. A similar rapid assessment was conducted in Kenya in July 2006. Seven countries in the region have incorporated alcohol issues into their country operational plans for FY07. IMPACT and ROADS developed a policy paper highlighting the links between alcohol and HIV prevention, care and treatment.

## *Egypt*

### ***Brief Background***

To date, USAID/Egypt has committed \$4,135,000 in field support funds to IMPACT to strengthen HIV/AIDS prevention and care. Since 1999, FHI has been managing the IMPACT Project in Egypt in close collaboration with the MOH. In FY06, IMPACT continued to support programs that built both public and private sector capacity at national and local levels to implement effective HIV/AIDS prevention and care strategies. IMPACT provided technical assistance through the promotion of counseling and testing (CT), surveillance, M&E, prevention among high-risk groups and capacity building.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

IMPACT developed a Training Manual for the Management of Sexually Transmitted Infections, based on the National Guidelines for the Management of STIs, which was developed under IMPACT during the previous reporting period. IMPACT launched two pilot sites in Cairo and Alexandria for the detection and treatment of STIs. These clinics are staffed by health care providers trained by IMPACT on the national guidelines mentioned above. Staff also uses a National STI Treatment Flowchart, recently developed under IMPACT, to provide standardized detection and treatment for STIs.

#### **Care, Support and Treatment**

IMPACT and the MOHP launched three additional CT sites around Egypt. IMPACT continued to provide technical assistance to the three new sites and to the Central Lab and Caritas Alexandria CT sites. At the Central Lab and Caritas CT sites, 527 people received pre-test counseling, 447 tested for HIV, of which 5.8% tested positive for HIV in FY06. Counselors from the five FHI-supported CT sites were provided with refresher CT training. IMPACT also finalized two BCC videos for the CT sites. IMPACT is close to finalizing the National Clinical Care Guidelines for Physicians and similar guidelines for nurses.

#### **Work with Faith Leaders**

IMPACT, in collaboration with UNDP and the MOHP, conducted an awareness raising workshop for 43 Christian and Muslim Religious Leaders. During the workshop, each of the leaders presented their achievements since conducting awareness raising sessions among their respective congregations. These sessions used the HIV/AIDS knowledge and tools that had been presented to them during their previous training. IMPACT also participated in HIV/AIDS awareness raising sessions for members of two Christian FBOs.

#### **Strategic Information**

IMPACT completed data collection for Egypt's first ever National Biological and Behavioral Surveillance Survey (Bio-BSS). The Bio-BSS was conducted among MSM, IDUs, female sex workers and street children. This research has produced data on Egypt's high-risk groups that had never been available before and will be used to design and implement targeted interventions among these groups. In working with people at high risk of HIV infection, FHI conducts its programs in accordance with guidelines established by the United States Government.

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

IMPACT continued to provide technical assistance to the National AIDS Program and local organizations and participated in the World AIDS Day Task Force and in the Expanded Theme Group (ETG) meetings. IMPACT is also part of the IEC Task Force, identified by the ETG to review all IEC materials produced on HIV/AIDS in Egypt.

## *Egypt's Publications Supported by IMPACT*

### **Sexually Transmitted Infections:**

- National Guidelines for the Management of Sexually Transmitted Infections (English)
- Training Manual for the Management of Sexually Transmitted Infections (English)
- National Treatment Flowchart for Sexually Transmitted Infections (English)

### **Voluntary Counseling and Testing:**

- HIV Voluntary Counseling and Testing in Egypt: A Reference Guide for Counselors (Available in Arabic and English)
- Two Behavior Change Communication Videos for Promoting VCT services and for explaining VCT services (Arabic)

### **Clinical Care:**

- Clinical Care Guidelines for Physicians –Draft (English)

# *Ethiopia*

## ***Brief Background***

The IMPACT program was established in Ethiopia in September 2001. Total obligations to date, including PEPFAR contributions, amount to \$20,600,700 of which \$17,784,316 has been spent as of August 31, 2006. FHI's PEPFAR-supported activities in Ethiopia build upon the foundation laid for expanded and comprehensive response programming through the IMPACT project. FHI/Ethiopia focuses on community level and health center level programming support. FHI currently is strengthening behavior change for HIV prevention in the context of AIDS care as well as to enable care, support and treatment for those who are affected by AIDS. FHI supports community-level services such as home and community-based care (HCBC) and is also working in public sector health centers to ensure expanded quality counseling and testing (CT) services, OI management including TB/HIV, Provider Initiated Counseling and Testing and preparing health centers for their role in ART. All services are linked by referral systems ensuring that CT 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.

## ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

### **Prevention**

Between April and June, FHI/Ethiopia worked with prevention partners to prepare for a transition to other donor funds and, on June 30, all IMPACT prevention subagreements were closed. FHI/Ethiopia staff worked closely with partners to prepare outcome evaluations of campaigns to reduce stigma and discrimination, to promote IMPACT supported CT and to begin data collection.

### **Care and Support**

From April through September, FHI/Ethiopia worked to maintain technical assistance for health facility based care and support efforts, including referral and follow up links with community services. Between April and June, FHI/Ethiopia worked with HCBC program partners to prepare for a transition to other donor funds and on June 30, all IMPACT HCBC subagreements were closed. With the agreement of the mission, support for the 469 CT services initiated through IMPACT was maintained with the intention to transfer to other PEPFAR/Ethiopia programs in early FY07. FHI/Ethiopia staff also worked with partners to prepare outcome evaluations of the CT and HCBC programs supported through IMPACT and to begin data collection.

### **Treatment**

Between April and September, FHI/Ethiopia worked with the Ethiopian Ministry of Health and with Regional Health Bureaus to maintain support for TB/HIV, chronic care and ART services in health centers which were initiated through IMPACT. The intention is to transfer these to other PEPFAR/Ethiopia programs in early FY07. FHI/Ethiopia further assisted the mission in supporting the rapid decentralization of ART services from hospital to health center level in Ethiopia by conducting ART-readiness assessments in health centers identified by regional health bureaus throughout the country for ART initiation and/or refill and assessing gaps related to ART readiness and cost of support needed to fill the gaps.

### **Strategic Information**

Monitoring and evaluation is the backbone of all IMPACT work in Ethiopia and has been used by FHI/Ethiopia staff and partners to inform and support continuous program quality assurance and quality improvement (QA/QI). In addition to ongoing M&E and QA/QI efforts, FHI/Ethiopia worked with partners to prepare outcome assessments for IMPACT programs and to start data collection for these assessments.

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

To build global leadership in HIV/AIDS, FHI/Ethiopia has given considerable attention to building organizational management capacity of partner organizations. These have included Ethiopian NGOs and local government offices. In August, one of the FHI/Ethiopia's HCBC partner organizations, the local FBO Kale

Hiwot Church, was awarded the Red Ribbon Award, an international award for excellence in building leadership in the response to HIV/AIDS at the community level.

## *Guinea*

### ***Brief Background***

Since 2001, FHI/Guinea has received \$5,630,000 through IMPACT for technical assistance (TA) in the implementation of HIV/AIDS prevention interventions and strengthening of national level surveillance systems. Since FY05, FHI/Guinea has been providing direct support to the design and implementation of the following activities: a comprehensive strategic behavior communication (SBC) program with targeted high-risk groups; counseling and testing (CT); and improving referral systems to STI clinics. The activities are carried out directly by FHI staff through TA to government bodies and by implementing agencies (IAs) through sub-grants to governmental and non-governmental organizations. FY06 focused on the expansion of CT centers, community sensitization, development of home based care (HBC) guidelines and tools, training and health care providers in OI and preparation for the Behavioral and Biological Surveillance Survey (BBSS) in collaboration with the National AIDS Commission. FY06 expenditures were approximately \$2 million out of a budget of about \$3 million

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

FHI/Guinea trained 144 health care providers and 26 rural radio journalists in stigma and discrimination reduction. With TA from FHI/Guinea, the journalists carried out activities to reduce stigma and discrimination through newspaper articles, television and radio programs. The youth peer facilitators produced 38 episodes of a popular live interactive radio show targeting youth and the general population. Working in 494 sites, 15 SBC IAs reached 57,657 people through group discussions and 6,725 people through individual discussions. Furthermore, FHI/Guinea and a faith-based IA successfully sensitized 536 members of the conservative Muslim association.

#### **Care and Support**

FHI/Guinea established and launched six new CT centers, bringing the total number to 10. Approximately 6,743 people were tested with 743 receiving positive test results. In terms of training, FHI/Guinea trained 32 counselors and 23 lab technicians and retrained 19 counselors and 22 lab technicians. Finally, the CT centers sensitized 209 members of civil society. In collaboration with the Ministry of Health and other partners, FHI/Guinea developed HBC guidelines, manuals and training documents. FHI/Guinea then trained 30 participants in HBC, and five IAs have started the implementation of HBC activities.

#### **Treatment**

FHI/Guinea established a pool of trainers in the management of OIs and trained 26 physicians and 8 nurses. Approximately 180 persons are on cotrimoxazole prophylaxis in four CT centers, and 80 have been treated for OIs in one CT center.

#### **Strategic Information**

The Guinea National Ethics Committee approved the protocol to conduct the second BBSS targeting mostly high-risk and vulnerable groups. The World Bank and USAID are co-sponsors of the survey. Preparations for Round II began during this period.

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

The media covered seven HIV-awareness events organized by FHI/Guinea, including the grand musical concert with 2,500 attendees. FHI/Guinea also assisted the MOH in developing and producing 5,000 booklets on PMTCT. Finally, FHI/Guinea played an active role in the development of the proposal for the sixth round of the Global Fund for AIDS, TB and Malaria.

## *Kenya*

### ***Brief Background***

During the last half of FY06, the activities funded through the President's Emergency Plan for AIDS Relief were transitioned from the IMPACT Project to the APHIA II Coast and Rift Valley projects, the new USAID/Kenya bilateral with FHI. The IMPACT Project supported activities up to July in Coast and Rift Valley provinces, which were thereafter supported by APHIA II projects. IMPACT scaled down activities in Western and Nairobi provinces. The main support in these provinces was to keep care and treatment activities going through September when a new funding mechanism would be in place to continue work. The IMPACT Project received a total of \$50 million from USAID/Kenya over the life of its project – FY99 – FY06. The FY06 budget for IMPACT in Kenya was \$7.5 million, of which \$7 million was spent as of August 30, 2006. The remaining funds will be spent during the first quarter of FY07. Priority areas of interest, as in the previous period, have been given to 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 abstinence and faithfulness programs. Two special projects funded by FHI and integrated into the IMPACT Project were the Gold Star Network, an ART franchise venture for private practitioners, and Nuru Ya Jamii, a family-focused OVC program.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

The Kenya Girl Guide Association program, using *Sara* comic books and videos and through Sara clubs has reached primary school girls in 675 schools with abstinence messages. In addition, 64,190 in-school girl contacts were made. Among youth out-of-school, 60 peer educators were trained who facilitated 367 Magnet Theatre productions with abstinence and being faithful messages reaching over 90,000 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, in the community and those working with vulnerable groups, such as prostitutes, long distance truckers and bicycle taxi drivers, made over 540,000 contacts with their peers and distributed 3 million condoms.

The IMPACT Project established one new counseling and testing (CT) site, resulting in a total of 231 CT sites established with IMPACT assistance since 2001. In addition, several sites were prepared for diagnostic CT and already, three of these sites have submitted their data, separate from CT. Sixty staff members have been oriented to support this new service. To date, IMPACT and now APHIA have supported the testing of 600,000 individuals, of which nearly 60,000 were served during the last six months. The PMTCT program had five new sites established bringing the total number of sites to 61, the majority of which are in Rift Valley Province. About 20,000 new ANC mothers were counseled and tested, with 10% testing positive. Eight hundred mothers and 400 children of HIV infected mothers were provided with Nevirapine.

#### **Care and Support**

Through the Nuru Ya Jamii program, over 3,000 OVC were reached. This is a pilot program, privately funded by FHI, implemented in Nakuru District of the Rift Valley Province with the aim to reduce the vulnerability of children and their caregivers to HIV/AIDS. To achieve this, the program works with a network of service providers in the community to provide a basket of services. A further 21,067 PLHA were reached through palliative care settings of IMPACT-assisted comprehensive care sites.

#### **Treatment:**

IMPACT-supported ART sites now stand at 56, providing care services to 30,000 (17,000 on ARVs) patients at the ratio of 2:1 females to males. Additionally, Pharm Access Africa, Ltd., an IMPACT implementing partner, facilitated the private sector link to ART services through the establishment of 21 'ACCESS' pharmacies for the provision of ARVs to workplace programs, which currently serves over 1,400 workers and/or their family members. In addition, 200,000 pamphlets on general information about TB care and 2,500 TB/HIV guidelines and algorithms were printed and distributed. The TB clinics supported by IMPACT served 5,000 HIV positive

patients, and over 1,000 were referred for HIV clinical care and further follow-up. The Gold Star Network franchise ART program for private medical practitioners initiated during the last reporting period was launched. Already there are 210 patients on ART through this network.

### **Strategic Information**

During the reporting period, two rounds of evaluation data of the Nuru Ya Jamii were conducted as outlined in the program. Data analysis of the first round is finished, and report writing is underway. IMPACT close out data was also collected from all IMPACT implementing partners, and the final report was completed. In-depth analysis of ART data in selected sites plus setting up M&E systems for APHIA will be among the key activities in this area in the next few months.

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

IMPACT hosted the 4<sup>th</sup> ART Technical Consultative Meeting in Kenya, bringing together over 80 ART practitioners to review lessons learned from scaling up ART in Kenya. The Kenya Medical Training College (KMTC) produced the first comprehensive HIV/AIDS curriculum for all cadres of medical staff (except physicians) that it will use for training at its 22 constituent colleges around the country. This was a joint venture between KMTC, FHI and the New York University School of Medicine's Center for AIDS Research. IMPACT finally completed renovating and equipping the comprehensive care center at the Kenyatta National Hospital, the main referral hospital in East Africa. The three-storey building includes a training center, a resource center, a brand new HIV/AIDS laboratory and a specialist pediatric AIDS unit. It is the largest HIV/AIDS – ART center in East Africa.

## *Malawi*

### ***Brief Background***

To date, FHI/Malawi has received \$6,570,523 from USAID/Malawi through IMPACT, of which approximately \$400,000 was budgeted for FY06. Total estimated FY06 expenditures were approximately \$300,000.

Since 1999, IMPACT funds have enabled: support to the Ministry of Agriculture and Irrigation (MoAI) to strengthen policy strategy; support to the Ministry of Health and Population (MoH) in rolling out the national ARV program; strengthening of national policies and guidelines on care and treatment; integrating impact mitigation activities focused on home-based care (HBC), OVC and nutrition; and conducting behavioral surveillance surveys (BSS).

By the end of FY06, the FHI/Malawi IMPACT activities had largely transitioned into a bilateral Cooperative Agreement with USAID/Malawi. However, the remaining IMPACT funds have been strategically programmed to complement activities in the bilateral program. During the current reporting period, FHI/Malawi accomplished the following with IMPACT funding: provided support to implementing partners for integrated nutrition activities within the HBC/OVC services; built local capacity of implementing partners in HBC, OVC and M&E; offered technical assistance to the MoH in HIV/AIDS care and treatment, including nutrition; documented best practices and lessons learned; and began Round II of the BSS.

### ***Key Achievements in this Reporting Period (April 1 – September, 2006)***

#### **Care and Support**

IMPACT funding has enabled FHI/Malawi to ensure linkages and strategic leveraging with key service providers and partners. During this period, FHI/Malawi continued to promote the incorporation of a nutrition component in the integrated HBC/OVC activities.

FHI provided technical support to the MoH in nutrition guidelines and treatment protocols used for training personnel to participate in and contribute to national-level technical working groups and to provide advice in country planning and research on nutrition. In addition, FHI has trained the implementing partners in nutrition counseling, care and support.

FHI also trained key partner staff in nutrition care and support, using resources and manuals developed within Malawi and recommended by MoH, MoAI and the World Food Program. The training content included: basic nutrition; malnutrition; the link between HIV/AIDS and nutrition; nutritional needs of various family members; nutrition counseling for PLHA; diversity of diet obtained through cultivation using low input agricultural methods; and the importance of using fuel/energy/time-saving food preparation methods.

To enhance a successful completion of activities undertaken in the year, FHI/Malawi further documented and disseminated program achievements to service providers and key stakeholders in the country. Progress was made on a documentary video, and a number of “best practices” and “lessons learned” documents have been produced on youth and on Community HBC. These include:

- A healthy and responsible life: Information poster card for the youth
- A healthy responsible life : Question and Answer booklet for the youth

#### **Strategic Information**

In preparation to conduct the second round of the Malawi BSS 2006, FHI developed research protocols for implementation. The BSS is scheduled to commence during the next reporting period. FHI/Malawi has also strengthened the capacity of implementing partners in strategic information through training in M&E of project activities in HIV/AIDS care and support program. The M&E training covered M&E concepts, significance of M&E in projects, use of indicators in measuring program performance, data flow, ensuring data quality and report writing on implemented activities.

## *Mozambique*

### ***Brief Background***

Since 2004, FHI/Mozambique, through IMPACT, has provided direct support and technical assistance 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 to build the capacity of local implementing agencies (IAs). USAID/Mozambique committed a total of \$3,129,000 over the life of the IMPACT project in Mozambique through field support, the President's PMTCT Initiative and PEPFAR COP05. In FY06, IMPACT spent its remaining funds of \$720,000, closed out activities in June 2006 and successfully transitioned the PMTCT program to the PEPFAR COP06 bilateral award from USAID/Mozambique.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 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 Ministry of Health (MOH) and has provided technical assistance to the MCH/PMTCT and Statistic Provincial Departments at the provincial level. 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 (CT) for HIV services in two referral maternities.

The Zambezia Provincial PMTCT Technical Group, created with technical leadership from IMPACT, enlarged its scope of work and recently became an excellent platform to coordinate HIV/AIDS initiatives in the Province. The HIV/AIDS Coordination Group addresses and presents solutions for pressing prevention, care and treatment issues.

Under PEPFAR COP05, FHI/Mozambique was mandated to provide HIV CT to 7,000 women and supply a full course of Nevirapine to 840 women by September 2006. In FY06, 12,765 women received HIV CT, of which, 2,712 tested HIV positive and, of those, 1,924 women and 1,086 babies received a full course of Nevirapine. In addition, 891 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 to reduce gender-based-violence and increase the participation of men in PMTCT-related services. Recently, the MOH provided various workshops to promote the involvement of men in PMTCT services at the national level.

IMPACT partnered with nine local organizations to implement the PMTCT strategic behavioral communication strategy and reached more than 50,000 individuals of reproductive age, including more than 26,000 pregnant women in FY06.

#### **Treatment**

IMPACT continued to support eight 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. IMPACT ensured consistent syphilis screening and treatment in all five FHI-supported sites that provide ANC services and referrals for other clinical services, including the treatment of OIs.

In collaboration with CDC and the MOH, IMPACT created the STIs Task Force which aims to support the operationalization of the National STIs workplan for 2006. In addition, IMPACT conducted pilot training on the revised and improved protocols for STI management with 25 clinicians and a training of trainers for 34 health workers that were credited as trainers for forthcoming regional trainings. All 11 provinces were represented in these trainings.

**Strategic Information**

IMPACT provided technical assistance and capacity building to the statistics department at the Provincial Directorate of Health in Zambezia to develop an M&E system and to improve data collection on PMTCT.

# *Namibia*

## ***Brief Background***

The USAID-supported HIV/AIDS Prevention and Care program was started in September 2000, when USAID obligated an initial amount of \$1.25 million to IMPACT for FHI to manage a multi-year prevention and care program in Namibia. The program was greatly expanded under PEPFAR to include counseling and testing (CT), PMTCT and ARV treatment services, with a total amount of \$ 19,315,960 obligated during the six-year IMPACT Program. FHI received \$7,267,222 in FY06 for activities under COP05, and \$6,842,957 has been spent to complete IMPACT activities in Namibia. The strategy of IMPACT Namibia is to build the capacity of local organizations to develop, implement and scale-up comprehensive prevention, care, treatment and support programs for people affected and infected with HIV. FHI worked primarily through FBOs, churches and mission hospitals, both at the national and regional level, as well as with the Ministry of Gender Equality and Child Welfare and the private sector. The prevention program focused on youth, workforce, community members and pregnant women, whereas the treatment, care and support programs focused on PLHA and OVC. To close out the program and to facilitate a smooth transition to the two new Cooperative Agencies, 20 subagreements were extended for an additional three months of activities.

## ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

### **Prevention**

During this reporting period, IMPACT Namibia supported 20 prevention, care and treatment programs.

*PMTCT:* The number of women receiving support at the five faith-based hospitals continued to increase due to the awareness-raising efforts of the health workers and community counselors as well as the availability of rapid testing. Two hospitals began administering DNA-PCR tests for at-risk babies over the age of six weeks, which helps in the early diagnosis and enrollment of HIV positive babies in Highly Active Antiretroviral Therapy (HAART) programs. The Onandjokwe hospital and area health clinics began rolling out PMTCT services in April in coordination with the Regional directorate of Health.

*Abstinence/Faithfulness and Other Prevention:* The LifeLine/ChildLine (LL/CL) School Program hosted a visit by Stephen Lewis, the UN Special Envoy for HIV/AIDS in Africa. During his visit, he observed LL/CL participatory dramas by and for youth and was interviewed by a ChildLine youth interviewer as part of their Call-in Radio Program in support of their school youth prevention program. The Walvis Bay Multi-Purpose Centre's (WBMPC) School Outreach Program created important in-roads into local schools, establishing a Girls Club for seventh grade students at Tuteleni Primary School and conducting prevention week and learner information activities at Duinesig Primary School and Walvis Bay High School. The WBMPC hosted its Holiday Program for area learners between the ages of 6 and 14. The WBMPC Community Outreach Program trained out-of-school youth as Community Peer Educators. The Sam Nujoma Multi-Purpose Centre trained members of the Ongwediva Youth Club as peer educators; these individuals conduct drama and musical HIV outreach activities throughout the community, focusing on messages of HIV prevention. The Chamber of Mines provided advanced training for its peer educators at Telecom focusing on community mobilization strategies, empowering peer educators to become more involved in their community and featured a special session on "Men, Sex and HIV/AIDS." Trainings were also held at the Ongopolo Mine and the Coca Cola Company.

### **Care and Support**

As a follow up to the M&E process initiated by FHI earlier this year with its partners on "*What Goes On in a Home Care Visit? Identifying Quality Assurance Standards for Home Based Care in Namibia*", Catholic AIDS Action (CAA), a local implementing agency, developed and field-tested a check-list for training of home-based care staff and oversight by supervisory personnel. This pictorial check-list was translated into five local languages and will be distributed by FHI to all of its Care and Support partners. The Ministry of Gender Equality and Child Welfare (MGECW) continues to expand its services to children and families in need of care. In the last six months, an additional 10,200 families caring for OVC were assisted through government-

provided social grants, bringing the total number of families receiving financial support to over 55,000 for the life of the IMPACT project in Namibia. FHI, through its technical advisor at the Ministry, assists in the training of NGOs and FBOs on how to access grants as well as other services. The MGECW recently started discussions with local FBOs and CBOs on how they can work jointly to assist needy families with children in remote communities to access grants. Mr. Stephen Lewis, the UN Special Envoy on HIV/AIDS for Africa, complimented the MGECW on its progress during a recent visit. Launched in April 2006, the World Food Program has collaborated with the MGECW and other partner organizations to distribute food to more than 20,000 OVC households in three regions. The Sam Nujoma Multi-Purpose Centre, ELCAP, CAA, Rhenish Church and local CAFO committees also operate soup kitchens and food parcel distribution projects, serving OVC who do not receive assistance from the World Food Program.

### **Treatment**

The total number of patients receiving ART has increased dramatically, and, even more importantly, the loss to follow-up is very low at the faith-based hospitals. Staff continues to receive ARV management training according to MoHSS guidelines. The LMS hospital completed construction of the extension to its integrated prevention, care and treatment center to include CT and TB services. The HIV Clinicians Society made significant accomplishments, including the First Academic Conference of the Society, which covered important public health and clinical aspects of HIV management. Funding for the Conference was provided by FHI, medical insurance companies, the pharmaceutical industry and the BMS Mapilelo Project as well as income from registration and membership fees. The conference focused on the role of the Southern African HIV Clinicians Society in addressing HIV in Namibia, the role of the private health sector and ART in Namibia and the achievements of the Mapilelo Project based in the Caprivi region.

### **Strategic Information**

The CompuCare system is fully operational at the Andara and Nyangana hospitals of CHS. An export program to the format of Epi-Info 6 is functional and can be imported into the local Epi-Info database, which avoids the problem of double data entry. Backups of the CompuCare data files have been transferred to CHS Windhoek and FHI. The existing CompuCare reporting system makes it possible to print out updated stock lists at any time. A new program that includes a revised version of monthly and quarterly ART reports has been developed to facilitate the generation of standardized functional outputs.

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

FHI staff and four implementing partners attended the Annual PEPFAR meeting in Durban. This team had five abstracts and three poster presentations accepted at the conference.

*Curriculum and Materials Development:* The Community Counseling Training Toolkit developed by FHI with LL/CL has been completed. The toolkit consists of six modules and each module consists of a Facilitator and Participant module: Personal Growth, Basic Counseling Skills, General HIV and Sexuality, HIV CT, Adherence Counseling for HIV Treatment and Counseling and PMTCT. In addition there is an accompanying Facilitator's Guide.

## *Nigeria*

### ***Brief Background***

Since 2002, FHI/Nigeria has received approximately \$29,388,800 in IMPACT field support, President's Initiative/MTCT and TB funds from USAID. The current fiscal year budget for all three funding sources was \$1,598,542, of which approximately \$700,000 was spent as of September 30, 2006. Building upon lessons learned from over 16 years experience working in Nigeria, FHI has provided technical support to national level bodies like the National Action Committee on AIDS and the National HIV/AIDS/STI Control Program for the effective integration of comprehensive HIV/AIDS, STI and TB programming into key national structures, such as the military, the workplace, the police and unions. FHI/Nigeria aimed to build the capacity of State Action Committees on AIDS, Local Action Committees on AIDS (LACAs), NGOs, CBOs, and FBOs to implement quality STI/HIV/AIDS prevention activities. This included programming aimed at reducing risk behaviors of targeted populations, facilitating access to and utilization of quality STI and support services, strengthening care and support activities, integrating TB prevention components into HIV activities and improving demand for and access to quality counseling and testing (CT) services.

In September 2004, the IMPACT office underwent official close out, whereupon all remaining IMPACT funds and a few select activities were handed over to be managed by FHI's bilateral program, the Global HIV/AIDS Initiative Nigeria (GHAIN). Since then, IMPACT funds were used to support TB control programs, in collaboration with the Netherlands Leprosy and TB Relief Agency, to implement CT and PMTCT services in 25 sites; to strengthen the laboratory services of GHAIN-funded pediatric ART sites; and to provide technical assistance to national government bodies on a Behavioral Surveillance Survey. All of these activities compliment the GHAIN program.

### ***Key Achievements in this Reporting Period (April 1 - September 30, 2006)***

#### **Prevention**

The key thrust of the last six months has been supporting 16 partners implementing PMTCT and CT services in the Federal Capital Territory (FCT), Kano, Anambra, and Edo States. Key activities carried out during the period include: capacity building for health facility staff; CT for both the general public and PMTCT clients; demand creation through production and distribution of strategic behavioral communication materials; strengthening of linkages and referrals with other health facilities; and quality assurance of services delivered. Trainings were also conducted for laboratory personnel and HIV counselors on management of OIs among pregnant women, the use of highly active antiretroviral therapy (HAART) on pregnant women and non-cold chain dependent rapid HIV testing using whole blood. This period witnessed an increased number of HIV-positive pregnant women accessing drugs as the referral systems and linkages improved within each community.

#### **Treatment**

During the reporting period, FHI/Nigeria continued to provide support for the implementation of TB control programs within the FCT through the Health and Human Support Services Secretariat. Among the activities was capacity building for project staff and expansion of directly observed treatment centres to 140 public health facilities across the six Area Councils in the FCT. Other activities included strengthening referrals and linkages with GHAIN-supported HIV/AIDS comprehensive ART sites to place all ART eligible patients found to be both sputum smear positive and HIV positive on ART.

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

### ***Brief Background***

Since FY99, USAID's Africa Bureau has been supporting FHI, Population Services International, MEASURE, Pact and the POLICY Project through IMPACT to intensify the prevention and care response for mobile populations who frequently cross international borders among ten countries in Southern Africa and for vulnerable populations at busy border trade towns. RHAP was designed in response to studies which 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 has been conducted in accordance with USG guidelines and is grounded in local partnerships. RHAP activities addressed: prevention and care for highly vulnerable populations; coordination and management; capacity building; and monitoring, evaluation and assessments. The prevention and care interventions were primarily implemented through peer education, drop-in centers, group and one-to-one strategic behavioral communication messaging; distribution of free condoms; counseling and referrals for STI treatment and counseling and testing; and basic home-based care and support services.

To date, FHI/RHAP has received a total of \$7,219,000 in Field Support and PEPFAR COP05 funds for interventions in South Africa, Malawi, Swaziland, Lesotho and, until 2004, Zambia. The current fiscal year budget was \$1,003,087, of which approximately \$750,000 was spent as of September 30, 2006. This semi-annual period marked the close out of all major activities under RHAP. All subagreements ended by March 2006, and the majority of the funds were spent by September 2006. The current reporting period focused entirely on close out and final evaluation documentation.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Strategic Information**

To assess the effectiveness of the RHAP program and to contribute to the final IMPACT RHAP report, FHI contracted the Project Support Group South Africa (PSG/SA) and an outside consultant to conduct end-of-project evaluations for the RHAP sites. The follow-up evaluations were done on the following Implementing Agencies' interventions: Center for Positive Care, South Africa; Family Life Association of Swaziland; Project Hope, Malawi; Care/Lesotho and Care/South Africa.

In addition, PSG/SA conducted a baseline survey in Mwanza, Malawi, the newest Project Hope site; this site will not be supported by RHAP, but Project Hope aims to continue activities there with USAID/Malawi funding. The findings of this survey will inform project implementation and will serve as a foundation against which a follow-up evaluation can be compared in the future.

## *Rwanda*

### ***Brief Background***

Since 1998, USAID/Rwanda has provided over \$29 million in field support funds to IMPACT to implement programs focusing on decentralized clinic-based services, including counseling and testing (CT), PMTCT services, and prevention and treatment of OIs in Rwanda. All programs are supported by community-based prevention and support interventions. As of August 2006, IMPACT's LOP expenditures were approximately \$28,947,430.

### ***Key Achievements in this Reporting Period (April 1 - September 30, 2006)***

#### **Prevention**

FHI/Rwanda provided technical assistance and financial support to 34 PMTCT sites. As part of the geographic rezoning/rationalization effort by USG and the Government of Rwanda, FHI/Rwanda transferred five sites to other technical assistance partners. FHI/Rwanda also introduced the new national protocol for bi/tri-therapy at 15 sites and prophylactic therapy to HIV-exposed infants at all FHI-supported sites. Additionally, FHI/Rwanda continued to provide community-based prevention activities through peer education projects with five Catholic Dioceses. These projects promote HIV/AIDS prevention among unmarried youth and provide material and moral support to HIV-affected families in need. FHI/Rwanda conducted an evaluation study on STI knowledge and symptoms recognition, HIV knowledge, sexual risk behavior and CT awareness and utilization among youth. Results indicated that the particular model of peer-to-peer education supported in Rwanda is effective at: (1) improving knowledge of HIV specifically and reproductive health generally; (2) preparing youth to enter their sexual lives safely; (3) reducing sexual risk behavior; and (4) promoting utilization of testing and counseling services among youth. Furthermore, FHI/Rwanda continued to support enhanced syndromic management of STIs with sex workers. The intervention is currently at one health center in Kigali. In addition to STI care, the health center supports micro-finance and social health insurance for participating women and their children. As of July 2006, the initiative resulted in the treatment of 146 women for chlamydia and gonorrhea.

#### **Care and Support**

FHI/Rwanda supported 42 CT centers, transferring two this period to other partners. Taking the lead nationally, FHI/Rwanda introduced the TB-HIV integration initiative in which all FHI-supported sites systematically offer TB-HIV CT services to both TB and HIV patients.

#### **Treatment**

FHI/Rwanda 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; and follow-up care and referral to community support services. Preventive therapy using cotrimoxazole was also implemented and supported at 40 health facilities. As of August 2006, 5,075 patients were on ART, of which 366 (7.2%) were children. Moreover, FHI/Rwanda expanded a pilot project from one health center to three that allows select nurses to prescribe first-line ARVs.

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

FHI/Rwanda continued to provide long-term technical assistance to Rwandan government institutions through staff seconded to the National Commission against AIDS and Treatment and Research AIDS Center.

## *Sénégal*

### ***Brief Background***

Due to approaching the limit of IMPACT ceiling, USAID/Senegal amended the current bilateral cooperative agreement to co-finance FY06 activities under IMPACT. The total available funding under IMPACT for FY06 was \$404,000, and all funds have been spent. The Senegal program is currently closing out its IMPACT project. FHI has recently been awarded a new five year bilateral program that began in July 2006.

### ***Key achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

During this reporting period, FHI/Senegal completed the implementation of a four-month national mobilisation campaign in collaboration with the AIDS Division and USAID's social marketing partner –ADEMAS to promote counseling and testing and general prevention messages. Over 6,000 people were reached with these messages during the reporting period.

#### **Care and Support**

FHI/Senegal has established a successful network of partnerships between public sector health institutions and Food for Peace actors to bring food aid to PLHA receiving both medical treatment and psychosocial care at three medical centers and more than 10 community based sites. During this reporting period, all the training, equipment and site renovations have been completed, as well as the national policy and training documents for integrated HIV/AIDS and Nutrition Care.

#### **Strategic Information**

IMPACT funds have supported the National AIDS Commission (NAC) to initiate 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 NAC is conducting a series of regional workshops to implement the principle of the "Three Ones." IMPACT has supported the development of tools as well as the actual implementation of this process in collaboration with the World Bank MAP.

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

IMPACT continues to directly support the Country Coordinating Mechanism and its Technical Secretariat through technical assistance 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 (SA), and the program's current fiscal year funding level is slightly over \$1 million with expenditures of approximately \$900,000 as of September 30, 2006. The goal of IMPACT in SA is to strengthen the capacity of implementing partners in the areas of prevention, strategic information and care and support. Its 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, counseling and testing (CT), STIs, Palliative Care (PC), Community and Home-Based Care (CHBC) and M&E. FHI has also supported a study of presumptive periodic STI treatment in mining communities, a Behavioral Surveillance Survey (BSS) and other strategic information activities at the national level. At the request of USAID/South Africa and the NDoH, the FY06 activities focused on supporting PC and CHBC interventions in Limpopo and Northern Cape provinces.

### ***Key Achievements during this Reporting Period (April 1 - September 30, 2006)***

#### **Care and Support**

The major focus of this reporting period was the implementation of the Integrated Community Palliative Care (ICPC) pilot model. Site assessments were conducted in four districts of two provinces, Limpopo and Northern Cape; subagreements were developed with district-level implementing agencies (IAs); and a partnership was established with the Hospice Palliative Care Association of South Africa to train professionals and CHBC care givers in PC. In addition, FHI continued supporting the Johannesburg Hospital Palliative Care Team through a subagreement with *Parents for AIDS Action*, which enables the provision of facility-based PC and capacity building of health professionals in various wards. As one of IMPACT's numerous activities in direct support of the NDoH, FHI continued to second two PLHA Coordinators to the HIV/AIDS Treatment, Care and Support Sub-Directorate until June 2006.

#### **Strategic Information**

As part of the national PC appraisal commissioned by the SA government, FHI completed data collection in Mpumalanga and Gauteng provinces. The findings will provide the government with baseline information on the number of the services described, their location and geographical coverage and the type of PC services offered in the provinces where the appraisal was conducted. The Project Support Group South Africa (PSG/SA) was contracted for the ICPC baseline evaluation and a mapping exercise in the local municipalities to inform the referral network for the ICPC sites. M&E training for ICPC officials and community care givers also occurred in all the provinces, and M&E matrices were developed for each site. A workshop was conducted on Documentation of CHBC Best Practices for provincial representatives from departments of health and social development and NGOs; it led to the development of documentation workplans.

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

One of FHI/SA's main accomplishments to date has been the establishment of a close relationship with the SA government. As one of numerous international NGOs in a country with a wealth of resources and a complex history, obtaining local buy-in and trust is a large feat. In FY06, NDoH consulted FHI regularly and ongoing technical assistance was offered on national strategies for care and support. To follow-on the initial Documentation of CHBC Best Practices training conducted in FY06 in collaboration with NDoH and NDoSD, FHI facilitated a workshop for national department of health and social development to develop a three-year framework for the integrated CHBC program and a six-month operational plan.

## *Tanzania*

### ***Brief Background***

In Tanzania, FHI is implementing HIV care, treatment and support activities under the COP06 which is mainly funded by FHI's bilateral agreement with USAID and supplemented by funds from IMPACT Tracks 1.5 and 2.0. Activities under IMPACT Tracks 1.5 and 2.0 complement the activities under the bilateral agreement. The total FY06 budget for IMPACT was \$248,999 of which \$62,837 was spent as of August 2006.

### ***Key Achievements in this Reporting Period (April 1 - September 30, 2006)***

#### **Care and Support**

FHI facilitated a nine-day training workshop for 35 home based care (HBC) program staff in supervisory skills. The program staff trained during this workshop support 23 HBC programs in five regions. In support of the Department of Social Welfare of the Ministry of Health and Social Welfare, FHI has been involved in developing a National Action Plan for Orphans and Most Vulnerable Children. The first draft of this Action Plan has been developed during this reporting period and was sent for review and approval by government authorities.

During this reporting period, FHI continued second-phase activities including fine tuning and piloting a national data software mapping system for the Department of Social Welfare and their district offices. This system is designed to map activities of Civil Society Organizations and community organizations supporting orphans and most vulnerable children activities at the community level.

#### **Treatment**

A staff member attended a regional meeting in Nairobi, which focused on updating participants on state of the art Counseling and Testing and Mother to Child Transmission strategies in the light of scaling up access to care and treatment. The Deputy Director attended the Durban PEPFAR conference where he conducted an oral presentation on the role of sexuality and family planning among couples who are living with HIV and on treatment.

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

FHI has been working with the senior staff in the National AIDS Control Program at the Ministry of Health to assess current management and decision making processes and advice on ways to improve communication, transparency and accountability.

## *Uganda*

### ***Brief Background***

In Uganda, IMPACT has implemented AIDS programming in HIV transmission “hot spots” along the Northern transport corridor, 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 received \$300,000 in IMPACT funding from USAID/Uganda, of which \$154,000 was spent as of August 2006. IMPACT FY06 activities in Uganda were jointly carried out with the ROADS Project, also managed by FHI.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

Following subagreement development and signing with six cluster organizations composed of youth, low-income women and PLHA, and then training them in leadership, group dynamics and conflict resolution in March 2006, IMPACT has focused on building the capacity of these anchor organizations to implement community based HIV and AIDS programs in this reporting period. A total of 200 individuals received training in financial management/accounting, planning and monitoring of activities and hiring and management of staff. In the area of A/B activities, IMPACT trained 405 peer educators from 64 community groups to convey A/B messages, reaching 14,000 people, including 5,000 primary school students with abstinence-only messages. In addition, IMPACT has trained 961 peer educators from 64 community groups and the Amalgamated Transport and General Workers Union to convey HIV prevention messages, reaching 10,000 people. All six clusters were also trained in peer education, magnet theatre and psychosocial support counseling.

#### **HIV Counseling and Testing**

IMPACT assessed and strengthened referrals to counseling and testing (CT) from health and community-based services. In Busia and Malaba, 1,351 individuals were counseled, tested and received their results through IMPACT’s training of CT providers and establishment of referrals to existing CT facilities. During this reporting period, 22 CT counselors were trained in accordance with country and international standards.

#### **Care and Support**

IMPACT has trained 285 individuals, including PLHA peer educators and counselors, to provide HIV-related palliative care for PLHA. These activities have reached 2,000 people with HIV care. Peer education and counseling focuses on positive living, nutrition, HIV prevention, referral to services and HIV CT as an entry point to care and support. IMPACT has also trained 50 faith-based leaders in stigma, denial and discrimination to enhance HIV and health communication.

## *Zambia*

### ***Brief Background***

Since 2001, IMPACT's Corridors of Hope (COH) Project in Zambia has focused on three key areas: (1) prevention of STI/HIV among prostitutes and their clients, mainly truck drivers and uniformed personnel, in border sites; (2) development of community-based responses for the care and support to OVC; and (3) psychosocial support to HIV-positive children and their families. To date, FHI/COH has received a total of \$16,792,339 in obligations including funds from CDC. As of August 2006, the project spent a total of \$16,610,512.

The COH sites closed in March, and the project office closed in June. Remaining close out activities were coordinated with the FHI/Arlington office and the FHI/Zambia PCT office.

On June 21, a half-day meeting was conducted to disseminate the results of the studies documenting the impact and lessons learned from the COH Project. Attended by over 90 people, the meeting was presided over by the Executive Director of the National AIDS Council and attended by representatives from USAID, JICA, WHO as well as the Directors of the District Health Management Teams and those directly involved in the Project's implementation. The results of the recent Behavioral Surveillance Survey (BSS) were presented and compared with the results of two earlier rounds of BSSs to identify trends. The Qualitative Study documenting stakeholders' assessments of the Project was presented.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

All clinic sites were closed by March 30, 2006. The final steering committee meeting for the project was held on March 29. Between March and July, programmatic close out activities were conducted, with the office closing on June 30.

#### **Strategic Information**

During the reporting period, the BSS reports and the Qualitative Assessment Report were finalized and printed. A dissemination event was held in June to present the findings of five reports: Ndola Male BSS, Ndola Female BSS, Round 3 Male BSS, Round 3 Female BSS and Qualitative Assessment/Documentation Study. Participants included local partners, USAID and Government representatives and project stakeholders.

As a follow-up to the research study sponsored by CDC to evaluate the syndromic management guidelines used in primary health centers in 11 districts, FHI completed the cleaning of the dataset from this study. In addition, FHI provided support to a five-day Ministry of Health Workshop on STI training modules held August 8-12, 2006. In the next reporting period, FHI will support data analysis, report writing and dissemination of results, revision of the Ministry of Health STI treatment guidelines and a training of trainer's workshop on the new guidelines for STI management.

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

The Technical Officer of COH attended the AIDS regional conference in Durban in June to present the work of COH and the findings of the BSS.

Technical assistance was provided to help document some of the lessons learned, best practices and success stories from the COH project. The reports were provided to those attending the dissemination meeting (see above) and distributed to other officials who could not attend.

## *ASIA AND THE PACIFIC*

## *Asia Regional Program*

### ***Brief Background***

In FY06, the Asia Regional Program (ARP) had a modest amount of IMPACT rollover funds to program. During the fiscal year, the regional program provided major support to the USAID-ASEAN (Association of South East Asian Nations) Collaboration on HIV/AIDS Program in strengthening the capacity of ASEAN countries in the areas of surveillance, HIV clinical management, HIV prevention, treatment and care of IDUs and the increase of access to ARVs and diagnosis reagents. FHI supported the attendance of 272 participants at ASEAN trainings and meetings organized during the year. The ARP also supported qualitative studies to gain information on the sexual networks of IDUs and MSM to better design HIV programs for these target populations.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Treatment**

As a part of the USAID-ASEAN Collaboration on HIV/AIDS Program, FHI coordinated with Thailand's Ministry of Health (MOH), the POLICY Project and Bamrasnaradura Institute in organizing a regional training on HIV/AIDS care including ART for health care providers. That was followed by in-country trainings in Vietnam and the Champasak Province of Lao PDR with technical assistance from Bamrasnaradura Institute. FHI, in collaboration with Malaysian MOH, WHO and other key stakeholders, developed a training curriculum, the first one ever developed in the Asia region for HIV prevention, treatment and care for IDUs and piloted the use of the curriculum through a regional training for physicians from ASEAN and South Asian countries. The curriculum will be finalized and disseminated for wider utilization in the next fiscal year. In addition, FHI supported two ASEAN consultation meetings for further collaboration among the member countries to increase access to ARVs and diagnostic reagents.

#### **Strategic Information**

The ARP supported a qualitative study on male-to-male sex in Indonesia and Thailand with a purpose to gain information and to understand the potential regional pattern of social and cultural dynamics and contexts that are linked to HIV/AIDS issues. Data collection was completed, and the report is being finalized. The report on the IDU sexual network study in Bangladesh and Indonesia is also being finalized. Findings from the study will increase understanding about sexual relationship patterns, types of sexual partners and patterns of risk behavior among IDUs, which will be used to improve the design of HIV/AIDS interventions for IDUs. Under the USAID-ASEAN Collaboration, the ARP and POLICY Project provided capacity building to ASEAN countries in surveillance through two regional trainings: one on the use of data for policy development and program planning; and the other on generating and interpreting surveillance data. FHI also supported an ASEAN surveillance leadership forum for policy makers and senior bureaucrats to discuss their future collaboration in strengthening national surveillance.

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

To strengthen national surveillance and M&E systems in Asia, the ARP has been supporting the development and dissemination of HIV-related technical and program guidelines and tools for use in the region. In FY06, ARP produced, published and disseminated a manual called *Guidelines on Management and Coding of Behavioral Surveillance Data*.

## ***Bangladesh***

### ***Brief Background***

FHI/Bangladesh began IMPACT activities in 2000, to support interventions for groups most at risk for HIV. These groups include sex workers (both male and female), their clients, *hijras*, and IDUs. Through targeted interventions, IMPACT, in collaboration with other key players, developed focused strategies that addressed the needs of each target group. During FY06, FHI/ Bangladesh was awarded a cooperative agreement from USAID that allowed for a continuation of HIV and AIDS programming after IMPACT closed. Therefore, much of FY06 was spent managing the transition from IMPACT to what is now known as the Bangladesh AIDS Program (BAP). In total, FHI received \$14,225,000 for the IMPACT project in Bangladesh since 2000.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

Highlighted accomplishments for IMPACT during FY06 include: increasing collaboration and planning with USAID, DFID, UNICEF, CARE/BD and other stakeholders to organize a coordinated response to the epidemic in Bangladesh; developing the “Modhumita” campaign for Integrated Health Centers (formerly DICs); participating as a global FHI pilot site for STI quality assurance/quality improvement initiatives, including the development of STI guidelines and tools; and developing the “tripartite project” as a response to HIV among IDUs in Dhaka in collaboration with Dhaka NGOs and Government institutions including Prisons, Police and Narcotics Control.

#### **Strategic Information**

Assessment of a peer education project for HIV prevention among hotel-based sex workers in Dhaka reached its completion on June 30, 2006, under the IMPACT project. The final report will be available in early FY07. The assessment findings help to explain the dynamics of communication between peer educators, sex workers and their clients. This information will be used in the development of new strategic behavioral communication materials designed specifically for this Dhaka high risk population. A multi-year STI research study in collaboration with the University of North Carolina – Chapel Hill, International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B) and Bangladesh Women Health Coalition ended on September 30, 2006, under the IMPACT project. Due to ending of IMPACT funds before the final three months of the research study, the last part of the study is being funded by BAP. Final data collection is slated for October 2006, with data analysis beginning immediately thereafter. The results of study will provide essential information for the development of effective STI control programs in Bangladesh. The study was a comparison between periodic presumptive treatments and enhanced syndromic management interventions with female sex workers in Bangladesh.

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

Statisticians from FHI/Bangladesh and ICDDR,B participated in a regional training on “Respondent Driven Sampling Analysis Tool” in Bangkok, Thailand. The training used both theoretical and practical sessions to build capacities of participants. IMPACT also provided international technical assistance directly to researchers in Dhaka to carry out a Respondent Driven Sampling (RDS) pilot study. The RDS results gave further information on MSM surveillance in Dhaka and informed planning for future surveillance methodologies.

## *Cambodia*

### ***Brief Background***

FHI has received a total of \$19,745,000 under IMPACT in Cambodia. In FY06, FHI programmed rollover IMPACT funds along with funding from USAID/RDM/A. FHI/Cambodia's program focuses on HIV surveillance, prevention among most-at-risk groups, programs with OVC, military wives and families and care and treatment for PLHA.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

The Women at Risk program provided training for implementing agencies (IAs) on supportive monitoring of "Tools for Life" and drug abuse. At the national level, FHI has been involved in technical working groups to review the STI National Policy and Strategy. As part of this policy, the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases endorsed an STI intervention that targeted MSM in Phnom Penh, Battambang, Siem Reap, Banteay Meanchey, and Koh Kong.

With STI surveillance showing MSM as an emerging high risk group, needs assessments were conducted in Banteay Meanchey and Pailin. Capacity building for outreach workers working with MSM was conducted using new IEC materials. The uniformed services program provided technical assistance to the Ministry of National Defense in the development of the "HIV/AIDS National Strategic Plan-2007-2011."

#### **Care and Support**

FHI/Cambodia, in partnership with Cambodian People's Network of People Living with HIV/AIDS, rolled out the "Living Again" video as an educational tool for PLHA. Refresher training was provided to community assistants and volunteers on ART adherence. FHI also developed a children's club curriculum titled "Taking Care of Myself," and pilot children club activities started with selected IAs. Counseling and testing services were expanded to 11 more sites in Kampong Cham.

#### **Treatment**

FHI/Cambodia provided technical assistance to eight treatment sites and two satellite OI sites. FHI/Cambodia contracted International Center for Equal Healthcare Access to send clinicians to the treatment sites in Battambang and Pailin to provide onsite mentoring to physicians and nurses. FHI/Cambodia also worked with Village Health Support Groups to provide TB education in communities.

#### **Strategic Information**

The STI Surveillance Survey was completed showing MSM as an emerging risk group with HIV prevalence at eight percent. The HIV Surveillance Survey (HSS) 2003 report was printed and disseminated. FHI/Cambodia has been providing technical assistance in the development of the survey, guidelines and training for HSS 2006. Preliminary analysis of the "Quality of life for patients on ART" survey shows that at three and six months patients report continuous improvements in health status, ability to work, mood and happiness. The report of the evaluation of the military program was disseminated.

#### **Global Leadership**

FHI/Cambodia assisted in the development of national standard operating procedures for outreach and STI national policy and strategies. FHI/Cambodia has been an active member of the coordination working group of the national MSM Network. FHI/Cambodia supported the provision of epidemiological information to USAID and UNAIDS. FHI/Cambodia has signed an agreement with Global Fund under Round V to expand the program with OVC and military wives and families. To mark the end of IMPACT, FHI/Cambodia held an exhibition titled "Celebrate the Journey."

## *China*

### ***Brief Background***

IMPACT activities in Southern China are part of the USAID Regional Development Mission/Asia's (RDM/A) strategy for the Mekong Region. At the end of FY06, funds specifically obligated to China totaled \$3,675,000 (\$2,465,000 from IMPACT and \$1,210,000 from RDM/A). During FY06, FHI/China utilized rollover funds obligated through IMPACT for technical assistance, administrative and staff costs while funding for program interventions has been provided by USAID RDM/A. FY06 saw significant development of all program components from prevention to care and support activities in Yunnan and Guangxi. Technical and operational support and training from IMPACT have resulted in demonstrably increased capacity of partner agencies to plan and implement program activities and deliver services.

### ***Key Achievements in this Reporting Period (April 1 - September 30, 2006)***

#### **Prevention**

The July visit by USAID RDM/A emphasized the provision of a "Minimum Package of Services" (MPS) approach and the realignment of USAID Cooperating Agencies (CAs) in the delivery of this approach. FHI/China is leading the coordination of a packaged and linked approach to programming HIV prevention, care and treatment interventions by the CAs. FHI/China has contributed to the MPS by adding two new interventions for MSM and sex workers in identified "hot spots." During the reporting period, 1,201 MSM, 2,435 FSW, over 232 male clients (including mobile men, truck driver and clients) and over 1,370 IDUs were reached.

#### **Care and support**

FHI/China's partner, Pingxiang People's Hospital, has moved from active resistances to providing PLHA with treatment and care to a proactive, confident provider of services. Counseling and testing (CT) sites in Ningming and Pingxiang provided CT to 683 clients. Among them, 538 received test results, and 32 PLHA with low CD4 counts were referred to Pingxiang Hospital for OI/ART services. The TB services in these sites also referred clients for CT after conducting risk assessments.

#### **Treatment**

Placement of a senior international nurse at Pingxiang Hospital to mentor doctors and other hospital staff working on HIV clinical management proved to be an effective strategy to improve the quality of care developed in Pingxiang. By the end of August 2006, Pingxiang Hospital had provided HIV care to 152 PLHA (cumulative number), 72 started ART, and currently 67 PLHA continue to receive ART.

#### **Strategic Information**

FHI/China and partners of the Analysis and Advocacy (A<sup>2</sup>) Project held provincial meetings in Yunnan and Guangxi and hosted the Regional A<sup>2</sup> meeting in Guangxi. Policy briefing papers were issued on the epidemiological and economic analysis of HIV/AIDS in each province.

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

FHI/China and PSI drafted the contents for an instructional video on the MPS model, which will assist the Global Fund in achieving its objective of replicating USAID's work in Gejiu in 117 sites across seven provinces. Consultants from FHI and the World Bank conducted a joint review of the surveillance system in Guangxi Province, which resulted in detailed recommendations for action that the World Bank intends to fund. World Bank support is directly augmenting USAID's support in China in the area of strategic information.

## *India*

### ***Brief Background***

With IMPACT support, FHI has provided grant management support and technical assistance (TA) to approximately 55 partners to strengthen HIV prevention and care services to OVC, IDUs, migrants, truckers, MSM and PLHA in six states in India. The IMPACT project in India fits USAID/India's programmatic priorities and National AIDS Control Organization (NACO)'s strategic plan, taking into account USAID's geographic focus and bilateral partners, AVERT Society and AIDS Prevention And Control (APAC). TA was provided for district level action plan development in Tamil Nadu, development of program implementation plans in Andhra Pradesh, Maharashtra and Tamil Nadu and design of the third phase of the National AIDS Control Program (NACP-III). USAID/India obligated \$2.5 million from field support to FHI under IMPACT in FY06.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

All IMPACT projects started operationalizing the Office of the US Global AIDS Coordinator (OGAC) Guidance on *Applying the ABC Approach to Preventing Sexually Transmitted HIV* by conducting workshops for the project staff and fine-tuning their Strategic Behavioral Communication (SBC) tools, approaches and messages. The OVC projects were provided with TA to strengthen youth-friendly reproductive health services and peer education. The advocacy package and flip charts developed by Krishna District Lorry Owner's Association in Andhra Pradesh will be used by lorry owners around the country for providing HIV prevention services among trucking communities. The child-centered communication material developed for children and youth vulnerable to HIV/AIDS was widely circulated among various child development agencies in India. Regional workshops were held for IMPACT partners on Life Skills Education, Counseling, SBC and PMTCT.

#### **Care and Support**

The OVC and care and support projects were encouraged to adopt the networking model to ensure a continuum of care. A two-day consultation meeting with major stakeholders was held in Andhra Pradesh to discuss issues related to OVC in the state and the development of a state OVC forum. Regional workshops were held for IMPACT partners on psychosocial support, foster care and ART.

#### **Treatment**

FHI/India provided TA to IMPACT NGO partners on the Government ART program. Linkages were established with the closest ART center for accessing diagnostic tests and ART. FHI/India provided training on adherence counseling to health workers and caregivers within IMPACT projects. A referral system was established with a public hospital in Delhi for access to pediatric ART.

#### **Strategic Information**

FHI/India provided TA to IMPACT partners on the new indicators related to OGAC guidance. During partner workshops, the NGOs shared how the Computerized Management Information System was useful in improving services and providing participatory feedback to the community. All partners were oriented on IMPACT close out procedures. TA was provided to all implementing partners to develop proposals and facilitate transitioning of projects to other sources of funding including APAC in Tamil Nadu and AVERT in Maharashtra. The Country Office initiated IMPACT close out activities including notification to USAID Mission. The Country Office conducted outcome level assessments of four and detailed documentation of nine IMPACT projects. Project-end reviews were conducted of all 37 IMPACT projects to consolidate the achievements, lessons learned and challenges. The projects conducted dissemination meetings to share their experiences with the local organizations. The findings of the study that explored the expansion of PMTCT programs to sub-district levels were presented to NACO and Department of Health and Family Welfare.

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

TA was provided to APAC and AVERT on various program and technical areas including: operationalizing the OGAC *Guidance on Applying the ABC Approach to Preventing Sexually Transmitted HIV*; integrating the ABC approach into existing communication strategies and SBC materials; supporting the development of action plans; and integrating the Emergency Plan indicators on ABC at the program and project level. TA was provided to NACO on the finalization of NACP-III strategy and operational plans, especially chapters related to IEC as well as targeted interventions. FHI/India joined the central team of experts established by the Government of India to strengthen the national surveillance system and provided training and monitoring support to state surveillance teams.

## *Laos*

### ***Brief Background***

From 2002 through FY06, USAID committed \$2,275,000 for HIV prevention programming in Laos through IMPACT plus \$650,000 of direct funding to FHI from USAID's RDM/A. The combined budget from both sources for FY06 was \$979,800. FHI/Laos' technical assistance complements the priorities of the national Center for HIV, AIDS and STIs (CHAS) and aims to (1) strengthen the surveillance system and (2) strengthen STI/HIV/AIDS prevention interventions for sex workers and their clients to address the high rate of bacterial STIs and behavioral risks for sexual HIV transmission.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

FHI and its government partners in Laos have consolidated its complete package of HIV prevention services including a comprehensive behavior change and STI service for sex workers in four hot spot provinces and interventions with young men on abstinence, being faithful, and using condoms during risky sex. During this reporting period, FHI completed agreements with the Provincial Committees for the Control of AIDS in Champasak and Luang Prabang which effectively transferred management of all the intervention sites from FHI/Laos to the PCCAs. In addition, FHI/Laos has identified an additional hot spot located mid-way between Savannakhet and Vientiane. Thakhek city is the capital of Khammouane Province and has about 250 sex workers at any one time. FHI/Laos conducted site assessments, introductory meetings, a pre-award audit and other preparations in Khammouane in anticipation of a launch on November 1, 2006. FHI/Laos negotiated a modification in the scope of work for the Burnet Institute of Laos to phase out its male client intervention in Champasak and focus its resources on young urban males in Vientiane. In addition to standard condom use messages, the program includes abstinence promotion among single male youth and "be faithful" messages for married men.

#### **Care and Support**

With support from Medicins Sans Frontiers, the Laos government opened the second ART clinic in the country in Sathathirat Hospital in Vientiane. Accordingly, FHI/Laos is expanding the integration of HIV counseling and testing (CT) services through its network of wellness centers. A total of 121 clients have received CT results in the reporting period. Also, FHI/Laos helped organize a refresher training for clinicians in Pakse (Champasak) who had attended the ASEAN/USAID ART training in Bangkok in December 2005. FHI/Laos is also liaising with WHO and CHAS to arrange a regional ART training program in Vientiane for early October 2006.

#### **Strategic Information**

Through August 2006, the FHI-supported program had achieved 38,225 cumulative contacts with 5,298 new and returning sex workers in the hot spot cities. In the most recent reporting month, the program canvassed 245 commercial sex access points and conducted hundreds of 45-minute interactive educational sessions with small groups of sex workers. Although FHI/Laos 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 Laos. Starting in January 2006, FHI/Laos initiated a condom use monitoring system to estimate levels of condom use among all the sex workers in the project catchment areas. For all cities combined, respondents reported using condoms in 92 percent of episodes with clients and 43 percent with boyfriends in the reporting month of June. Overall, the level of condom use with any partner was approximately 80 percent.

In collaboration with CHAS, FHI published 1,000 copies of the combined English-Lao report of the second round of second generation surveillance. This report summarizes the results of the two rounds of behavioral and biological surveillance supported by IMPACT in 2001 and 2004. Nine hundred copies of the report were provided to CHAS for distribution.

## *Nepal*

### ***Brief Background***

The IMPACT program in Nepal focuses on ensuring a continuum of prevention-to-care services to those infected and affected by HIV/AIDS. FHI/Nepal 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 \$19 million since May 2001. Programs are implemented in 30 districts of Nepal through three initiatives: Safe Migration, Safe Cities and Safe Highways.

### ***Key Achievements in this Reporting Period (April 1 - September 2006)***

#### **Prevention**

FHI/Nepal 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, FHI/Nepal partnered with non-health sector organizations (sports federation, women's groups and FBOs) to mainstream HIV/AIDS. FHI/Nepal continued satellite broadcast of the popular safe migration weekly radio program, *Desh Paradesh*, expanding program reach into remote districts.

#### **Care and Support**

FHI/Nepal provided support for counseling and testing (CT) training for FHI's Implementing Agencies, NGOs and Government partners as well as supportive supervision at the clinic sites. FHI/Nepal partnered with Albion Centre and PLHA groups to address nutrition issues among PLHA. FHI/Nepal also worked with the National Association of People Living with HIV/AIDS in Nepal (NAP+N) to adapt and produce a care and support booklet series with accompanying brochures. To reduce HIV-related stigma, FHI/Nepal 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/Nepal and the National Center for AIDS and STD Control (NCASC) conducted the first national Training of Trainers for Community and Home-based Care in Nepal.

#### **Treatment**

FHI/Nepal completed a study to assess possibilities for integration of CT and TB services. In collaboration with NCASC, FHI/Nepal completed a 10-day HIV Clinical Management Training for doctors and nurses. FHI/Nepal is also providing ongoing support to NCASC to develop a national logistics system to manage HIV commodities for the country and to strengthen the laboratory services.

#### **Strategic Information**

FHI/Nepal provides technical leadership in Nepal in HIV research and surveillance in coordination with NCASC. Findings were printed and disseminated from the 2005 Integrated Bio-Behavioral Survey (IBBS) among IDUs in Pokhara and Eastern Terai Highway districts and among MSM in Kathmandu. The IBBS was also conducted among female sex workers and truckers. FHI/Nepal provided a cutting edge technical training for national surveillance experts on respondent driven sampling and also conducted training on research ethics with the Nepal Health Research Council.

#### **Global Leadership**

FHI/Nepal provided technical support to partners working under the Global Fund for AIDS, TB and Malaria. FHI/Nepal provided major support to the development of the UNGASS report for Nepal and the UNAIDS Global Epidemiological Fact Sheets. FHI/Nepal also participated in FHI's Global Technical Leadership meetings in Bangkok.

## ***Pakistan***

### ***Brief Background***

Under the Strategic Objective Grant Agreement between the US Government, the Islamic Republic of Pakistan and USAID/Pakistan Intermediate Result (IR# 7.3), IMPACT in Pakistan is promoting “Improved use of proven interventions to prevent major infectious diseases” and complimenting the National Enhanced HIV/AIDS program for most at-risk populations. The program developed projects to: reduce the transmission of HIV/STI among most at-risk populations (MARPs) in six strategic cities of Punjab and Sindh provinces; increase support PLHA with community-and home based care; and provide technical assistance to the National and Provincial AIDS Control Programs (NACP) to monitor the dynamics of the epidemic and the effectiveness of prevention and care programming. FHI/ Pakistan worked with eight partner organizations for a comprehensive response to HIV/STI prevention. To date, USAID obligated a total of \$2,060,000 to IMPACT.

In early 2006, FHI/Pakistan, in partnership with RTI, won the USAID contract # GHS-1-07-000-28-00 for Pakistan HIV/AIDS Prevention and Care Project (PHAPCP) to continue its HIV/AIDS prevention and care programs in Pakistan for three years.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

IMPACT funded the current project activities through June 2006, after which the projects were transferred to PHAPCP. In FY06, 20,561 individuals were reached through outreach/peer education program, approximately 7,000 of whom were reached during April and June 2006 under IMPACT. The achievement was made possible with the contribution of over 60 trained and supervised outreach workers. In addition, a total of 289 individuals were provided with STI diagnosis and treatment. This represents an increase in the use of STI services made possible by various demand creation activities, including outreach programs, street theaters and mass media. Overall, the IMPACT program provided capacity building for partner agencies and peer educators in SBC, improved STI services and referrals for MARPs, and strengthened collaboration with the NACP as well as other international key players in the country. With IMPACT support, FHI/Pakistan also provided technical assistance in M&E to enhance the capacity of implementing agencies in Pakistan.

#### **Care and Support**

In FY06, 92 PLHAs and 300 family members received community and home based care.

## *Papua New Guinea*

### ***Brief Background***

The IMPACT program in Papua New Guinea (PNG) was established in FY04 to implement HIV programs among most-at-risk populations. The total obligation to date for IMPACT in PNG is \$1,500,000. The FY06 budget was \$180,019 and the expenditures as of August 2006 are \$114,817. In FY06, FHI programmed a modest amount of IMPACT rollover funds to complement separate funding from the USAID/RDM/A.

### ***Key Achievements in this Reporting Period (April 1 – September 30 2006)***

#### **Prevention**

FHI/PNG conducted an annual review of the Female Sex Worker (FSW) outreach program implemented by the “Poros Sapot (Peer Support) Project” (PSP). The review involved interviews with the target groups (FSWs and MSM), STI and counseling and testing service clients, gatekeepers, PSP staff and outreach volunteers (OVs) and site visits. From the recommendations of the review, PSP initiated an evening outreach program in designated sites in the National Capital District, conducted training for gatekeepers in distribution of condoms and IEC materials, promoted STI clinic services during outreach sessions through a color card referral system and resolved the transportation issue faced by staff and OVs. FHI/PNG, with input from OVs and project beneficiaries, developed targeted IEC materials for distribution by the project. As a result of the review and actions taken, the project reached an increased number of individuals through outreach activities, and the number of clients visiting the drop-in center and clinic for STI services also increased.

#### **Care and Support**

FHI/PNG provided technical assistance to Igat Hope Inc. for training of trainers for 11 PLHA on the use of the self-care manual adapted from FHI/Cambodia and translated into Tok Pisin. The trained PLHA were assigned to five Day Care Centers where they trained their peers and caretakers in using the manual to help themselves, their family members and/or their neighbors living with HIV. Each participant who completed the training received a copy of the manual.

#### **Strategic Information**

FHI/PNG provided technical assistance to assist the Papua New Guinea Institute of Medical Research to design and plan a post-intervention survey to be conducted among FSWs in Port Moresby and Goroka and MSM in Port Moresby to evaluate the outcomes of the PSP. The post-intervention survey, which will begin in FY07, will also include population size estimations of the most at-risk populations in National Capital District.

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

FHI/PNG continued its membership in the PNG Country Coordinating Mechanism for the Global Fund on AIDS, Tuberculosis and Malaria.

## *Philippines*

### ***Brief Background***

FHI's work in the Philippines was supported by a subcontract from Management Sciences for Health under the USAID bilateral LEAD Project until June 2006 when the LEAD project concluded. FHI supported the LEAD for Health project by providing technical and financial assistance in monitoring the STI/HIV epidemics and in providing essential data, analysis and technical support for programs aimed at MSM and IDUs. From July 2006 onward, FHI utilized rollover IMPACT funds to continue providing surveillance technical assistance to the Department of Health.

### ***Key Achievements in this Reporting Period (April 1 -September 30, 2006)***

#### **Strategic Information**

From July-September 2006, FHI/Philippines conducted a follow-up assessment on the use and implementation of the Manual of Procedures (MOP) for social hygiene clinics (SHCs) in selected cities. The activity aimed to assess SHCs' adoption of the minimum standards prescribed in the manual and identify constraints in the use and implementation of the MOP, including additional technical assistance needs. FHI/Philippines is preparing the assessment report, which will be shared with the National AIDS-STD Prevention and Control Program of the Department of Health and USAID/Philippines in late October. IMPACT close out activities are underway and will be completed by the end of December 2006. FHI/Philippines is also preparing the final country report for the IMPACT Project. The report will be shared with major stakeholders including the National AIDS/STD Prevention and Control Program, the Philippines' National AIDS Council and USAID.

## *Thailand*

### ***Brief Background***

Since 2003, USAID has provided a total of \$3,111,000 to the IMPACT project in Thailand. In FY06, the FHI program in Thailand was jointly funded by IMPACT and a separate cooperative agreement from USAID RDM/A to continue program interventions. The key focus of the IMPACT project in Thailand is to support the comprehensive prevention and care and support programs among most at-risk populations, with a particular focus on MSM, migrants and PLHA. Consistent with RDM/A's strategy, since late FY04, FHI has been consolidating its programs in the priority hot spots of Bangkok and Chiang Mai.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

In collaboration with the Thai Ministry of Public Health (MoPH), FHI supported an eight-month targeted communications campaign for MSM to decrease HIV risk behaviors and increase use of STI and counseling and testing services in Bangkok and Chiang Mai. The campaign is carried out in support of the MoPH prevention goal aiming to reduce new HIV infections in Thailand by 50 percent over the next three years. FHI/Thailand conducted a mid-term review of the campaign to understand its coverage and acceptability. The goal of the campaign had been to reach 80 percent of MSM in Bangkok and Chiang Mai, and, in fact, the mid-term review showed that the campaign had already reached 73 percent of MSM in Bangkok and 82 percent in Chiang Mai. Most of the MSM interviewed as part of the review perceived positive benefits from the campaign and felt it was appropriate to Thai culture. The review also found that the campaign had a positive impact on health seeking behaviors. MSM exposed to road-shows and small media channels were more likely to plan for an HIV test and STI check-up in the near future. Although this mid-term review showed encouraging results, an in-depth final evaluation is planned in FY07 to inform the next phase of work with MSM.

In Tak province, FHI/Thailand supported Mae Sot Hospital in providing PMTCT and blood screening for Burmese migrants referred from Mae Tao Clinic. Of migrants receiving testing, 2.6 percent of pregnant women were HIV positive and 1.8 percent of blood donors were HIV positive.

In Chiang Rai, FHI/Thailand successfully transitioned the HIV prevention program for former and active drug users in Akha Hill Tribe villages to the local implementing agencies: Hill Area and Community Development Foundation and Mae Chan Hospital. With USAID approval, the project vehicle was transferred to the hospital, and the project is continuing with local resources.

In Bangkok, FHI collaborated with the Department of Corrections (DoC) to develop an HIV training curriculum to follow up on the recommendations emerging from the Situation Assessment of Knowledge and Perceptions of Prison Staff on HIV Prevention and Care. The curriculum was piloted in three training sessions by 100 prison guards and provided them with updated knowledge on HIV prevention, transmission, care and treatment to better understand vulnerabilities of inmates. The training for prison guards was a first step. In FY07, FHI/Thailand will work with the DoC to develop trainings for inmates on HIV prevention.

#### **Care and Support**

FHI/Thailand and Pact co-funded the Positive Partnership Program managed by Population and Community Development Association (PDA), which pairs an HIV negative person with a PLHA under a credit scheme. FHI/Thailand supported the loan fund while Pact supported PDA's operational costs. FHI/Thailand's support to the project concluded in September 2006, and, with USAID approval, the revolving loan fund was handed over to PDA to provide loans for other positive partners in the future. A total of 49 pairs received loans by the end of the project.

## *Vietnam*

### ***Brief Background***

In partnerships with Government of Vietnam, international and local NGOs, FBOs and private sector, IMPACT continues to expand continuum of prevention-to-care services and provide support to strategic information and policy analysis activities in Vietnam. In FY06, the IMPACT budget for Vietnam was \$5,065,399. These funds were directed toward the implementation of an integrated HIV prevention, treatment, care and support program in focus provinces in Vietnam.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

FHI/Vietnam supported scaling up of targeted prevention interventions for IDUs, female sex workers (FSWs) and their clients and MSM including transgenders (TG) in 10 provinces. These included IDU interventions in eight provinces; FSW interventions in five provinces; FSW clients programs in four provinces; and MSM interventions in four provinces. The interventions were expanded from risk reduction services through outreach and drop-in centers to providing more comprehensive services, such as drug addiction treatment, drug relapse prevention and job placement. In partnership with Ho Chi Minh City (HCMC) AIDS Committee, USAID, CDC and Substance Abuse & Mental Health Services Administration (SAMHSA), FHI/Vietnam implemented a pilot transitional program through case management for IDUs who are released from the six rehabilitation centers in HCMC. FHI/Vietnam, in collaboration with StormEye, launched a mass media campaign, “Live like a real man,” to promote reducing commercial sex and being faithful among men at risk of HIV. The USAID-supported MSM program has become a learning site for new MSM/TG interventions elsewhere in Vietnam.

#### **Care and Support**

FHI/Vietnam promoted and supported a continuum of care approach to expand access to treatment, care and support services in six focus provinces. These included eight counseling and testing (CT) sites, seven district outpatient clinics (OPCs) and 12 district service outlets providing HIV CT, clinical care, OI prophylaxis and treatment, TB/HIV cross-referral, home-based care and peer support services for PLHA, including OVC. The USAID-supported program has become a learning center for new CT counselors and home care teams elsewhere in the country.

#### **Treatment**

FHI/Vietnam significantly contributed to increasing access to ART. Six OPCs in three out of six focus provinces (HCMC, An Giang and Quang Ninh) provided 998 patients with quality ARV therapy services. This accounts for 43 percent of the adult patients under the Emergency Plan. FHI/Vietnam provided technical assistance for Vietnam Administration for AIDS Control, Global Fund and PACT in training on ART adherence counseling.

#### **Strategic Information**

In partnership with CDC, USAID, Health Policy Initiative and East West Center, FHI/Vietnam supported the Ministry of Health/National Institute of Hygiene and Epidemiology and Therapy Department to strengthen strategic information and policy analysis for programming and decision making. These included: the implementation of integrated bio-behavioral surveillance survey among IDUs, FSWs and MSM in seven provinces; the integrated analysis and advocacy (A<sup>2</sup>) in HCMC; and the development of national palliative care guidelines. FHI/Vietnam also provided technical assistance in advocacy efforts for implementation of medication-assisted drug treatment therapy such as methadone in Vietnam.

#### **List of Publications: Vietnam**

FHI/IMPACT developed the following materials in FY06:

1. Four Working Papers on HIV Prevention, Care and Treatment in Vietnam: “Reaching Men Who Have Sex With Men in Ho Chi Minh City: Sexual Identities and HIV Prevention Opportunities”; “Risky Business:

Female Sex Work Lifestyle and Networks in Ho Chi Minh City: Implications for HIV Prevention” (Vietnamese version); Behind the Pleasure: Sexual Decision-Making Among High-Risk Men in Urban Vietnam; and “I want to Quit But Can’t” Drug Addiction, Networks and HIV Risks in Hai Phong and Cam Pha

2. STI booklet adapted: “Last night, I picked up someone... and something: A guide to sexual transmissible infections for men who have sex with men”
3. Business cards to promote drop-in center for MSM (Dong Xanh Club) and out patient clinic in Thot Not and health promoter teams in HCM
4. One pamphlet to promote Thot Not Out Patient Clinic
5. Six CT leaflets (What you should know about the HIV test and VCT, Your HIV positive diagnosis and getting on with your life, Negative result, HIV pregnancy - birth and the newborn infant, Telling your partner, What should you do if your family members or friends are HIV positive)
6. One ARV pamphlet for physicians and health workers working in outpatient clinics
7. Blue book for caregivers to write diagnosis and treatment during home visits to PLWHA
8. Three TV spots on mass media campaign for men at risk
9. Three radio ads on mass media campaign for men at risk
10. Three newspaper ads on mass media campaign for men at risk
11. Postcards to promote "Live like a real man"
12. Two leaflets on frequently asked questions for men's health projects
13. STI leaflets



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# *MIDDLE EAST*

## *Jordan*

### ***Brief Background***

Since 2000, USAID has funded FHI through IMPACT to increase awareness and knowledge of STI prevalence, improve access to and quality of HIV/AIDS prevention and care services and increase stakeholder involvement in HIV/AIDS planning efforts in Jordan. FHI/Jordan has provided technical assistance and training in counseling and testing (CT), strategic behavioral communication (SBC), STIs, strategic planning and M&E. In FY05, FHI/Jordan supported the National AIDS Program (NAP) to develop the National Strategic Plan for HIV/AIDS strategy (2005-2009), which serves as a guide for MOH/NAP coordination of all HIV/AIDS activities in Jordan and aims to maintain the low HIV prevalence. In 2006, all FHI/Jordan activities were jointly funded by IMPACT and YouthNet.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Prevention**

*Behavior Change Intervention:* FHI/Jordan started five SBC sub-agreements since April 2006 for MSM, female sex workers (FSW), female detainees and workers in small businesses and Qualified Industrial Zones (QIZ). FHI/Jordan conducted a technical review for an FSW Peer Education Toolkit; designed a study protocol for vulnerable men and youth (MSM) in Jordan; provided IAs with multilingual IEC materials (posters, brochures, and toolkits); held a joint CT/ SBC Creative Design workshop in April for 29 NGO participants; and developed five SBC strategies with IAs working with high risk groups.

#### **Prevention**

*Youth Peer Education and Awareness sessions:* FHI/Jordan implemented continuous Youth Peer Education Workshops and awareness sessions within the University of Jordan, Jordan Scout Youth Group in the North, Women Program Center at Waqas and Rehabilitation Center in Waqas, including two workshops for refugees in collaboration with Caritas. FHI/Jordan also adapted and translated into Arabic "Youth Testing and Counseling Manuals" and "Youth Participation Guide". In FY06, Jordanian Youth Peer Educators participated in the Y-Peer Theatre-based techniques for training of trainers (TOT) and conducted two workshops on theater-based techniques. FHI/Jordan also conducted a "Gender and HIV/AIDS Training" on July 3-5, 2006; held awareness sessions on HIV/AIDS for private sector employees, UN agencies and 200 Standard Chartered Bank employees; and reviewed an HIV/AIDS Manual for Journalists developed by UNESCO and Petra (Jordanian news agency).

#### **Care and Support**

*CT:* FHI/Jordan provided capacity building to the Ministry of Health Voluntary Counseling and Testing Center by introducing and discussing standard operating procedures (SOPs) for CT services to develop national guidelines and procedures. Two trainings for "Introduction to CT" and TOT training on CT were held in August, and a quality assurance/quality improvement concept for program implementation was introduced to all implementing agencies (IAs).

#### **Strategic Information:**

*M&E:* FHI/Jordan trained MOH staff and 18 IA participants on M&E of HIV Prevention and Care programs in April 2006. All FHI/Jordan subgrantees completed and implemented M&E plans (including data flow charts and templates). Assessment and adaptation of reporting systems for IAs were completed in May 2006. IMPACT held a National AIDS Program Meeting in May 2006 to review M&E concepts and terminology and to examine the national M&E plan.

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

FHI/Jordan staff or staff from partner IAs have attended or contributed to the following meetings and workshops in FY06: UNESCO Regional Workshop/FRESH initiative; UNFPA Y-PEER Launch (Kenya) and Y-Peer Theatre-Based Techniques (Morocco); GFTAM Civil Society Workshop (Zambia); UNDP Collaboration on private sector workshop (Egypt); WHO Regional NAP Meeting.

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

### ***Brief Background***

In FY05, the Middle East Regional (MER) Program received \$530,000 from the USAID/ANE Bureau through IMPACT to undertake and support activities around HIV prevention and care in high-risk populations. FHI's main focus in this program was to assist in building technical competencies to respond to the epidemic in the region. FHI has been undertaking and supporting activities around HIV/AIDS surveillance, counseling and testing (CT) and M&E. Information gathered by these activities will provide a clearer evaluation of the current HIV/AIDS situation in the region and will be a valuable asset for future program planning. As of September 2006, the program spent \$351,261 of the LOP obligations.

### ***Key Achievements in this Reporting Period (April 1 - September 30, 2006)***

#### **Care and Support**

Following the Regional Counseling and Testing workshop in Cairo, Yemen was selected for provision of in-country technical assistance to the National AIDS Program. This resulted in the revision and tailoring to the local context of the developed CT materials based on FHI/Egypt documents. Additionally, several successful meetings were held with government officials and other stakeholders including WHO and UNICEF. At the end, a consultative meeting to establish CT services in Yemen was organized with all stakeholders and attended by the Minister of Health.

#### **Strategic Information**

During this reporting period, FHI/MER prepared to conduct a regional training workshop on M&E for HIV. This workshop was initially conceptualized by FHI/MER having perceived the need to improve the capacity of countries to develop and implement high quality and sustainable M&E systems.

The workshop will take place in Cairo in November 2006. The targeted participants are National AIDS Program managers, senior M&E officers and NGO staff from 13 Middle East Countries. Following the workshop, one or two countries will be selected to receive further in-country technical assistance.

Additionally, FHI/MER has translated and adapted sections from the FHI document entitled: "*Monitoring HIV/AIDS Programs: A Facilitator's Training Guide*" to be used by participants as background materials. FHI/MER has also translated and adapted another FHI document entitled "*Behavioral Surveillance Survey: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV*."

#### **Regional Publications**

- Behavioral Surveillance Surveys Guidelines –Draft (Arabic)
- Monitoring and Evaluating HIV/AIDS Programs–Draft (Arabic)



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## *EUROPE AND EURASIA*

## *Albania*

### ***Brief Background***

USAID/Albania requested through IMPACT that FHI plan and implement a Behavioral and Biological Surveillance Survey (Bio-BSS) related to HIV/AIDS in Albania in collaboration with Social Scientific Systems/Synergy Project. The Bio-BSS will measure key behaviors and prevalence of HIV/STIs among selected target groups. The results of the study will be used to advocate for greater 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 IMPACT for technical and program support of this project.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Strategic Information**

Since April, FHI/Albania has finalized the analysis of the Bio-BSS data collected in the previous reporting period. The Bio-BSS report was written and completed in July. In July, there was also a dissemination meeting attended by 63 staff from the various technical partners, including staff from USAID, Ministry of Health, Ministry of Education, Institute for Public Health, University Hospital Center, several UN agencies, World Bank, local NGOs (including PLHA groups), Institute of Public Health Opinion (FHI's implementing partner) and FHI.

The report has been printed and will be disseminated to a wider audience through mailings and a larger dissemination meeting to be held toward in the first quarter of FY07.

## *The Baltic Sea Regional Initiative*

### ***Brief Background***

From late 2000 until FY05, FHI/Baltics 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. IMPACT/ received \$2,397,192 in total funding, including the Northern Europe Initiative (NEI) and funding through the Department of State. Although the Baltic Sea Regional Program officially closed on October 15, 2004 and the final report was written, finalized and disseminated, FHI remained with unexpended funds. In FY06, IMPACT provided support to one implementing agency (IA) in St. Petersburg for HIV prevention activities. As of August 30, 2006, the IMPACT program in the Baltics had spent a total of \$2,381,197.

### ***Key Achievements in this Reporting Period (April 1 - September 30, 2006)***

#### **Prevention**

FHI continued to fund its IA in St. Petersburg, “AIDS, Statistics, Health,” to raise awareness about and create a more supportive environment for PLHA/women prisoners among decision-makers, journalists and health care workers. Funding was also used to build the capacity of 120 health care workers in understanding and avoiding stigma and discrimination, particularly toward women prisoners/PLHA, enabling them to provide better quality care, support and treatment to women prisoners/PLHA. FHI developed a subagreement with the NGO beginning on April 1, 2006 for a nine-month period. As of the close of FY06, the IA has conducted a number of workshops and public awareness activities, including participating in AIDS Memorial day activities on May 22, conducting HIV awareness workshops for professionals and social workers, visiting HIV+ women in prisons, publishing articles and journals, participating in conferences and seminars including international events and meeting with key decision makers to discuss HIV and AIDS related issues.

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

FHI printed and disseminated to regional partners the report highlighting the “Doctors We Trust Project” in St. Petersburg and “Together We Are Stronger Project” in Kaliningrad. Both projects focused on the limitations of health care for vulnerable groups in St. Petersburg and Kaliningrad.

## ***Kosovo***

### ***Brief Background***

USAID gave \$250,000 to IMPACT to plan and implement a Behavioral and Biological Surveillance Study (BBSS) related to HIV/AIDS in Kosovo. The protocol was approved in the previous reporting period, and a subagreement was executed with Index Kosova to lead the implementation of the BBSS. Data collection for this survey took place from February through June 2006 among the following three groups: IDUs, MSM and sex workers.

### ***Key Achievements in this Reporting Period (April 1 – September 30, 2006)***

#### **Strategic Information**

Data collection, which began the previous reporting period, was completed in June. A total of 69 MSM, 200 IDU and 200 CSW were involved in the survey. From June through September, with support from FHI, Index Kosova entered, cleaned and analyzed the data and started writing the final report.

## ***Kyrgyzstan***

### ***Brief Background***

In July 2004, IMPACT received \$50,000 from USAID to conduct a study 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 during the Reporting Period (April 1 – September 30, 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 gonorrhea surveillance for Kyrgyzstan. The initiation of the study was delayed due to the equipment and supply procurement process. It is expected that the necessary equipment and supplies will be available in the coming reporting period so that the study can begin.

## *Russia*

### ***Brief Background***

To date, IMPACT has received a total of \$960,000 from USAID/Russia. In FY05, FHI/ Russia established a Behavioral Monitoring System (BMS) to measure key behaviors and to promote improved programming and strategic decision-making. FHI/Russia will coordinate a dissemination workshop with local and national stakeholders in chosen cities 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/Russia will prepare for close out, and a final report for IMPACT will be drafted.

### ***Key Achievements during the Reporting Period: (April 1 - September 30, 2006)***

#### **Strategic Information**

With IMPACT's assistance, FHI and its local partner, Stellit, finalized the 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, IDU, prostitutes and high-risk youth. The purpose of the survey was 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. Representatives from Stellit traveled to FHI's office in Arlington, Virginia to work together with technical staff to review the final data and prepare the final report. A Russian and English version of the final report was completed and dissemination activities are scheduled for October and November 2006.



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# *LATIN AMERICA AND THE CARIBBEAN*

## ***Bolivia***

### ***Brief Background***

The IMPACT project began in Bolivia in FY04. USAID/Bolivia obligated \$150,000 in field support to IMPACT activities. IMPACT worked with NGOs, CDVIR health center staff and the Ministry of Health to build local and national capacity in counseling and testing (CT). Activities included provision of technical assistance (TA) in the review and standardization of CT-related strategic behavioral communication materials. Consultants provided TA in the development of a CT manual for Bolivia and conducted two training courses for counselors on HIV prevention counseling tools and techniques. In FY06, preparations for the final activity began. IMPACT supplied tools for a CT assessment which provided information to assist in the planning of a workshop to strengthen CT services in the country. The activity was to take place in early FY06, but, because of political concerns, was suspended until FY07.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

### **Care and Support**

No new activities to report for this reporting period.

## ***Caribbean Regional Program***

### ***Brief Background***

USAID gave \$3,774,000 to IMPACT for implementation of activities in the Caribbean region. In 2001, IMPACT began activities in the region and, in February 2002, established an office in St. Kitts to manage the project. The program's main objectives were to enhance the capacity of NGOs and CBOs in the eight participating countries to deliver HIV/AIDS prevention and care programs, especially for high-risk groups; increase the quality of strategic behavioral communication activities; strengthen NGO networks; and decrease stigma and discrimination. The Country Office closed in October of 2004, and the NGO component was closed by the middle of FY05.

IMPACT also supported the implementation of a Behavioral and Seroprevalence Surveillance Survey (BSS) in partnership with CAREC in six Eastern Caribbean countries. BSS activities and the final report will be completed in early FY07.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Strategic Information**

During this reporting period, FHI's Caribbean Regional Program worked with CAREC, the regional partner on the BSS, to collect final survey data from the implementing agencies who implemented the BSS, review and refine the analysis of the data and develop the draft reports. IMPACT staff traveled to the region to collaborate with CAREC on the dissemination plan and materials. The dissemination events were led by CAREC, with technical assistance from FHI at the first dissemination meeting. Technical assistance was provided in data analysis, preparation of presentations and report writing.

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

### ***Brief Background***

USAID/Guatemala-Central American Program (G-CAP) has obligated \$200,000 in field support funds to IMPACT from 2002 to 2007. At the request of USAID/G-CAP, IMPACT implemented a strategy to support the development of comprehensive care and treatment diploma courses in Central America. The countries of focus where program activities occur are Guatemala, Panama, and Nicaragua, with limited participation by El Salvador and Honduras.

IMPACT received \$150,000 in FY04 for G-CAP. No additional funds were obligated for FY06 or FY 07. The program was streamlined from the original \$1.3 million proposal to implement select activities, namely the diploma course in care and treatment of PLHA. During FY06, FHI/G-CAP utilized 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 December 2007, FHI/G-CAP will prepare for close out and produce a final IMPACT report.

### ***Key Achievements during the Reporting Period (April 1 –September 2006)***

#### **Treatment**

During FY06, FHI/G-CAP implemented HIV/AIDS diploma courses for physicians and other health professional in Guatemala, Nicaragua and Panama. The goal of these courses was to train health personnel in integrated management and care of patients living with HIV/AIDS in order to build the capacity of human resources at health clinics and, thereby, improve the quality of care and treatment provided to PLHA in the region. Scholarships to attend these diploma courses are provided to select participants, and each course provides opportunities for both theoretical and practical learning. At the conclusion of each diplomado, the participants will present research findings based on clinical practice to colleagues.

Fundación para el Apoyo al Diagnóstico y la Documentación Médica, IMPACT's local partner in Panama, convened the final evaluation workshop for the care and treatment course in June 2006. At this workshop, participants provided feedback on quality of the courses as well as knowledge gained as a result of their participation.

In May 2006, similar HIV/AIDS diploma courses in Guatemala and Nicaragua were initiated and are currently underway. CARE Nicaragua, in collaboration with the Asociacion Nicaraguense Infectologia, is implementing the training in Nicaragua. In total, 20 health professionals have participated in the diploma course and have completed three modules, including an overview of the epidemiological and sociological trends of HIV/AIDS, microbiology and laboratory techniques and integrated care management of PLHA. Centro Integral de Capacitación y Salud de la Mujer is the local implementing partner in Guatemala and, with support from the University of San Carlos of Guatemala, coordinates the implementation of the care and treatment course. On average, 50 health professionals attend the diploma course, which also consists of a distance learning component. The diplomado in Guatemala will be completed in November 2006.

## *Haiti*

### ***Brief Background***

USAID/Haiti obligated \$ 1,760,000 for FY06 to IMPACT activities in Haiti. Funds were channeled through various mechanisms including Field Support, CAA, PMTCT, CBO, PEPFAR Track 1.5 and Track 2.0 and CDC. At the request of the USG/Haiti team, IMPACT has been implementing activities in support of the PEPFAR initiative and of the following Intermediate Results IR 3.3.1: Effective HIV/AIDS prevention to care strategies adopted and implemented; IR 3.3(IR 3.3.1 and 3.3.4): Reduced transmission of disease; and IR 3.4: Strengthened disease surveillance systems and related laboratory and diagnostic infrastructure. As of August 2006, FHI/Haiti has spent a total of \$ 1,591,867 of its total FY06 IMPACT obligation.

### ***Key Achievements during this Reporting Period (April 1 - September 30, 2006)***

In support of the above mentioned Intermediate Results, FHI has managed different projects through local organizations providing financial and technical assistance for the following interventions:

#### **Prevention**

FHI/Haiti provided technical assistance to MINUSTHA on ABC by training police as peer educators and establishing a condom distribution program in four departments (Metropolitan, South, Southeast and North areas). A total of 150 police officers have been trained as peer educators, and 4063 individuals [Males: 2574; Females 1489] have been reached. The breakdown is as follows: Metropolitan area - 1991 individuals (Males: 1270; Females: 721); South area - 750 individuals (Males: 458; Females: 292), Southeast area - 1035 individuals (Males: 633; Females: 402); North area - 287 individuals (Males: 213; Females: 74)

#### **Care and Support**

FHI/Haiti has provided care and support services in four departmental directorates (North, South, Southeast, and Grand Anse). FHI/Haiti established a petty cash system for transportation of 1000 PLHA to come to ARV delivery facilities. Currently 710 PLHA (288 Males; 422 Females) received funds and are receiving care and treatment services.

FHI/Haiti funded small grants to PLHA associations and worked with 10 PLHA associations across five geographical areas of the country (West, South, Southeast, Artibonite, Grand Anse). Technical assistance was provided to two associations to build their project development capacity. Three projects have been financed (1 income generating and 2 community transit houses).

FHI/Haiti and its partner PLHA associations initiated the concept of establishing national coordination for PLHA, known as the Platform. The Platform has been created and officially recognized by the Haitian Ministry of Social Work. In terms of capacity building, FHI/Haiti, in collaboration with the Platform, has trained 40 PLHA on HIV/AIDS (transmission methods, means of prevention, ARV treatment). Fifty PLHA were trained by the faculty of Human Sciences of the Haiti States University in the following domains: Human Rights; HIV/AIDS; communication; and initiation to project management. Six members of the Platform have been trained on accounting.

FHI/Haiti provided training in orphan care and strengthening of psychosocial services through the Haitian Ministry of Social Work. Four small grants have been signed with the four departmental directorate partners for OVC scholarships; 46 OVC programs have been supported, 84 regional staffs of the Haitian Ministry of Social Work and 97 orphanage service providers have been trained in children's rights and HIV/AIDS; 1528 children have been supported (228 children for schooling; 1300 through the training of the care givers).

FHI/Haiti and its partners provided technical assistance for counseling and testing (CT) at two levels. At the community level, FHI/Haiti and various partners renovated, equipped and staffed three new sites for community-based CT where: 18 staff were trained in counseling, lab, and stigma reduction; 11 staff were trained in health information system; 2,372 individuals (577 males and 1,795 females) were counseled and tested; and 39,604 individuals from the surrounding three CT sites were reached through community

mobilization and sensitization activities. At the institutional level, 3,249 individuals (1,117 males, 2,132 female) were counseled and tested.

FHI/Haiti provided quality assurance supervisory visits to 40 CT facilities. FHI/Haiti and its partners (MOH) worked on a standard CT supervisory tool. Each CT site has been visited at least three times for a total of 120 supervision visits.

### **Treatment**

FHI/Haiti has supported one service outlet that provides ART including PMTCT. A total of 1,203 pregnant women have been counseled and tested of which 81 receive regular ARV treatment.

### **Strategic Information**

FHI/Haiti and its partners have been carrying out the third round of the Behavior and Biologic Survey. Data collection is almost complete, and the final report is scheduled for January 2007. Another study supported by FHI/Haiti is The Transactional Sex Study among Adolescent and Young Females in Haiti. The final report is scheduled for February 2007.

## *Mexico*

### ***Brief Background***

IMPACT activities in Mexico began in FY01. USAID/Mexico committed \$2,365,000 in field support funds to the IMPACT program. Over the project period, FHI/Mexico worked with the National AIDS Program in the development and implementation of strategic behavioral communications initiatives and STI norms, built capacity for HIV/AIDS/STI information and service delivery in priority states, conducted a female condom study and carried out HIV/AIDS prevention activities including training for high-risk and vulnerable populations. FHI/Mexico provided technical assistance and support in HIV/AIDS prevention to the Centro Nacional para la Prevención y Control del VIH/SIDA, the Instituto Nacional de Salud Publica for its mobile population project in Mexico and Central America and completed a youth MSM study.

In FY05, FHI/Mexico began collaborating with FLACSO (Facultad Latinoamericana de Ciencias Sociales) on the biological behavioral surveillance study (BBSS) in Acapulco, Monterrey and Mexico City to help guide program planning and interventions in terms of location and specific high-risk populations. As the study progressed, Tampico was added as a survey site.

### ***Key Achievements during this Reporting Period (April 1 – September 30, 2006)***

#### **Strategic Information**

In FY05, FHI and FLACSO, the local implementing agency, began a biological behavioral surveillance study in Acapulco, Monterrey and the state of Mexico. The data collection in Monterrey and Acapulco was finished in FY05, and Mexico was finished in October of 2005. FLACSO began data cleaning and analysis with technical assistance and guidance from FHI/Mexico in FY06. On June 15, a dissemination meeting was held to discuss the preliminary findings. The meeting included local stakeholders, USAID, FHI, academic representatives and the key personnel who worked on the surveys. Comments and feedback from the meeting were collected and will be incorporated into the final report. The preliminary findings were also presented by FLACSO at the VIII Reunion Nacional de Investigacion Demographica en Mexico held September 6 – 9, 2006.

In January of 2006, the decision was made to add the state of Tampico to the BBSS, and the protocol was amended and approved. Data collection in Tampico began in June and continued through September with a target completion date of October. The final reports from the BBSS will be available in February 2007.



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## *FINANCIAL REVIEW*

(See attached)