



**Regional and Country Interventions in HIV/AIDS
Global Work Plan for October 2006 through September 2007
Cooperative Agreement HRN-A-00-97-00017-00**

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Introduction and Overview

IMPACT Project

The Implementing AIDS Prevention and Care (IMPACT) Project, managed by Family Health International, supports comprehensive HIV/AIDS/STI prevention, care, treatment and mitigation programming at the community, country and regional levels. Designed to contribute to the Global Bureau's Strategic Objective 4: *"To promote the increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic,"* the project has completed nine of its ten years of operation.

The IMPACT mandate is broad to accommodate the unique characteristics of epidemics in countries around the world and the specific country-led responses of USAID Missions and Regional Bureaus. IMPACT has played a major role in launching programs under the President's Initiative to Prevent Mother-to-Child Transmission (PI-PMTCT) and through its support to vast counseling and testing (CT) networks and solid and expanding Anti-Retroviral Treatment (ART) programming. Furthermore, IMPACT has already made a major contribution to the advancement of the goals of President's Emergency Plan for AIDS Relief (PEPFAR or the Emergency Plan).

IMPACT embodies the core values of participation, community empowerment, collaborative synergy, capacity development and incorporating and adapting best practices at the country level embraced by all of the IMPACT partners – FHI, Population Services International (PSI), the Program for Appropriate Technology in Health (PATH), the Institute of Tropical Medicine in Antwerp (ITM), the University of North Carolina at Chapel Hill (UNC) and Management Sciences for Health (MSH).

By the end of its ninth year of operation, USAID Missions and Bureaus, and the Centers for Disease Control had provided \$439,814,022 in funds for IMPACT, of which \$417,496,732 has been spent as of August 2006 for technical assistance and support in the following countries **in Africa:** Benin, Burkina Faso, Burundi, Cameroon, Côte d'Ivoire, Democratic Republic of Congo, Egypt, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Madagascar, Malawi, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa, Sudan, Swaziland, Tanzania, Togo, and Zambia; **in Asia and the Pacific:** Bangladesh, Cambodia, China, East Timor, India, Indonesia, Laos, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand and Vietnam; **in the Middle East:** Jordan; **in Eastern Europe and Eurasia:** Albania, Estonia, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Latvia, Lithuania, Russia, Ukraine, and Uzbekistan; **in Latin America and the Caribbean:** Bahamas, Bolivia, Brazil, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago.

IMPACT has received funding specifically for multi-country programming through REDSO/East and Southern Africa; the West Africa Regional Project (AWARE); the Regional HIV/AIDS Project in Southern Africa (RHAP); the Asia Regional Program (ARP); the Caribbean Regional Program (CRP); the Guatemala-Central America Regional Program (G-CAP); and the Baltics Program.

USAID mission demand for IMPACT technical assistance and support in the areas of prevention, treatment, care and support has been extremely high throughout the life of the project and can still be noted to an extent in this final year workplan for IMPACT. The IMPACT workplan presented here reflects the diverse program base and does so in a format designed to match the Emergency Plan's framework for technical interventions. More specifically, this document presents the workplans of IMPACT global programming implemented by FHI centrally using core and designated core funds followed by individual country or regional workplans grouped by regions. Projects to be implemented with core and designate core funds include cutting-edge activities that are designed to pave the way for broader application at country level. Examples include: documentation of lessons learned from IMPACT counseling and testing (CT) programs from 1999-2007; targeted evaluation of patients from the first three IMPACT ART sites; revision of the current PMTCT strategy in line with new WHO PMTCT ART guidelines and ensure adaptation at field level; global publications and information dissemination within and outside of IMPACT country offices and partners; documentation of project results and project closeout activities. Projects to be implemented by active IMPACT country offices include finalization of on-going technical activities; integration of activities started under IMPACT with new or on-going bilateral programs funded by USAID; documentation of lessons learned and results achieved; financial and contractual closeout of subagreements and planning for various dissemination events.

The format of country/regional workplans provides a brief overview of project strategies, key achievements in previous fiscal year(s) and major activities proposed for FY07 with budgetary targets. While each of the submissions follows a comparable format, minor variations in the country workplans testify to the diversity and unique character of these programs and the responsiveness of the country offices to the individual missions and their particular descriptive needs.

It should be noted that the FY07 IMPACT workplan includes only those countries/regions where IMPACT activities have not yet completed. While a few countries plan to end their activities as early as December 2006, the majority plan to end activities in June 2007 and financially close the project by the end of September 2007. Pending the end of the IMPACT agreement, FHI/Arlington is undertaking a reduction in force at the Arlington level, while retaining sufficient staff to effectively support close out of the project globally.

GLOBAL

Care and Treatment Division

IMPACT Workplan: October 2006 through September 2007

I. Overview

The enormous level of funding made available through the President's Emergency Plan is providing the opportunity for rapidly scaling up care and treatment programs in many countries. In most of these countries, care and treatment activities are being built upon lessons learned from the ground-breaking work of IMPACT, the achievement of which has been possible through the generous core and designated core funds provided by the Office of HIV/AIDS, USAID/Washington. As these programs grow, many more challenges are being identified and need immediate attention. For example, IMPACT is seeking to address and reconcile the high demand for HIV care and treatment services with the limited capacity of health care facilities. One of the solutions is to decentralize care and treatment services, including ART, to the primary health care facilities. With IMPACT core support, IMPACT will continue to play a leadership role in HIV care and treatment by developing and disseminating appropriate tools and strategies to address these challenges.

IMPACT technical specialists will focus attention in the coming year on the task of documenting important lessons learned over the course of the IMPACT project, increasing the focus on children and working with colleagues in Evaluation, Surveillance and Research on a targeted evaluation, in addition to providing needed technical assistance to country and regional programs. To ensure responsiveness, several technical specialists will continue to operate out of regional "hubs." These Regional Senior Technical Officers (RSTOs) improve IMPACT's efficiency in responding to country needs for TA, and provide a greater cultural relevance to our broad network of services. At the same time, a necessary core of experts remains at the FHI headquarters in Arlington to address cross-regional needs, synchronize technical implementation and promote quality assurance in care and treatment. FHI will also continue to update and develop guidance to country offices in "new" areas such as nutrition and pediatric AIDS that will inform USAID-funded activities post-IMPACT.

USAID's core support to IMPACT has enabled the creativity and flexibility to utilize existing USAID-FHI programs as effective bridging mechanisms as funding shifts from global procurements to large bi-lateral and (perhaps) regional programs. FY07 may be the final year in which IMPACT core support transitions to the President's Emergency Plan, but its contribution to and impact on the US Government's care and treatment programs will be felt for many years to come. FHI will work to document best practices and lessons learned in IMPACT care and treatment programs, and the targeted evaluation mentioned above will shed light on the quality of life of patients from the first three IMPACT treatment programs.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ Ongoing	Budget
HVCT	FHI Technical support, including guidance and TA, to IMPACT country programs in the area of HIV counseling and testing, and contribution to the documentation of lessons learned during the life of the project.	Ongoing	\$103,419
HTXS	FHI Technical support, including guidance and TA, to IMPACT country programs and USAID Missions in the area of ART, OI prophylaxis, and other aspects of clinical care, including pediatric AIDS.	Ongoing	\$138,846
MTCT	FHI Technical support, including guidance and TA, to IMPACT country programs to promote FHI's strategy on PMTCT and increase coverage and quality of programs, and to document lessons learned and best practices from IMPACT countries.	Ongoing	\$166,076
HVTB	FHI Technical support in promoting the strategy of integrated TB/HIV services.	Ongoing	\$16,580
HBHC	FHI Technical support, including guidance and TA, in minimum standards for community/home-based care and integration of "best practices" in palliative care in IMPACT programs.	Ongoing	\$43,814
TOTAL			\$468,735

III. Gantt Chart

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Counseling and Testing (CT)												
Documentation of lessons learned from IMPACT counseling and testing (CT) programs from 1999-2007	X	X	X	X	X	X	X	X	X	X	X	X

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
Develop and disseminate QA/QI tools and guidance for different models of CT service delivery	X	X	X									
Develop and disseminate guidance for CT for children	X	X	X									
Contribute to finalization of the counseling guide for IDU	X											
Develop and disseminate guidance for the integration of Family Planning and CT				X	X	X	X	X	X			
Identify and document at least one model CT program in each region(i.e. Africa, APD and LAC					X	X	X	X				
ART and Clinical Care												
Contribute to targeted evaluation of patients from first 3 IMPACT countries to provide treatment							X	X	X	X	X	X
Printing and dissemination of nurses training curriculum	X	X	X									
Develop guidelines and a training curriculum related to nurse prescription of ART			X	X	X							
Develop guidelines on INH prophylaxis for TB		X	X									
Develop and implement tools/guidelines for measuring nutrition status		X	X									
Prevention of Mother to Child Transmission (PMTCT)												
Document lessons learned/best or promising practices within FHI/ IMPACT PMTCT supported activities, including innovative approaches used to address HR and other constraints				X	X	X	X	X	X			

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
Revise current PMTCT strategy in line with new WHO PMTCT ART guidelines and ensure adaptation at field level	X	X	X									
Identify and document at least one model PMTCT program in each region (i.e. Africa, APD and LAC)					X	X	X	X				
Pediatric AIDS												
Develop strategy and guidance to the IMPACT country offices that will: <ul style="list-style-type: none"> a. Optimize entry points for testing and care/treatment for children b. Provide capacity building across all levels 	X	X	X									
Rapidly develop prevention to care learning sites in support of pediatric AIDS, prioritizing sites with PMTCT and ART, including: <ul style="list-style-type: none"> A. Capacity building training for pilot sites B. Ongoing technical assistance as needed 				X	X	X	X	X				
Home-based and Palliative Care												
Develop and disseminate strategies/guidance documents for community/home-based care	X	X	X	X								
Develop examples of “best practices” on integration of Palliative Care in IMPACT programs as well as a training curriculum				X	X	X	X	X	X	X	X	X
General												
Participate in regular inter-agency working groups and technical theme groups	X	X	X	X	X	X	X	X	X	X	X	X
Submit semi-annual reports to USAID							X					
Contribute to IMPACT close-out reports and participate in close-out events	X	X	X	X	X	X	X	X	X	X	X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Research for documentation of CT Lessons Learned	1 trip/14 days each	I	Q2, Q3
Participation in ART targeted evaluation	1 trip/14 days each	I	Q3
Research for documentation of PMTCT Lessons Learned	2 trips/14 days each	I & R	Q2, Q3
Conduct joint capacity building training in Pediatric AIDS strategy for Africa and Asia pilot sites	5 trips/10 days each	I & R	Q2
Provision of ongoing technical support to the development of Pediatric AIDS Prevention to Care learning sites in four Africa early phase countries	4 trips/7 days each	R	Q2, Q3
Provision of ongoing technical support to the development of Pediatric AIDS Prevention to Care learning sites in two Asia early phase countries	2 trips/7days each	R	Q2, Q3
Participation in inter-agency/technical theme group and Global Task Force meetings	3 trips/7 days each	I	Q1-Q4
Participation in IMPACT close-out events	1 trip/7 days each	I or R	Q3, Q4
R&R and Home Leave (expatriate regional staff) J. Kayita (3 pax) J. Mandala Kol (5 pax) S. McGill (1 pax)	9 trips	I & R	Q1-Q4
Repatriation (A. Outtara, S.McGill)	2 trips	I	Q 2
Development of QA/QI tools and strategy for Home-based and Palliative Care	2 trips/7 days each	I	Q1

Evaluation, Surveillance and Research Division

IMPACT Workplan: October 2006 through September 2007

I. Overview

FHI's Evaluation, Research and Surveillance (ESR) Division has been developing and implementing global systems and processes for data collection and analysis for IMPACT as well as providing technical assistance to IMPACT country offices and USAID Missions in behavioral and biological surveillance and program monitoring and evaluation. In this last year of the IMPACT Project, the ESR Division will focus on providing tools and technical assistance to FHI country offices to responsibly closeout the project. In FY06, ESR developed and launched a global Framework for Documenting Program Results — a tool to be adapted by IMPACT country offices to plan data collection and analysis for IMPACT. In FY07, ESR will work with IMPACT country offices to implement this tool by adapting it to the depth and breadth of each country project. Other closeout related activities will include technical assistance in a targeted evaluation and special studies to highlight lessons learned and achievements made under IMPACT; preparation of FY07 results report to USAID as part of the semi-annual progress reports; developing journal supplements to present some of the findings and lessons learned to key audiences; and participating in the final dissemination event. In support of the closeout activities, ESR will conduct a final M&E regional meeting in Africa in FY07 to ensure that field staff has the capacity to successfully measure the impact of the country programs as they close out IMPACT. ESR will also continue to participate in inter-agency/technical theme group and Global Task Force meetings in order to share experiences under IMPACT.

In addition to the above mentioned activities supported by the IMPACT core funds, ESR will utilize the remaining designated core funds to support the introduction of new technologies to field-based programs, such as the piloting of GIS-based data collection and analysis in two to three countries. ESR will also review and possibly field test the USAID's Child Vulnerability Index (CVI), finalize the M&E guide for OVC, and support Rapid Assessment Analysis and Action Planning Process (RAAP) in select countries as requested by USAID Missions.

As requested by USAID or other USG Missions, ESR will also continue to provide technical assistance on size estimation, surveillance and program-level M&E.

II. Activity Table

Program Area	Activity Summary	New/ On-going	Budget
IMPACT REGULAR CORE FUNDED ACTIVITIES			
HVSI	FHI Technical support and global guidance in surveillance and strategic information data collection and reporting to O/GAC; capacity building for the evaluation, documentation and completion of IMPACT close out (including targeted evaluation); and capacity building for the use of new technologies and in commodity-related M&E.	On-going	\$382,432
IMPACT DESIGNATED CORE FUNDED ACTIVITIES			
HVSI	FHI Technical Support in conducting a GIS-based survey and analysis of two pilot countries, and provision of ongoing Technical support to USG Missions and QA/QI efforts.	New	\$127,667
TOTAL:			\$510,099

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Global leadership on M&E and Surveillance	X	X	X	X	X	X	X	X	X	X	X	X
Regional M&E meeting to support IMPACT close out				X								
Train key IMPACT staff in use of new technologies (PDAs, GIS) (following regional M&E training above)				X								
Develop costing estimates for FHI prevention, care and treatment programs				X	X	X						
Develop guidelines for M&E of drugs and other commodities	X	X	X									
Co-facilitation of annual M&E meeting in Asia Region									X			

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
Core funded activities:	Oct-Dec			Jan.-March			April-June			July –Sept.		
Collaborate on targeted evaluation with Care and Treatment division focused on quality of life of the patients from the first 3 IMPACT countries to provide ART							X	X	X	X	X	X
Translation into French of M&E modules	X	X	X									
Updating/revision of BSS manual									X	X		
Documentation of IMPACT lessons learned in M&E/surveillance			X	X	X	X	X	X	X	X		
General												
Participate in regular inter-agency working groups and technical theme groups	X	X	X	X	X	X	X	X	X	X	X	X
Submit semi-annual reports to USAID							X					
Contribute to IMPACT close-out reports and participate in close-out events	X	X	X	X	X	X	X	X	X	X	X	X
Designated core:												
GIS survey and data analysis	X	X	X	X	X	X						
Revise and finalize M&E guide for OVC	X	X	X									
Support development of vulnerability index							X	X	X			
Attend QA/QI meetings at USG level	X	X	X	X	X	X	X	X	X	X	X	X
Support RAAAP process in 1-2 countries	X						X					

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
IMPACT Core Funded TA			
Participate in regional M&E meeting and use of new	4 trips/14 days each	3 = I	Q2

technologies		1 = R	
Co-facilitation of Asia region M&E meeting	2 trips/7 days each	I	Q3
Participation in ART targeted evaluation	1 trip/14 days each	I	Q3,Q4
Participation in inter-agency/technical theme group and Global Task Force meetings	2 trips/7 days each	I	Q1-Q4
Participation in IMPACT close-out events	1 trip/7 days each	I	Q3, Q4
R&R or Home Leave (expatriate regional staff) S. Tegang (6 pax)	1 trip/6 pax	I	Q3
IMPACT Designated Core Funded TA:			
Support to RAAAP in 1-2 countries	2 countries/21 days each	I	Q1, Q2

Information Programs

IMPACT Workplan: October 2006 through September 2007

I. Overview

Information Programs (IP) produces and disseminates print and electronic resources for use in IMPACT's HIV programs around the developing world. The unit manages production of training manuals, guide books and reports of various lengths and complexity, depending on the intended audience. IP also produces CD-ROMs, documentary films and website content to bring IMPACT's work to additional audiences. These materials promote lessons learned and "better practices" to help FHI staff and partners work more effectively. In FY '07, as IMPACT country programs gradually complete their activities, IP will produce the relevant close-out documentation, including a report on the project's global accomplishments from 1997 to 2007. Because IMPACT funds may no longer be used for materials dissemination at conferences, IP is seeking new mechanisms for sharing IMPACT's lessons with policymakers, government officials, NGOs and implementing partners in FY '07. Lastly, the unit coordinates a reference library for IMPACT staff, partners and IAs; the library's literature search service will help staff present IMPACT's accomplishments in peer-reviewed journals as the project ends.

Going into FY '07, IP is staffed by an editor, a writer, a graphic designer, a web content manager, a librarian and a conference/meeting planner. It is managed by the associate director for Information Programs. Together, this team disseminates IMPACT's success stories, lessons learned and best practices to as wide an audience as possible.

In FY '07, the unit's priorities will be:

- a) Providing field staff with relevant, necessary tools to guide their work in the project's final year. This includes training materials, data reports and traditional program activity write-ups (see accompanying Gantt chart for specifics).
- b) Ensuring that FHI leaves USAID, other NGOs, IAs and the broader development community with a clear understanding of what USAID has accomplished under IMPACT over the project's 10 years.
- c) Preparing country close-out reports for IMPACT programs whose work is ending.
- d) Providing TA to help document program accomplishments at many field sites, in both print and electronic form? and, in the process, helping field staff improve their ability to document their work so this function can take place after IMPACT ends.
- e) Supporting final IMPACT events.

II. Activity Table

PEPFAR Program Area (If any)	Activity Summary	New/ Ongoing	Budget
General	Produce print and electronic resource materials for use in field programs: lessons, training manuals, guidebooks, data reports, global close-out report. Includes	Ongoing	\$482,015
	Operate a referral library for staff, partners and IAs (staffed part-time)	Ongoing	\$44,000
	Ship resources to share IMPACT's work with other NGOs, IAs and the broader AIDS community in the developing world	Ongoing	\$25,000
	Promote end-of-project accomplishments to news media to ensure broad understanding of USAID's achievements under IMPACT		\$12,063
	Printing of care and treatment, prevention and mitigation and evaluation, surveillance and research materials	Ongoing	\$283,986
Total:			\$ 847,064

III. Gantt Chart

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Write, edit, format, print and distribute copies of close-out reports from IMPACT country programs, as needed.	X	X	X	X	X	X	X	X	X	X	X	X
Identify relevant professional and int'l development gatherings where FHI can distribute IMPACT material, even if staff cannot attend.	X	X	X	X	X	X	X	X	X	X	X	X
Continue arranging screenings of four IMPACT-funded documentary films (FBO, VCT, HBC, and Uniformed Services).	X	X	X	X	X	X	X	X	X	X	X	X
Distribute revised Style Sheet to promote clear documentation in IMPACT materials	X											
Lessons learned events and forums			X			X						
Final project meeting									X			

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
Distribute "Snapshot from the Field" article on ART successes under IMPACT	X											
Initiate (in Oct), research, write, format and print Lessons Learned by Faith-Based Organizations Working in HIV/AIDS	X											
Print and distribute French edition of ANECCA pediatric AIDS treatment guide.	X	X										
Produce third printing of comprehensive manual on M&E for HIV/AIDS programs.	X	X										
Prepare, distribute curricula for training community workers to become ART adherence support counselors.	X	X	X	X								
Produce "Lessons Learned: Building an Integrated HIV Referral Network."		X	X									
Distribute "Snapshot from the Field" article on VCT and community education among women in Rwanda.		X										
Assist IMPACT/Tanzania with documentation of HBC activities.		X										
Begin planning (Nov.) IMPACT close-out event to present accomplishments (to donor and others in Washington (July).		X								X		
Distribute new 23-min documentary on IMPACT successes with OVC in Malawi.			X	X								
Produce second printing of "Delivering ARV in Resource-Constrained Settings: Lessons from Ghana, Kenya, and Rwanda."				X								
Distribute Spanish edition of private-sector HIV workplace guide (cost-shared with Futures).				X	X							
Edit, produce handbook for prevention in the care setting.						X	X	X	X			
Share IMPACT's lessons and distribute materials at Global Health Council conf, Washington.								X	X			
Distribute IMPACT material at the Intl Congress on AIDS in Asia and the Pacific (ICAAP), Colombo, Sri Lanka.											X	

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional, L=Local)	Tentative period (Q1,Q2,Q3, Q4)
Participate in two planning meetings at FHI/NC to coordinate IMPACT information dissemination activities agency-wide.	1 trip/1 day 1 trip/2 days	L	Q1 and Q2
Bring two program beneficiaries from the field (one from Africa, one from Asia) to Washington for formal close-out forum, to help demonstrate IMPACT successes. To benefit from their presence while they are in Washington, FHI will arrange related meetings with USAID's input.	2 trips/6 days each	I	Q4

Prevention and Mitigation Division

IMPACT Workplan: October 2006 through September 2007

I. Overview

The Prevention and Mitigation Division (PMD) provides leadership on technical issues in Strategic Behavior Communication (SBC), Orphans and Vulnerable Children (OVC), sexually transmitted infections (STI), HIV prevention among injection drug users (IDU) and other high-risk groups, as well as workplace programs including the uniformed services. In addition, the PMD works with other Divisions to review strategies for prevention in the care setting, linking children with care, and stigma reduction. It also works with other Divisions to provide technical assistance in capacity building related to specific technical areas that will enhance documentation of strategic information. In addition to global leadership efforts, the Division also provides programming and technical support/mentorship to IMPACT country programs, and supports the close out of IMPACT - including documentation of lessons learned and best practices. Country-specific workplan activities related to this technical assistance are included in individual IMPACT country workplans.

The principal activities managed from within the PMD include:

- Overall technical support to programs and USAID;
- Documentation of program successes and global tools development
- Global leadership in SBC, STI, IDU, workplace programs (WPP), uniformed services and OVC through various technical meetings task forces and working groups throughout the year as the budget permits.

More specific milestones are itemized in the Activity Table below.

II. Activity Table

PEPFAR Program Area	Activity Summary	New/ On-going	Budget
IMPACT CORE FUNDED ACTIVITIES			
HVOP	FHI technical support and strategic leadership in workplace programs, STI control, SBC, abstinence, fidelity, and condom promotion. Support for IMPACT documentation of lessons learned and best practices and a BCC technical advisory group; review/update FHI strategies and QA/QI tools for STIs and IDU.	On going	\$220,871
HVAB	FHI technical support and ongoing guidance to countries on compliance with USAID guidance on ABC. Review/update QA/QI tools related to SBC.	On-going	\$18,753
HKID	FHI technical support and global guidance on OVC issues and documentation of IMPACT best practices; review/ update OVC QA/QI tools.	On-going	\$193,015
IMPACT DESIGNATED CORE FUNDED ACTIVITIES			
HVOP	FHI Technical support in the dissemination of the Prevention in Care Setting guide.	On-going	\$5,001
HVCT	FHI Technical support in the dissemination of the Counseling guide for IDU	On-going	\$0 ¹
TOTAL:			\$437,640

¹ This activity has been implemented by FY06 funds. Only the electronic dissemination is planned to take place in FY07.

III. Gantt Chart

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
Core funded activities	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Ongoing technical leadership & documentation of best practices/lessons learned of IMPACT	X	X	X	X	X	X	X	X	X	X	X	X
Ongoing review/updating of all QA/QI prevention and mitigation-related strategies and tools	X	X	X	X	X	X	X	X	X	X	X	X
Strategic Behavioral Communication (SBC)												
Develop Global SBC Training package	X	X	X	X	X	X						
Documentation of IMPACT Lessons Learned and best practices related to SBC				X	X	X	X	X	X			
Disseminate additional copies of FHI SBC framework to guide IMPACT country offices	X	X	X									
Orphans & other Vulnerable Children (OVC)												
Draft Guide To Developing Case Management Systems for OVC	X	X	X	X								
Documentation of IMPACT Best Practices related to OVC	X	X	X	X	X	X						
Produce 2-pagers on IMPACT models of OVC care and support (e.g. Family-centered and child-centered models, residential care models, based on child outreach strategy)				X	X	X						
Produce a white paper on support for children and youth as caregivers				X	X	X						
Participation in OVC Technical Working Groups			X			X			X			X
General												
Participate in regular inter-agency working groups and technical theme groups	X	X	X	X	X	X	X	X	X	X	X	X
Submit semi-annual reports to USAID							X					

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
Contribute to IMPACT close-out reports and participate in close-out events	X	X	X	X	X	X	X	X	X	X	X	X
Designated core: Finalize and disseminate Prevention in Care Setting guide (adapt after pre-testing in FY06)	X	X										
Disseminate Counseling guide for IDU	X											

IV. Technical Assistance Plan

The chart below represents the type, purpose and number of Technical Assistance (TA) trips required to accomplish the activities listed above.

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Participation in inter-agency/technical theme group and Global Task Force meetings	2 trips/7 days each	I	Q1-Q4
Participate in local Task Force and USG meetings	4 trips/4 days each	Local	Q1-Q4
Participation in IMPACT close-out events	1 trip/7 days each	I	Q3, Q4
Repatriation	2 trips/4 pax each	I	TBD
Field testing of <i>Prevention in Care Guide</i>	1 trip/14 days	I	TBD

Program Support Department/Program Operations Support Unit

IMPACT Workplan: October 2006 through September 2007

I. Overview

The Program Operation Support (POS) Unit is part of Program Support Department (PSD) which oversees the implementation of IMPACT, develops tools and processes for smooth implementation of project operations, and manages the central information documentation and reporting function for IMPACT.

In FY06, POS worked with other divisions on streamlining and integrating key program management functions and systems for improved program planning, data gathering, documentation and reporting both at FHI/Arlington and field levels. Some of the tools developed include the new financial pipeline analysis tool that allows IMPACT country offices to project and track financial implementation of projects; Field Office Capacity Assessment Tool (FieldCAT), which was specifically developed for FHI sub-offices reporting to Country Offices. The tool incorporates FHI's minimum standards in managing projects in sub (aka field) offices. In addition, POS was involved in a number of task forces aimed to develop processes for IMPACT results data collection and reporting, programmatic and financial reporting. Major emphasis of last FY was the refinement of tools and processes for IMPACT closeout. Since FY2007 is the last planning year for IMPACT, this activity continues to be the focus of the unit.

By the end of FY07, POS will have:

- Produced and disseminated the FHI's Program Management Manual (PMM);
- Monitored the implementation of IMPACT's workplan through quarterly financial pipeline analysis, global travel matrix, semi-annual quality team-assessment process and other tracking means;
- Submitted IMPACT semi-annual and special reports requested by the CTO;
- Facilitated the review of the quality of executed subagreements by decentralized country offices;
- Provided guidance to and tracked the process and outputs of IMPACT closeout;
- Planned and implemented the final closeout event
- Submitted the final IMPACT reports to meet the IMPACT's Cooperative Agreement's contractually obligated deliverables.

II. Activity Table

IMPACT FY06 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
General	Managing workplan, budget and reporting processes for IMPACT; refining operations support tools and functions for improved program management; and manage the IMPACT closeout including the final dissemination event and report.	Ongoing	\$290,270

III. Gantt Chart

FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Managing Workplan and Budget Process	X											
SARs to USAID	X						X					X
Manage the revision and production of management manuals (PMM)	X	X	X									
Financial Pipeline Analysis		X			X			X				X
CO decentralization and quality assurance	X	X	X	X	X	X	X	X	X	X	X	X
IMPACT Closeout Activities (tools, guidelines, reports, events planning)	X	X	X	X	X	X	X	X	X	X		X
IMPACT Final Dissemination Event											X	X
IMPACT Final Report											X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Regional Meetings and Support (Financial/Technical)	2 trip/7 days each	I	Q2 and Q3

Asia and Pacific Department

IMPACT Workplan: October 2006 through September 2007

I. Overview

FHI's Asia and Pacific Department (APD) supervises and supports 12 country programs in Bangladesh, Cambodia, China, India, Indonesia, Laos, Nepal, Pakistan, Papua New Guinea, Philippines, Thailand and Vietnam as well as the Asia Regional Program. APD will continue to supervise and support these programs in FY07 with capacity building programs, tools and guidance for quality assurance/quality improvement and direct technical assistance in program management and HIV technical areas.

The priorities for APD in FY07 include facilitating and ensuring smooth transition from IMPACT to other funding sources, supporting IMPACT program closeout for country offices, and disseminating lessons learned from IMPACT. APD will ensure the completion of the IMPACT Project by providing timely technical and program assistance to country offices and overseeing the development of closeout reports. APD will take the leading role in conducting an activity or activities to disseminate lessons learned from the country programs under IMPACT. These activities may include technical publications, participation in and presentations at the global dissemination meeting and/or a regional dissemination meeting to bring together key members of country offices, donors and partners to share lessons learned including key success factors from both technical and program implementation perspectives.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
General	Regional Program Management Support and Technical Leadership	On-going	\$188,624
Total			\$188,624

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Technical assistance and program management support for closeout provided	X	X	X	X	X	X	X	X	X	X	X	X
Global Management Meeting (GMM) Events attended										X		
IMPACT dissemination activities implemented								X			X	

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
IMPACT Regional Dissemination Meeting	6 trips/5 days each	R	Q4
Technical and program support for IMPACT closeout	3 trips/5 days each	R	Q1-Q4
Global Management/IMPACT Events	3 trips/10 days each	I	Q3
Expatriate R&R/home leave and/repatriation and relocation	15 trips	I	Q1-Q4

AFRICA

*East Africa Regional Program
Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project*

IMPACT Workplan: October 2006 through June 2006

I. Overview

Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative (TCI), branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. The combination of poverty, high concentration of transient workers, high HIV prevalence, hazardous sexual networking, lack of alcohol-free recreational facilities, and lack of HIV services have created an environment in which HIV spreads rapidly. To date, the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project funded by USAID/East Africa and managed by FHI has launched SafeTStop in Uganda, Kenya, Rwanda and Djibouti. With the ending of the IMPACT Project, FHI will strategically use remaining funds for regional ECA programming to complement ongoing activities in Djibouti, Democratic Republic of Congo, Kenya, Uganda, Rwanda and Tanzania implemented by the FHI/ROADS Project with support from USAID/EA and buy-in from bilateral missions. The ROADS strategy is to develop comprehensive, integrated programming that is designed and implemented by communities themselves, harnessing and strengthening their own resources to enhance long-term sustainability. To date, the FHI/IMPACT Project has received a total of \$5,275,000 in obligated funds from USAID/EA for regional HIV/AIDS activities.

Major accomplishments during FY06 through leveraged funds from the FHI/IMPACT Project and FHI/ROADS Project have been the establishment of three SafeTStop resource centres in Mariakani, Busia and Malaba through the Kenya Long Distance Truck Drivers Welfare Association (KLDTDWA). Additionally, 90 truckers have been trained as peer educators hence, increasing access to prevention services by providing accurate information about HIV and AIDS and available prevention, care and treatment services, besides referring individuals to clinical and non-clinical services as needed. The resource centers also provide alternative recreation in a non-alcohol environment for truck drivers and their immediate networks.

In collaboration with the World Conference of Religions for Peace (WCRP), FHI/IMPACT enlisted over 180 religious leaders to address stigma, denial and discrimination, which are persistent barriers to care- and treatment-seeking. Through the program component with Kenya National Chamber of Commerce and Industry (KNCCI), the local business community at the three TCI sites in Kenya has trained over 75 business leadership team members who have become champions of care and support.

In FY07, FHI/IMPACT will continue to complement and strengthen FHI/ROADS activities that were started in FY06. FHI/IMPACT will partner with PATH to continue playing a leading role in strengthening peer education and community mobilization activities in general. Through the FHI/ROADS partnership with Solidarity Centre, FHI/IMPACT will reach truck drivers in the region with SBC activities

aimed at HIV prevention, promoting counseling and testing, and access to care for truck drivers that are living with HIV. Additionally, funding through FHI/IMPACT will be used to initiate innovative programming through existing implementing partners to address risk behavior associated with alcohol use at the SafeTStops, besides providing technical support to deal with the economic vulnerability of MARPs along the transport corridor. FHI/IMPACT will also continue to support key regional partners KNCCI and WCRP on HIV/AIDS programming among private sector partners and faith-based leaders and institutions, respectively, and the Common Market for East and Southern Africa (COMESA) on strengthening its workplace program. All of these activities will be accomplished with supplementary funding from the FHI/ROADS Project.

FHI/IMPACT's regional ECA activities will end in FY07 and transition fully into the ROADS Project. The planned close-out will be carried out in conjunction with the transition of FHI/IMPACT's activities in Uganda and Burundi to the ROADS Project.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVOP OHPS	Support to COMESA, Zambia, on workplace programming and policy development	On-going	\$117,661
HVOP HBHC	Support to the World Conference of Religions and Peace (WCRP) for a stigma reduction program and community support among faith-based leaders and communities in TCI sites in Kenya and Uganda	On-going	\$64,661
HVOP OHPS	Support to the Kenya National Chamber of Commerce and Industry (KNCCI) to reach national and regional private sector partners with community-based multisectoral programming	On-going	\$39,597
HVOP	Support to PATH for provision of support for the design of the Transport Corridor Initiative at the community level, including logo design, concept development and assistance with design and implementation of SBC programming	On-going	\$70,000
HVOP	Support to the Solidarity Centre for peer education programs and support services among truck drivers and their networks in TCI sites throughout the region	On-going	\$111,828
HKID	FHI technical support to OVC activities throughout the region	On-going	\$32,757
HVOP HKID	FHI technical support to initiate innovative programming, including HIV and alcohol, private sector involvement	New	\$145,514
HVOP OHPS HVSI HBHC	FHI provision of technical assistance, trainings and related costs to support program implementation throughout the region	On-going	\$722,988
General	IMPACT Closeout Activities	New	\$13,000
Total			\$1,318,006

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Implementation of COMESA Sub-agreement activities	X	X	X	X	X	X	X	X	X			
Implementation of WCRP sub-agreement activities	X	X	X									
Implementation of KNCCI sub-agreement and activities	X	X	X									
Continuation of PATH activities at TCI sites	X	X	X	X	X	X	X	X	X			
Continuation of Solidarity Centre activities at TCI sites	X	X	X	X	X	X	X	X	X			
Technical assistance to OVC activities in TCI sites in Kenya	X	X	X	X	X	X						
Technical assistance to HIV/Alcohol and private sector activities in TCI sites throughout the region	X	X	X	X	X	X						
Programmatic and technical support to implementing partners (FHI and appropriate consultants)	X	X	X	X	X	X	X	X	X			
IMPACT close-out of regional ECA activities						X	X	X	X			

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
OVC technical support	2 trips/10 days each	R	Q 1, Q 2
HIV/Alcohol technical support	2 Trips/10 days each	R	Q2, Q3
Palliative care technical assistance	2 Trips/10 days each	R	O1, Q3
Private Sector technical assistance	3 Trips/10 days each	I	Q1, Q2, Q3
Program Management Support (IMPACT close-out)	3 Trips/60 days	I	Q1, Q2, Q3,

Southern Africa / Regional HIV/AIDS Program (RHAP)

IMPACT Workplan: October 2006 through March 2007

I. Overview

Since FY99, USAID's Africa Bureau has been providing funding to FHI/IMPACT, Population Services International (PSI), MEASURE, Pact and the POLICY Project (among others) 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. The rationale for a regional prevention response includes studies showing 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 more efficiently than could be obtained by conventional means. FHI/IMPACT project activities were established in Mulanje and Mwanza, Malawi; Chirundu, Livingstone, Nakonde, and Chipata in Zambia; Messina, Ladybrand, and Ficksburg in South Africa; Swaziland; and Maseru and Maputsoe in Lesotho.

The goal of the project was to assist the broader RHAP effort to build a comprehensive prevention and care environment for the most vulnerable populations in high priority border towns in Southern Africa focusing on supporting outreach programs, STD control and community mobilization.

FHI activities under RHAP can be summarized in four areas: coordination and management; assessment and surveillance; prevention and care interventions for highly vulnerable populations; and capacity building of partner organizations.

All activities in all sites have closed down as no future funding for RHAP is anticipated. Activities for FY07 will center only on financial, administrative and programmatic close out, including the documentation of accomplishments and activities, compiling final reports, balancing out financial obligations, ending personnel and service contracts, transferring non-expendable property, organizing files, and other such tasks. In addition, the USAID Mission has requested that FHI sponsor a "health check" in Swaziland. This activity is intended to provide systems strengthening recommendations to the MOH on their ARV procurement systems. It will identify fraud risk, report issues uncovered and recommend corrective actions to mitigate the risk with a focus on internal controls.

II. Activity Table

IMPACT FY07 ACTIVITIES

Category	Activity Summary	New/On-going	Budget
General	Operational and IMPACT Closeout Costs	Ongoing	\$154,117
OHPS	Swaziland Health Check	New	\$106,925
Total			\$261,042

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July -Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
FHI Country Office												
Swaziland Health Check			X	X	X	X						
Financial files close out	X	X	X	X	X	X						
Program files close out	X	X	X	X	X	X						
Administrative close out	X	X	X	X	X	X						
Final report writing			X	X	X	X						

IV. Technical Assistance Plan

RHAP Technical Assistance Plan			
Purpose	Number/Duration of trips	Type (I=Int'l, R=Regional)	Tentative period
Program/Finance staff (Close-out support)	1 trip / 14 days	I	Q1
Information Programs staff Close-out support	1 trip / 14 days	I	Q1
M&E Support for Final report	1 trip / 14 days	I	Q1
Home Leave for Regional staff	1 trip	I	Q1
Relocation of Regional staff	1 trip	I	Q2

Burundi/East Africa Regional Program
As part of
Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project

IMPACT Workplan: October 2006 through September 2007

I. Overview

Since FY02, the FHI/IMPACT Project has implemented HIV/AIDS activities in Burundi, mainly in the areas of care and support and surveillance. The overall goal of the FHI/IMPACT Project in Burundi has been to reduce HIV transmission and the impact of the HIV/AIDS epidemic in the country. FHI/IMPACT has achieved this goal through collaboration, technical assistance and capacity building to local NGO/CBO partners in the provision of care and support to OVC and PLHA within the framework of a continuum of care. These partners have included Famille Pour Vaincre le Sida (FVS-AMADE), Association Nationale de Soutien aux Séropositifs et Sidéens (ANSS), Réseau Burundais des Personnes Séropositives (RBP+), Association de Prise en Charge des Orphelins du Sida (APECOS) and Association Burundaise Pour le Bien Etre Familial (ABUBEF) in collaboration with Collectif Pour la Promotion des Associations de Jeunes (CPAJ). To date, USAID/Burundi has obligated a total of \$2,150,000 to FHI/IMPACT of which approximately \$1,935,692 has been spent as of September 30, 2006. The remaining IMPACT funds are planned to be used in FY07 for closeout activities.

In addition to IMPACT funds, USAID/Burundi has obligated funds to responsibly phase out activities in Burundi through USAID/East Africa's regional ROADS Project starting in FY06. The overall goal of the ROADS Project, managed by FHI, is to stem HIV transmission and mitigate impact in vulnerable populations in East and Central Africa region through multi-sectoral and innovative approaches. Thus in FY06, FHI/IMPACT and FHI/ROADS provided complementary funding for continual support to local NGO/CBO partners in the delivery of prevention, care and support services in Muyinga and Kirundo Provinces. FHI/IMPACT focused mainly on the provision of technical assistance and training in CT, care and support including OI/ART and monitoring and evaluation (M&E) to local partners as well as the Burundian Government to strengthen its national capacity in HIV/AIDS.

In FY07, FHI/IMPACT will use its remaining funds in Burundi to provide limited program, technical and capacity building support to local partners in the areas of prevention, care and support; to wrap-up and transition its subagreements to the FHI/ROADS Project; and to document its best practices, successes and lessons learned. The FHI/IMPACT Project will close in Burundi by July 2007, and FHI's office, staff and activities in Burundi will transition fully to the ROADS Project.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
General	Program and technical support to local partners in care and support services	Ongoing	\$139,767
General	Close-out of IMPACT activities, transition to ROADS Project	New	\$30,000
Total			\$169,767

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July -Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Program and technical support to local partners in care and support services	X	X	X	X	X	X	X	X	X			
Close-out of IMPACT activities, transition to ROADS Project								X	X	X		

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Regional program management, technical and close-out support (from FHI/Rwanda)	3 trips/10 days each	R	Q2, Q3
Regional program and technical training (in FHI/ROADS/Kenya)	3 trips/7 days each	R	Q2, Q3
Program management support for IMPACT close-out	1 trip/20 days	I	Q3
Technical assistance for IMPACT close-out	1 trip/7 days	I	Q3

Egypt

IMPACT Workplan: October 2006 through June 2007

I. Overview

Since 1999, Family Health International (FHI) has been managing the Implementing AIDS Prevention and Care (IMPACT) Project in Egypt, in close collaboration with the Ministry of Health and Population (MOHP) to maintain the low prevalence of HIV/AIDS in Egypt.

Major accomplishments under IMPACT/Egypt in the past three years include the launching of Egypt's first completely anonymous voluntary counseling and testing (VCT) site for HIV/AIDS and the first NGO-based VCT site, which currently targets high-risk groups. IMPACT/Egypt developed a National VCT package to support standardized implementation of VCT across the country, available for the first time ever in Arabic and adapted to the local context. These documents (also available in English) include National Guidelines for VCT, National Monitoring and Evaluation Plan for VCT services, Counseling Manuals for VCT and other promotional materials. This package is now used to facilitate scaling-up and replication of IMPACT's VCT activities across the country and the region.

Another major accomplishment of the IMPACT project was the establishment of Egypt's first street-based outreach program and drop-in center for injecting drug users (IDUs). Numerous peer educators and counselors, many of them being ex-IDUs, are trained to promote prevention of HIV/AIDS among IDUs. This unique activity is extremely successful, particularly due to the use of ex-IDUs in conducting outreach and peer education. On average, 60 IDUs are provided with services each month. IMPACT is now a leading agency working with high-risk groups on HIV prevention in Egypt. Large numbers of IDUs are referred to MOHP-operated VCT services through this activity.

IMPACT also implemented Egypt's first ever national-level Behavioral and Biological Surveillance Survey (BSS) among high-risk groups. Target groups for this activity included men who have sex with men (MSM), sex workers, street children and IDUs. Analysis of the data will be completed by the end of FY06. We anticipate that this activity will produce data and information never available before in Egypt, on the common practices among high-risk groups and the status of the epidemic among these populations. This data will also assist in identifying future interventions specifically targeting the needs cited by the target populations themselves.

Additional accomplishments under the IMPACT project include the development of National HIV/AIDS Clinical Care Guidelines for Physicians and Nurses. IMPACT has trained an extensive number of health care providers on these guidelines and provides a vast amount of technical support to the NAP on all realms of HIV/AIDS prevention and care.

IMPACT also developed National Guidelines for the Management of Sexually Transmitted Infections (STIs) and an accompanying STI Training manual. STI care providers were trained using the guidelines, prior to FHI's launching of two pilot sites for the detection and treatment of STIs. Care providers have also been provided with comprehensive packages for the delivery of STI services.

Furthermore, IMPACT's support for HIV/AIDS activities among Religious Leaders was instrumental in laying the groundwork for the signing of the *Cairo Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic*. The Declaration was signed by 80 top Muslim and Christian Religious Leaders. IMPACT has followed up this activity by holding workshops for Egyptian Christian and Muslim Religious Leaders and worked with these leaders to enhance their awareness regarding HIV/AIDS.

Based on these accomplishments, the MOHP has requested that IMPACT continue to conduct specific HIV/AIDS activities in Egypt in the coming year. These activities will specifically address any remaining gaps in FHI's previous accomplishments. During this period, IMPACT proposes to use requests from the MOHP, the results of the BSS and lessons learned in designing its activities.

Our proposed response includes:

- Developing a strategy, based on results of the national BSS, to identify interventions/activities for the MOHP to decrease the transmission of HIV among high-risk groups;
- Improving mechanisms for increasing utilization of services at STI and VCT sites supported by USAID/FHI; and
- Establishing additional STI and VCT services in high-risk areas.

Targets

By the end of June 07, FHI/Egypt will achieve the following using IMPACT funds:

- Strategy for Targeting High-Risk Groups developed and disseminated to the NAP.
- VCT/STI Strategic Action Plan developed.
- Promotional package for VCT/STI services developed and disseminated.
- 20 counselors trained on VCT.
- 20 health care providers trained on detection and treatment of STIs.
- Additional VCT site established.
- Additional STI site established.
- Updated National Surveillance Plan for HIV/AIDS and STIs completed and disseminated.
- Final IMPACT Report completed.
- Final IMPACT dissemination meeting conducted.

II. Activity Table

IMPACT FY07 (October 1, 2006 – June 30, 2007) ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVSI	In-depth analysis of BSS to develop strategy for NAP for targeting high-risk groups	On-going	\$91,172
HVOP	FHI support to existing sites for detection and treatment of STIs	On-going	\$75,324
HVOP	Support for establishment of additional STI site, corresponding training and technical assistance	New	\$184,097
HVCT	FHI support to existing VCT sites	On-going	\$88,554
HVCT	Support for establishment of additional VCT site, corresponding training and technical assistance	New	\$138,722
HVOP	Support for Religious Leaders Initiative	On-going	\$36,589
General	IMPACT Close-Out Activities	New	\$47,125
Total			\$661,583

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July - Sept		
	M1	M2	M3				M7	M8	M9	M10	M11	M12
In-depth analysis of BSS results	X											
Develop NAP strategy for targeting high-risk groups			X	X								
Identify institutions and organizations working with risk groups		X										
Conduct promotional events for VCT/STI services			X	X	X	X	X					
Development of VCT/STI Strategic Action Plan						X	X					
Develop promotional package for STI/VCT services			X	X	X	X	X					
Renovate, furnish and launch STI and VCT sites			X	X								

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July - Sept		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
VCT counselor training			X	X								
Training on detection and treatment of STIs		X										
Technical assistance in monitoring and evaluation of the STI and VCT sites	X	X	X	X	X	X	X	X				
VCT Refresher Training			X									
Technical assistance to MOHP/USAID-supported VCT sites	X	X	X	X	X	X	X	X				
Update National Surveillance Plan for HIV/AIDS and STIs			X	X	X	X						
Support for Religious Leaders Initiative			X	X	X	X						
Final Dissemination Meeting and Lessons Learned Workshop of all HIV /AIDS activities									X			

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
BCC Support	1 trip/14 days	I	Q1
VCT Support	1 trip/14 days	I	Q2
Surveillance, M&E support	2 trips/14 days each	I	Q1, Q3
Program Management support	1 trip/14 days	I	Q2
Close-out support	2 trips/14 days each	I	Q3
FHI Finance Meeting	1 trip/8 days	I	Q2
FHI Monitoring and Evaluation Meeting	1 trip/10 days	I	Q2
Regional Travel country office – (regional trainings/meetings)	2 trips/6 days each	R	Q1, Q2
FHI Global Management Meeting	1 trip/10 days	I	Q3

Ethiopia

IMPACT Workplan: October 2006 through March 2007

I. Overview

In September 2001, through USAID support, Family Health International (FHI) began the implementation of the IMPACT Project in Ethiopia. FHI's goal in Ethiopia is to mitigate the impact of the epidemic on individuals, communities and Ethiopia as a whole. The purpose is to contribute to a broader goal of improving the quality of life of Ethiopians in the face of HIV/AIDS and extreme poverty, in part by improving the coping capacity of communities (community groups, individuals and families affected by AIDS). The program goal will be reached by achieving the following four specific objectives.

1. Increase institutions' (regional HAPCOs, health bureaus, NGO mentoring organizations and CBOs) capacity to design, plan, lead, implement, monitor and evaluate, manage and report on HIV/AIDS prevention, care, treatment and support programs.
2. Increase collaboration among service providers and service delivery institutions, Government of Ethiopia (GOE) agencies, NGOs, CBOs, and other partners.
3. Increase availability of and access to sustainable, integrated and high quality services for people infected and affected by AIDS.
4. Improve HIV preventive and health-seeking behaviours of high risk groups, and people infected and affected by AIDS, and reduce stigma and discrimination.

FHI works to increase the capacity of the GOE, Ethiopian NGOs and CBOs and select private sector partners to implement an expanded and comprehensive response (ECR) to AIDS. This includes building capacity to scale up quality HIV prevention, care, treatment and support interventions across an expanded and comprehensive response continuum to achieve a maximum impact on the epidemic.

Through the IMPACT project, FHI and its local partners have contributed substantially to the response to AIDS in Ethiopia. FHI's contributions have included support for establishment of 469 Counseling and Testing (CT) services in government health centers; initiation of Provider Initiated Counseling and Testing (PICT) and establishment of TB/HIV and chronic care services in 198 health centers; preparation of the 198 health centers to provide ART initially through refill and later through initiation of treatment; establishment of 14 large HCBC programs and mobilization of communities to engage in AIDS care & support, community-level ART and TB treatment adherence support; integration of OVC support in all HCBC programs and establishment of two OVC programs in the Merkato area of Addis Ababa; development of multi-sectoral referral networks at community level and between community, health center and hospital services. FHI has worked with the MOH to initiate involvement of lay counselors in CT and has supported the development and implementation of regional behavior change campaigns to create an enabling environment for behavior change, reduce stigma and discrimination, promote HIV prevention and voluntary CT. FHI has further supported the development and implementation of several large tailored HIV prevention programs among high-risk groups including police forces and taxi drivers.

The IMPACT project in Ethiopia will close out in FY07. USAID regulations will be followed in order to complete the close-out. IMPACT will also produce and disseminate final reports summarizing “best practices”, “success stories” and “lessons learned” over the years. In FY06, IMPACT/Ethiopia supported activities implemented by subgrantees were transitioned to other donor funding. In the first quarter of FY07, IMPACT/Ethiopia will complete transitioning of IMPACT supported technical assistance activities to other donor funding.

Targets

By the end of FY07, IMPACT/Ethiopia will achieve the following using IMPACT funds:

- Completion of IMPACT/Ethiopia outcome evaluations & dissemination of reports. These outcome evaluations include the following:
 - CT Campaign Outcome Assessment: To assess the outcome of the FHI/IMPACT supported CT promotion campaign in Addis Ababa
 - CATS Campaign Outcome Assessment: To assess the outcome of the FHI/IMPACT supported Compassion, Tolerance and Sensitivity (CATS) promotion campaign in Addis Ababa
 - HCBC Outcome Assessment: To evaluate FHI/IMPACT supported HCBC programs to identify short/intermediate term results in terms of improved quality of life of PLWHA and their families and to assist home based care partners in formulating a strategy to expand and improve quality of care and support to families infected and affected by HIV/AIDS
 - CT Service Outcome Assessment: Outcome evaluation of FHI/IMPACT’s CT program support efforts in Ethiopia
- IMPACT/Ethiopia final report writing and dissemination
- IMPACT/Ethiopia Lessons Learned dissemination meetings in Addis Ababa, Amhara, Oromia and SNNPR

II. Activity Table

IMPACT/Ethiopia FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVAB	Final payments for AB technical assistance started in FY06 and transitioning of all IMPACT AB prevention technical support to other donor funds	Ongoing	\$ 62,473
HVOP	Final payments of OP technical assistance started in FY06 and transitioning of all IMPACT OP prevention technical support to other donor funds	Ongoing	\$ 62,473
HVCT	Final payments for CT technical assistance started in FY06 and transitioning of all IMPACT CT technical support to other donor funds	Ongoing	\$ 394,642
General	Final payments for Organizational Development technical assistance started in FY06 and transitioning of all IMPACT OD technical support to other donor funds	Ongoing	\$ 74,982
HVSI	Finalization of IMPACT/Ethiopia outcome evaluations and M&E data analysis & reporting	Ongoing	\$223,772
General	Program operational and closeout costs	Ongoing	\$ 383,683
Total			\$1, 202,025

III. Gantt Chart

IMPACT/Ethiopia FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Counseling & testing supervision & TA hand over	X	X	X									
HCBC supervision & TA hand over	X	X	X									
SBC/prevention supervision & TA hand over	X	X	X									
Organizational development supervision & hand over	X	X	X									
Outcome assessments data collection, analysis & report writing	X	X	X									
Other M&E and quality assurance supervision & TA hand over	X	X	X									
IMPACT/Ethiopia final report writing	X	X										
IMPACT/Ethiopia Lessons Learned dissemination meetings				X	X	X						
IMPACT/Ethiopia Close-Out				X	X	X						

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type	Tentative period
R&R (Country Director)	1	I	Q1
Impact/Ethiopia final report writing (consultant)	1 trip/30 days	R	Q1
Management TA & IMPACT close out support (FPDII Director)	1 trip/7 days	I	Q2

Guinea REVE Project

IMPACT Workplan: October 2006 through March 2007

I. Overview

Since 2001, USAID/Guinea has contributed \$5,630,000 (includes \$929,640 budgeted for FY07) to FHI/IMPACT to provide technical assistance (TA) on a national Behavioral Surveillance Survey (BSS); to conduct targeted, comprehensive strategic behavioral communication (SBC) interventions; to support Prevention of Mother-to-Child Transmission of HIV (PMTCT) efforts; and to strengthen counseling and testing (CT) services as an entry point for HIV treatment and care.

In November 2003, FHI/IMPACT opened its first field office in Conakry to provide direct supervision in the design and implementation of a comprehensive SBC program with targeted high-risk groups, which includes the establishment of model CT centers and referral systems for Sexually Transmitted Infections (STI) in Conakry and urban centers of the Forest region. The initial steps in implementing this comprehensive HIV/AIDS program in FY04 included the development of guidelines, training manuals and tools in SBC and CT in collaboration with the Ministry of Health (MOH), National AIDS Committee (NAC) and partners. Formative assessments were carried out in the intervention zones for both SBC and CT. FHI/IMPACT also trained peer facilitators in SBC and several dozen Guinean health officials in HIV counseling and testing.

In FY05, USAID provided funds to FHI/IMPACT to provide TA in the development of policy, norms and procedures (PNPs) and working tools for PMTCT. During that fiscal year, FHI/IMPACT supported two CT centers in Conakry and two in the Forest region, all integrated within existing public health facilities. The project also provided technical and financial assistance to more than a dozen local NGOs to train, manage and supervise peer facilitators in SBC. FHI/IMPACT, in collaboration with these NGOs and the targeted groups, developed key prevention and demand-creation messages that are specific to each group.

In FY06, FHI/IMPACT took advantage of the strong foundation already established for the comprehensive HIV/AIDS strategy by scaling-up a number of critical activities. FHI/IMPACT established CT activities in UNICEF-supported PMTCT sites and reinforced other components of PMTCT. HIV-related stigma and discrimination reduction activities were initiated while the existing SBC activities continued. A number of basic health services related to care and support were strengthened to positively influence the impact of VCT and PMTCT. In addition, FHI/IMPACT initiated and implemented home-based care (HBC) activities in collaboration with associations of people living with HIV/AIDS (PLHA).

In FY07 (between October 2006 and March 2007), FHI/IMPACT will continue with comprehensive HIV/AIDS programs which will be modified to bridge the old and new USAID strategies. The new strategy has only one Strategic Objective (SO) – to advance democratic governance; therefore, all sectoral funds will contribute to this objective. Some program components that are critical to this SO include: Strengthen Civil Society; Reduce Transmission and Impact of HIV/AIDS; Improve Child Survival, Health, and Nutrition; Improve

Maternal Health and Nutrition; and Support Family Planning. The focus during this six-month extension will be on improving governance in the key areas.

FHI/IMPACT will continue to scale-up CT activities and improve the quality of existing CT services while strengthening the health systems including referral networks to support PLHA needs and improve linkages between CT and HBC services. FHI/IMPACT will finalize documents and tools in HBC and antiretroviral therapy (ART) adherence. In addition to procuring Facscount machines for CD4 counting, the project will conduct a feasibility survey of cross-border ART in Cote d'Ivoire. To integrate governance into the health services, FHI/IMPACT will identify and involve community health committees in the activities of the CT centers.

Governance issues will also be integrated into SBC activities. Workshops on governance, HIV/AIDS and the media will be organized in collaboration with the Cooperative League of the USA (CLUSA)-Nationale. Youth radio programs on reproductive health/HIV/AIDS will also be produced and broadcasted over the national and local channels. Stigma and discrimination reduction will remain one of the key SBC activities.

During FY07, FHI will also support the 2nd Round of the Bio-Behavioral Surveillance Survey (BBSS) in Guinea. This second generation surveillance survey will be conducted in collaboration with the National AIDS Committee, which will contribute World Bank/MAP funds to the activity. The aim is to determine the current HIV prevalence rate, document behaviors related to HIV/AIDS and other STIs and analyze trends since the previous round to inform programming. Preparations began in FY06, and work will continue until after the office closes in March 2007 with the final results being reported and disseminated in April 2007 in collaboration with Stat-View International and other partners.

Because the FHI/IMPACT project will end in March 2007, the second quarter of FY07 (January – March 2007) will focus heavily on close-out activities, including reconciliation of Implementing Agency's financial reports, writing the final report and conducting follow-up program evaluations. In particular, FHI/IMPACT will conduct qualitative and quantitative surveys to assess the impact of SBC activities and CT usage. Portions of these studies will be coupled with the BBSS. The findings will be disseminated through workshops, articles and presentations in conferences.

Targets:

In FY 2007, FHI through the IMPACT project in Guinea will achieve the following with both REVE and non-REVE funds:

- 4 more CT centers established making a total of 14
- 5,000 HIV tests conducted
- 12 more counselors trained
- 12 more laboratory technicians trained in HIV rapid testing
- 4 medical staff trained in the management of opportunistic infections
- 500 persons tested for CD4 cells
- 240 persons treated for opportunistic infections
- 21 persons trained in HBC
- 640 persons reached by HBC
- 1 new Democracy & Governance (DG) subagreement developed, to make a total of 17 subagreements
- 45,000 persons reached by interpersonal and group communication
- 1,000 posters, 2,000 brochures/pamphlets, 50 job aides, 3,000 cassettes (theatre sketches)
- 40 newspapers articles on HIV/AIDS issues published
- 50 radio broadcast on STI/HIV/AIDS prevention
- 1 feasibility study completed for cross-border treatment/referral
- 2 final evaluations completed
- 1 Behavioral Biological Surveillance Survey (BBSS) completed

II. Activity Table**IMPACT FY07 ACTIVITIES**

Program Area	Activity Summary	New/ On-going	Budget (USD)
HTXS	Procure two Facscount machines and reagents for CD4 counting	New	80,000
HTXS	Train technicians in charge of CD4/Facscount use and maintenance	New	3,000
HTXS	Conduct a feasibility study on cross-border treatment referral/follow-up for PLWHA in the Forest region	New	10,000
HTXS	Finalize ART compliance documents (manuals, tools) for counselors	Ongoing	5,000
HVCT	Establish four (4) new CT centers in the Forest region	New	80,000
HVCT	Amend 10 subagreements in CT in Conakry and GF for the general population	Ongoing	60,000
HVCT	Strengthen/improve existing CT centers in Conakry/Forest Guinea	Ongoing	4,000

Program Area	Activity Summary	New/ On-going	Budget (USD)
OHPS	Develop and strengthen referral system to improve the follow up of PLWHA	Ongoing	5,000
OHPS	<i>Through a subagreement with CLUSA: involve communities in Health Services Management; conduct a workshop on Democracy & Governance, HIV/AIDS and Media; and organize a workshop to integrate the DG elements into SBC strategies)</i>	New	20,000
HBHC	Amend 3 subagreements in HBC in Conakry and GF for PLWHA	Ongoing	20,000
HBHC	Finalize HBC documents (guidelines, training manuals) for PLWHA	Ongoing	5,000
HBHC	Procure HBC kits for PLWHA home visits	Ongoing	15,000
HVOP/HVAB	Amend 16 subagreements in SBC in Conakry and Forest Guinea	Ongoing	115,000
HVOP/HVAB	SBC radio media Conakry including DG (radio/media SBC a Conakry)	New	5,000
HVOP/HVAB	SBC radio media Forest Guinea including DG (radio/media SBC en GF)	New	3,000
HVOP/HVAB	Organization of awareness caravan from Conakry to N'Zerekore including the distribution of SBC materials and presentation of sketches as well as musical concerts	New	6,000
HVOP/HVAB	December / World AIDS Day activities in Conakry - N'Zerekore	New	4,000
HVOP/HVAB	SBC materials/tools development workshop for stigma and discrimination	Ongoing	3,00
HVOP/HVAB	Production of SBC materials for stigma/discrimination	Ongoing	5,000
HVOP/HVAB	Train health professionals in stigma & discrimination in 4 new CT sites	Ongoing	2,000
HVSI/HVOP/ HVAB/HVCT/ HBHC	Supervision and Quality Assurance/Quality Improvement in Conkary and Forest Guinea	Ongoing	5,000
HVSI	M&E training for new CT Implementing Agencies in Forest Guinea	New	2,000
HVSI	Conduct a qualitative study in both REVE and non-REVE CT centers to assess the quality of the REVE-supported centers	New	5,000
HVSI	Conduct a qualitative final evaluation to assess quality of IMPACT project SBC activities	New	10,000
HVSI	<i>Conduct analysis of the monthly and quarterly reports from the implementing agents to assess the number of target populations reached and the number of those referred for CT and STI services</i>	New	500
HVSI	Conduct analysis of the monthly reports from CT centers to know the level of attendance of individual sites, the total number of clients including behavioral data.	New	500
HVSI	Final Report	New	4,000
HVSI	Final project workshop and dissemination of best practices	New	8,000

Program Area	Activity Summary	New/ On-going	Budget (USD)
GENERAL	Close-out Activities	New	120,000
SUBTOTAL: REVE FUNDS			602,000
HVSI	Support the Behavioral-Biological Surveillance Survey (BBSS) in collaboration with Govt of Guinea	New	100,000
SUBTOTAL: NON-REVE FUNDS			100,000
GRAND TOTAL			702,000

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II		
	Oct	Nov	Dec	Jan	Feb	Mar
HVXS:						
Procure two Facscount machines and reagents for CD4 counting	X					
Train technicians in charge of CD4/Facscount use and maintenance		X				
Conduct a feasibility study on cross-border treatment referral/follow-up for PLWHA in the Forest region			X	X		
Finalize ART compliance documents (manuals, tools) for counselors	X	X				
HVCT:						
Establish four (4) new CT centers in the Forest region	X	X	X			
Amend and execute 10 subagreements in counseling and testing (CT) in Conakry and Forest Guinea for the general population	X	X	X			
Strengthen/improve existing CT centers in Conakry/Forest Guinea	X	X	X			
OHPS:						
Develop and strengthen referral system to improve the follow up of PLWHA	X	X	X			
<i>Through a subagreement with CLUSA: involve communities in Health Services Management; conduct a workshop Democracy & Governance, HIV/AIDS and Media; and organize a workshop to integrate the DG elements into SBC strategies)</i>	X	X				

IMPACT FY07 Activity Plan, cont'd	Quarter I			Quarter II		
	Oct	Nov	Dec	Jan	Feb	Mar
HBHC:						
Amend and execute 3 subagreements in home-based care (HBC) in Conakry and Forest Guinea for PLWHA	X	X	X			
Finalize HBC documents (guidelines, training manuals) for PLWHA	X	X				
Procure HBC kits for PLWHA home visits	X	X	X			
HVOP/HVAB:						
Amend and execute 16 subagreements in Strategic Behavior Change (SBC) in Conakry and Forest Guinea	X	X	X			
SBC radio media Conakry including DG (radio/media SBC a Conakry)	X	X	X			
SBC radio media Forest Guinea including DG (radio/media SBC en GF)	X	X	X			
Organization of awareness caravan from Conakry to N'Zerekore including the distribution of SBC materials and presentation of sketches as well as musical concerts		X	X			
December / World AIDS Day activities in Conakry - N'Zerekore			X			
SBC materials/tools development workshop for stigma and discrimination		X				
Production of SBC materials for stigma/discrimination		X				
Train health professionals in stigma & discrimination in 4 new VCT sites	X					
HVSI:						
Supervision and Quality Assurance/Quality Improvement in Conakry and Forest	X	X	X	X		
M&E training for new VCT Implementing Agencies in Forest Guinea		X				
Conduct a qualitative study will be conducted in both REVE and non-REVE CT centers to assess the quality of the REVE-supported centers				X	X	
Conduct a qualitative final evaluation to assess quality of IMPACT project SBC activities				X	X	
<i>Conduct analysis of the monthly and quarterly reports from the implementing agents to assess the number of target populations reached and the number of those referred for CT and STI services</i>					X	
Conduct analysis of the monthly reports from CT centers to know the level of attendance of individual sites, the total number of clients including behavioral data.					X	
BBSS (report to be done in April 2007, after office closes)	X	X	X	X	X	X
Final Report					X	X

Final project workshop and dissemination of best practices						X
Close-out Activities				X	X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Programmatic, Financial and Technical Assistance for close-out	2 trips/10 days each	I (WDC)	Q3, Q4
M&E Technical Assistance for final evaluation, close-out and BBSS	2 trips/21 days each 1 trip/14 days	R (Kenya)	Q1, Q2, Q3
Regional Financial Management Meeting	2 trips/10 days each	R (Kenya)	Q4
Other technical assistance, as needed (cost-shared)	1 trip/10 days	I or R	Q2

Malawi

IMPACT Workplan: October 2006 to December 2006

I. Overview

To date, FHI/Malawi has received \$5,728,740 in Field Support and \$300,000 in Nutrition funds through the IMPACT project; the current Fiscal Year (FY07) budget totals \$171,859 for FS and \$66,860 for Nutrition. The overall goal of the IMPACT/Malawi HBC/OVC program is to support the development of an integrated HBC program for the chronically ill and provision of care and support to OVC to mitigate the impact of HIV/AIDS in Malawi; this includes nutrition support for both HBC and OVC clients. The objectives of the program are:

- To strengthen the capacity of partners, relevant stakeholders and government departments to enable households and communities to provide home based care for 5,000 chronically ill and care and support for 10,000 OVC.
- To strengthen referral mechanisms and other linkages between implementing agencies and other service providers of HBC and OVC care and support activities.
- To strengthen the capacity of coordinating and implementing structures to document and disseminate program information, lessons learned and best practices on HBC/OVC and related activities.
- To support national level planning, design and coordination of home based care and OVC programs.

By the start of FY07, all subagreements under IMPACT/Malawi will have either closed or been transitioned into the Bilateral agreement with USAID/Malawi which began in FY2006. All IMPACT activities will be completed by December of 2006; but the FHI/Malawi County Office will remain open and activities will continue under the bilateral agreement until May 2007.

During the first quarter FY07, FHI will provide support to the Ministry of Gender in the revision of a Psychosocial Support (PSS) Manual for service providers in OVC, its translation into local language from English, the development of Psychosocial Support Guidelines for partners and service providers, and the dissemination of these documents. In terms of the nutritional component, follow-up will be done on the baseline and six-month assessment, weighing scales will be purchased for all implementing agencies (IAs); and the following capacity building activities will be conducted:

- A three-day meeting with new implementing partners on integration of nutrition care and support into current programming;
- Two-day orientations for old implementing partners on breast-feeding, weighing, and cooking clubs;
- Five-day trainings in five districts for new and old implementing partners (including government and NGOs) and staff; and
- Ongoing supervisory and technical support visits for all implementing agencies.

In addition, final payments will be made for the *Needs Assessment for Youth* and the *Baseline Survey* for new OVC activities that began in FY06. Funds will also be put toward local capacity building and professional development opportunities in areas such as finance/administration, nutrition, M&E, OVC, and HBC/palliative care; this promotes sustainability after the close-out of IMPACT.

Finally, this period will focus highly on financial and administrative close-out and documentation of project activities and achievements. This will involve completing the documentation of best practices, lessons learned and success stories using various media formats (e.g., print, video) and disseminating them to key project stakeholders. In support of achievements over the life of the project, FHI will ensure successful completion of FY07 activities and will produce a final report on the IMPACT project.

FY07 Targets/Results:

By the end of quarter one FY07, FHI/Malawi will achieve the following:

- Psychosocial Support manual and guidelines finalized and disseminated;
- Seven partners reached by meeting in integration of nutrition, HBC and OVC programming;
- Eight partners benefiting from orientation on breastfeeding, weighing, cooking and other nutrition aspects;
- Eleven partners (125 people) receiving training in nutrition care and support;
- Five staff members' capacity built through formal professional development/training;
- Best practices, lessons learned and success stories documented and disseminated;
- One final IMPACT/Malawi report completed.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category (PEPFAR)	Activity Summary	Status	FS/PEPFAR Budget	Nutrition Budget	Total IMPACT Budget
HBHC, HKID	Finalize and disseminate Psychosocial Support Manual and Guidelines	Ongoing	\$70,000		\$70,000
Nutrition	Training, ongoing TA and capacity building in nutrition integration activities	Ongoing		\$62,359	\$62,359
HVSI	Monitoring & Evaluation survey completion	Ongoing	\$15,000		\$15,000
General	Local capacity building and professional development	New	\$16,197		\$16,197
General	Complete documentation of best practices, lessons learned and success stories using various media formats (e.g. print, video) and disseminate to key stakeholders	Ongoing	\$25,000		\$25,000
General	Conduct administrative and financial close-out activities, including IA close-out site visits, final workshop/staff retreat, and publication of closeout report	Ongoing	\$80,000		\$80,000
General	Operations and office expenses	Ongoing	\$18,850	\$5,815	24,665
TOTAL			\$225,047	\$68,174	\$293,221

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Psychosocial Support manual and guidelines development/dissemination	X	X										
Completion of M&E surveys (related administration)	X											
Meeting on integration of nutrition care and support	X											
Orientation on breast-feeding, weighing, and cooking clubs	X											
District-level trainings in nutrition care and support		X										
Procurement and distribution of weighing scales for implementing partners	X											
Ongoing supervisory and technical support visits for all implementing agencies	X	X	X									
Staff development, including FHI Regional M&E Workshop	X	X		X	X	X						
Final workshop / staff retreat	X			X	X	X						
Financial and program close-out of Impact/Malawi activities	X	X	X									
Execution of final program evaluation in support of closeout	X	X										
Dissemination of project successes and lessons learned	X	X										
Production of final IMPACT report			X									

IV. Technical Assistance/Travel Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period
Close out support TA	2 trips/20 days each	I	Q1, Q2
Regional workshop/trainings	5 trips/7 days each	R	Q1

Namibia

IMPACT Workplan: October 2006 through February 2007

I. Overview

Over the life of the IMPACT project, started in September 2000, USAID/Namibia has obligated US\$19,422,341 to the FHI Namibia IMPACT Program. FY06 was the final year of implementation of the IMPACT-supported activities in Namibia. During the last quarter of FY06, FHI/Namibia prepared for the close out of its IMPACT program, and ensured a smooth transition to the two new cooperative agencies, Intrahealth and Pact. The overall goal of the program was to build the capacity of local organizations to develop, implement and scale-up comprehensive prevention, care and support programs for people affected and infected with HIV. FHI worked primarily through faith-based organizations, churches and mission hospitals, both at the national and regional level. The prevention program focused on youth, community members, workforce and pregnant women, whereas the treatment, care and support programs focus on people living with HIV/AIDS and Orphans and Vulnerable Children.

II. Activity Table

During FY07, the FHI Namibia office will complete the final close-out of its IMPACT country office, including financial close-out and disposition of the remaining non-expendable property, revision and final production of materials developed with or/and on behalf of the IMPACT partners and the writing of the FHI Namibia Final Report

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
General	IMPACT Closeout Activities	Ongoing	\$473,355
Total			\$473,355

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Print and distribute IMPACT manuals and materials, including Community Counsellors’ toolkit (13 modules)	X	X										
Distribute DVD and CD-ROM of Namibia Materials	X	X										
Distribute revised PE Flip charts and workbooks	X	X										
Draft IMPACT Final Report	X	X	X									
Finalize Final Report with HQ				X	X							
Close out all IMPACT related HR and financial files and store for auditing purposes	X	X										

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Final Report TA - report writing	1 trip/10days	Regional	Q1

Nigeria

IMPACT Workplan: October 2006 through September 2007

I. Overview

IMPACT/Nigeria, initiated in 2002, was designed specifically to help the USAID/Nigeria Mission to implement effective interventions and increase the capacity of local organizations, public and private, to assume responsibility for their own HIV/AIDS Programs.

Building upon lessons learned from over a decade of FHI experience working in Nigeria, IMPACT provided technical support to national level bodies like the National Action Committee on AIDS (NACA) and the National HIV/AIDS/STI Control Program (NASCP) for the effective integration of HIV/AIDS programming into key national structures. These structures include the military, the workplace, the police and unions/networks, also allowing them to integrate comprehensive HIV/AIDS/STI and TB prevention and care programs. FHI brought extensive capacity to bear in the management of IMPACT's objectives to develop, support and evaluate programming that will reduce risk behaviors among targeted populations; improve capacity of State Action Committees on AIDS (SACA's) and Local Action Committees on AIDS (LACA's), nongovernmental and community-based organizations (NGOs/CBOs), and faith-based organizations (FBOs) to implement quality STI/HIV/AIDS prevention activities; to facilitate access to and utilization of quality STI and support services for youth and other high-risk groups in target areas; to strengthen and establish care and support activities in target areas; to integrate tuberculosis prevention activities into HIV activities; and to improve demand for, access to and quality of VCT services in target areas.

The IMPACT/Nigeria office closed in September 2004, so management of all remaining activities was handed over from the IMPACT project to FHI's bilateral program, the Global HIV/AIDS Initiative Nigeria (GHAIN), for continued implementation and use of remaining IMPACT funds following the official close-out. Currently, FHI/IMPACT's HIV/AIDS activities in Nigeria comprise four complementary areas, including:

1. Prevention of mother to child transmission of HIV (PMTCT);
2. Counseling and testing (CT);
3. Support to FCT Leprosy and TB Control Program; and
4. Support to the Government of Nigeria (GoN) on the Integrated Bio and Behavioral Surveillance Survey (BSS)

The key thrust of the IMPACT program from the close-out in 2004 to date has been supporting 25 sites implementing PMTCT and Counseling and Testing (CT) services in Anambra, Edo and Kano States and the Federal Capital Territory. During this period, IMPACT/Nigeria conducted the following activities in support of PMTCT: advocacy and sensitization; technical assistance (TA) to focus health facilities; voluntary counseling and testing for both the general public and PMTCT clients; demand creation through production and distribution of strategic behavior communication materials; strengthening linkages and referrals with other health facilities; and quality assurance of services delivered.

In FY07, FHI will maintain the management of the 16 PMTCT/CT sites, including provision of technical assistance to the sites to increase clients' uptake and service delivery, in the four States of Nigeria. Linkages and referrals will be strengthened between the IMPACT supported PMTCT/CT sites and the GHAIN supported ART and other services with the objective of ensuring follow up/continuum of care for both mother and child.

Through IMPACT/Nigeria, FHI had participated actively in the Nigeria BSS process. Recently, GHAIN funds enabled the hosting of the data entry process and participation in quality management activities linked to this process. With the field work and data entry already completed, remaining IMPACT/Nigeria Field Support funds will provide support to the Government of Nigeria (GoN) in planning and implementing the IBSS. This support will be utilized in the areas of hosting meetings and printing the final document.

FHI will work with the Federal Capital Territory (FCT) Leprosy and Tuberculosis (TB) Control Program to implement the expansion of directly observed treatment services (DOTS) for TB in support of the ongoing comprehensive ART program implemented by the GHAIN project in the FCT. The goal of the TB DOTS expansion program is to reduce the burden of TB and HIV-related TB in the FCT. The program will also involve the intensification of case finding, case holding and referrals, while building upon GHAIN's experiences introducing TB and HIV services in Lagos, Anambra, Edo and Cross River states. This will include the introduction of TB control activities into the Emergency Plan funded HIV service points and the establishment or integration of HIV services into TB clinics. FHI will support the integration of Emergency Plan funded counseling and testing (CT) services into the TB clinics, eventually building upon the sites supported by the GHAIN funds. Routine counseling and testing will be advocated in all the TB clinics, with adequate linkages strengthened for referral to other services such as ART, PMTCT and palliative care.

All IMPACT/Nigeria activities will completely end in June 2007, during which the responsibility of managing and funding the sixteen subprojects (PMTCT/CT sites) will be handed over to GHAIN.

Targets:

By the end of FY07, IMPACT/Nigeria will have achieved the following:

- Number of service outlets providing the minimum package of PMTCT services according to National and International Standards = 16
- Nigeria IBSS report published
- Number of new DOTS sites established and supported by IMPACT = 140

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
PMTCT Initiative			
HVCT	FHI support to PMTCT activities throughout the 16 sites	Ongoing	\$ 117,265
MTCT	FHI support to PMTCT activities throughout the 16 sites	Ongoing	\$ 117,265
General	Other Costs including staff time and repatriation costs	Ongoing	\$ 134,552
PPI Subtotal			\$ 369,082
TB Activities			
HVTB	FHI support to FCT Leprosy and TB Control Program	New	\$ 120,643
TB Subtotal for			\$ 120,643
Regular FS Funds			
OHPS	FHI support to the Government of Nigeria on IBBSS	Ongoing	\$ 178,142
Total			\$ 178,142
Grand Total:			\$ 667,867

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec 06			Jan.-March 07			April-June 07			July -Sept. 07		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Monitor ongoing VCT/PMTCT sites	X	X	X	X	X	X	X	X	X	X	X	X
Ensure quality assurance system of VCT/PMTCT services	X	X	X	X	X	X	X	X	X	X	X	X
Provide technical support to the BSS process	X	X	X									
Monitor implementation of TB DOTS activities with FCT Leprosy and TB Control Programme	X	X	X	X	X	X	X	X	X	X	X	X
Close out IMPACT IAs									X	X		
Finalize end of IMPACT project report										X	X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Support for the close out of IMPACT projects in Nigeria and finalization of the end of IMPACT report (FHI/Arlington Program Support)	2 trips/10 days each	I/R	Q4

Rwanda

IMPACT Workplan: October 2006 through March 2007

I. Overview

Rwanda remains a country greatly impacted by HIV/AIDS. The most recent available surveillance data (2003) from antenatal clinics indicate an overall HIV prevalence of 5.2%, with urban rates tending to be much higher (e.g., 13.2% in Kigali) than in rural areas. Through clinic-based services and support to national programs, FHI/Rwanda's overall objective has been to contribute to national efforts aimed at reducing the incidence of HIV and mitigating the epidemic's devastating effects on individual health and social institutions. In FY06 (through June 2006), FHI/Rwanda continued to support comprehensive services at existing sites and supported the expansion of CT, MTCT and ART services into new health facilities. In June 2006, FHI/Rwanda transferred support for all clinic-based and other prevention activities from IMPACT to alternate sources of funding or to other partners, as directed by USAID/Rwanda and the government of Rwanda.

In FY07, FHI/Rwanda will close-out IMPACT and continue support to the following activities, through the end of quarter two:

Abstinence/be faithful prevention activities

Since FY99, preventing the spread of HIV among youth has been a primary concern for the FHI/Rwanda program. FHI/Rwanda's prevention services for youth function through participatory peer education programs targeting youth (ages 15 to 24) through the Catholic Dioceses in Byumba, Nyundo, Kibungo, Kabgayi and Kigali Archdiocese. In FY07, FHI/Rwanda will continue to support these interventions. Due to a loss of funding to support community prevention programs, FHI/Rwanda will phase-out support for all prevention activities by the end of quarter two (March 2007).

Targets

By the end of quarter two FY07, FHI/Rwanda will achieve the following using IMPACT funds:

- Organization of 111 public sensitization activities by youth Anti-AIDS clubs
- Organization of 19 youth HIV/AIDS awareness conference-debates
- Organization of 29 youth HIV/AIDS awareness competitions
- Mobilization of 31 youth groups to provide support to PLHA
- Organization of 2 peer educator radio emissions
- Reach 30,000 youth through peer educator and Anti-AIDS club activities
- Production and distribution of 100 copies of IMPACT close-out report documenting project achievements and lessons learned

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVAB	HIV prevention promoting abstinence among youth in Byumba through the Diocese of Byumba	Ongoing	\$6,717
HVAB	HIV prevention promoting abstinence among youth in Kabgayi through the Diocese of Kabgayi	Ongoing	\$11,988
HVAB	HIV prevention promoting abstinence among youth in Kibungo through the Diocese of Kibungo	Ongoing	\$5,818
HVAB	HIV prevention promoting abstinence among youth in Kigali through the Archdiocese of Kigali	Ongoing	\$7,307
HVAB	HIV prevention promoting abstinence among youth in Nyundo through the Diocese of Nyundo	Ongoing	\$8,805
HVAB	FHI technical support to HVAB	Ongoing	\$12,856
General	Program Operational and close-out costs	On-going/new	\$293,111
Total			\$346,602

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July -Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Continue support for youth abstinence/be faithful activities through the Catholic Dioceses and Archdiocese	X	X	X									
Conduct final IMPACT close-out activities	X	X	X	X	X	X						
Finalize and distribute IMPACT close-out report					X	X						

IV. Technical Assistance Plan

Purpose	Number/Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Program and technical support for IMPACT close-out—documentation of project successes, close-out of project activities, report writing	4 trips/14 days each	I	Q2, Q3
QA/QI	2 trip/7 days each	I	Q2, Q3
GIS Training	1 trip/7 days	I	Q1
Program/technical Support	1 trip/14 days	I	Q3
Repatriation of resident staff	2 trips	I	Q3

South Africa

IMPACT Workplan: October 2006 through July 2007

(COP'06 Funding period: October 2006 – July 2007)

I. Overview

The HIV/AIDS epidemic in South Africa is one of the fastest growing epidemics in the world, with close to 6 million South Africans currently living with HIV/AIDS. Challenges for effectively addressing the broad range of HIV/AIDS related issues and implementing a national response persist including: the lack of referral systems to ensure continuum of care, stigma and discrimination, limited human and financial resources, lack of health promotion, lessons learned materials in local languages that are user-friendly and client-centered and lack of provincial policies and guidelines for comprehensive prevention and care.

To date, FHI/SA has received \$2,738,000 in IMPACT Field Support funding from USAID, in addition to \$500,000 from the President's Initiative (PI) fund and \$500,000 from the Emergency Plan Track 2.0 fund. In FY05, FHI/SA received an additional \$700,000 in Emergency Plan (PEPFAR) funds for its Country Operational Plan (COP05). The IMPACT cooperative agreement with USAID will end in September 2007 and FY07 will be the last year during which IMPACT will operate in South Africa.

The current goal of the FHI/IMPACT program in South Africa (SA) is to *strengthen the capacity* of USAID implementing partners in areas such as Palliative Care, Community and Home-based Care (CHBC) and Monitoring and Evaluation (M&E). This approach is based on the strategy that prevention, care and support interventions should be mutually reinforcing, interconnected and responsive to the local conditions, stage of the epidemic, donor and host country needs and strategic objectives. Its principal mandate is to support the South African government - in particular, the National Department of Health and the Department of Social Development. Palliative care (PC) interventions will be implemented in Limpopo and the Northern Cape provinces. FHI will support the National Department of Health (NDoH) to develop HBC frameworks and revise the current HBC guidelines and support dissemination of the guidelines in provinces.

In FY05, IMPACT/SA offered financial and/or technical assistance (TA) to NDoH, the National Department of Social Development (DoSD), and the Hospital Palliative Care Team (HPCT) at Johannesburg Hospital in the areas of PC, CHBC and M&E. In particular, FHI collaborated with the national DoH and DoSD.

In FY06, FHI continued until June 2006 to offer the NDoH programmatic and technical support for ongoing activities including: continuing to second two PHLA Coordinators to the NDoH in order to promote the integration of PLHA needs/strategies within government programming; and assisting with the printing and dissemination of the Training Manual for Documentation of Best Practices in CHBC. Additional training on Documentation of Best Practice CHBC was done. Provinces developed a work plan on how they are going to implement best practices to inform and improve programming.

Also in FY06, a subagreement was developed with *Parents for AIDS Action* to enable them to expand the scope and intensity of the PC services they offer through the Hospital Palliative Care Team (HPCT) at Johannesburg Hospital, while promoting greater awareness of palliative care and the creation of HPCTs elsewhere.

In FY07, FHI will continue to work with the provincial DoH and DoSD as well as NGOs and community leaders to establish Integrated Community Palliative Care (ICPC) in four rural districts of Limpopo and Northern Cape provinces. In each district, the focus of the ICPC intervention will be on PHC, ART clinics, HBC programs and support Groups that function as service outlets. The model provides the full continuum of palliative care and addresses the needs of PLHA and affected family members. Finally, FHI will continue supporting the expansion of the HPCT at Johannesburg Hospital to enable scale-up to provide Acute Pediatric care and strengthen linkages in the community. Through mentoring, training and financial support, FHI will continue to build the technical skills and organizational capacity of the HPCT's clinicians, managers and administrative staff. Through this partnership, the creation of similar palliative care teams at other health facilities will be promoted as an effective way to fill gaps in care for HIV-positive patients and their families. In FY07, FHI will continue the subagreement with Parents for AIDS Action to support the salaries of two nurses on the Johannesburg HPCT, and will continue to offer them TA in developing and using tools for case management and tracking of their palliative care services/clients.

To support ICPC activities, FHI will continue to contract the Hospice Palliative Care Association of South Africa to conduct training on palliative care for the health professionals and the non-health professionals who are involved with implementation of the program. The Project Support Group is also contracted to conduct mapping of the existing community resources at the ICPC sites that will inform the referral network. They will also conduct a baseline assessment to assist with impact evaluation of the program.

In July 2007, IMPACT/SA will end. The last three months of the project will focus on final evaluations, audits, documentation and other close-out activities. For sustainability purposes, it is intended that activities will be handed over and continued by alternative sources of funding through FHI's CTRU program.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area	Activity Summary (grouped by subagreement, then activities directly implemented by CO)	Budget Amount
General	Staff salaries/LOE, Travel, Office operations/procurement	\$307,184
HBHC	Work with Johannesburg Hospital Palliative Care Team (HPCT); Hire remaining new staff for HPCT; ICPC implementation; Mapping; Baseline; Development of Standard Operating Procedures and clinical protocols; Development of case management system; Strengthening referral networks including other systems; provide training; implement baseline study	\$496,000
HVSI	Strengthening M & E at the ICPC sites; Adapting data collection tools and developing indicators for quality of care at primary health and HBC levels	\$14,500
TOTAL		\$817,684

III. Gantt Chart

FY07 ACTIVITY PLAN	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
<i>Implementation of ICPC</i>												
Mapping	X	X										
Baseline	X	X	X	X								
Development of Standard Operating Procedures and clinical protocols		X	X	X								
Development of case management system		X	X	X								
Strengthening referral networks including other systems			X	X	X	X						
Training	X	X	X	X	X	X	X					
Implement planned activities	X	X	X	X	X	X	X	X	X			
<i>Expand and build the capacity of HPCT</i>												
Implement planned activities, according to agreement	X	X	X	X	X	X	X					
Hire pediatric nurse	X	X										
Close out												

FY07 ACTIVITY PLAN	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Inform relevant stakeholders	X	X	X									
Finalize subagreement close out						X	X					
Audit project that have expended over \$200,000							X					
CO project administration close out							X	X	X	X		
Storing/shipping project files										X		
Implement staff separation plan								X	X	X		
Final CO IMPACT report								X	X	X		

IV. Technical Assistance Plan

SA / IMPACT FY06 Technical Assistance Plan			
Purpose	Number/Duration of trips	Type (I=Int'l, R=Regional)	Tentative period
Program staff support/QA	1 trip/7 days	I	Q1

Tanzania/IMPACT

IMPACT Workplan: October 2006 through January 2007

I. Overview

The overall goal of FHI/IMPACT's HIV/AIDS activities in Tanzania is to improve the quality of life of PLHA, orphans and vulnerable children (OVC) and their families through increased access and availability of quality and integrated care, treatment and support services across a continuum. Objectives to accomplish this goal include:

1. Increased capacity of Tanzanian national agencies to lead and coordinate the implementation of national plans
2. Strengthened capacity in selected facilities to provide safe and effective clinical ART care with follow up at community/household level, utilizing a continuum of care approach
3. Increased capacity of community organizations (initially NGOs/CBOs/FBOs) to provide services in a continuum of care, with focus on quality and sustained home-based care (HBC) and OVC support

The above stated activities are not only supported by the IMPACT Project, but also a recent bi-lateral award from USAID. In total, USAID/Tanzania has obligated \$2.3 million toward the IMPACT Project, of which approximately \$150,000 remains to be spent in FY07. Hence, the IMPACT program in Tanzania represents only a small and complementary portion of FHI's activities and funding in country.

Targets

By the end of FY07, FHI/Tanzania will achieve the following using IMPACT funds:

- Print Standard Operating Procedures (SOPs) to guide implementation of Care and Treatment at the Care and Treatment Clinics (CTCs) of facilities (500 copies)
- Print patient leaflets on care and treatment (a reprint of earlier version after positive treatment assessment has been completed) (5,000 copies each)
- Print wall charts for care and treatment clinics (a reprint of earlier version after positive treatment assessment has been completed) (2,000 copies each)
- Print Continuum of Care best practice booklet (1,000 copies)
- Print National OVC Action Plan (500 copies)
- Print HBC Guidelines for Zanzibar (1,000 copies)

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HTXS	Printing of SOPs, patient leaflets, and wall charts for Care and Treatment facilities	New	\$16,656
HBHC	Printing of Continuum of Care Best Practice booklet, and HBC Guidelines	New	\$18,281
HKID	Printing of National OVC Action Plan and other OVC forms	New	\$33,689
HKID	Continuation of contract with DataVision for OVC data services	On-going	\$20,000
General	General Program Management and Support to IMPACT Close-out activities	New	\$59,121
Total			\$147,747

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Print SOPs of Care and Treatment		X	X									
Print patient leaflets in care and treatment	X											
Print wall charts for care and treatment clinics	X											
Print Continuum of Care Best Practice booklet		X										
Print National OVC Action Plan		X										
Print HBC Guidelines for Zanzibar				X								
Continuation of contract services with Datavision	X	X	X									
General Program Management and IMPACT Close-Out Activities	X	X	X	X								

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type	Tentative period (Q1,Q2,Q3, Q4)
Program management support	1 trip/10 days	I	Q1
Technical conference attendance (Addis Ababa)	1 trip/6 days	R	Q1
Technical conference attendance (Geneva)	1 trip/6 days	R	Q1

***Uganda/East Africa Regional Program
Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project***

IMPACT Workplan: October 2006 through June 2007

I. Overview

As part of its participation in USAID/East Africa's ROADS Transport Corridor Initiative (TCI) in East and Central Africa, USAID/Uganda obligated funds to the FHI/IMPACT Project in FY06 to support TCI programming in two selected sites, Busia and Malaba. The overall goal of the ROADS TCI Project, managed by FHI, is to stem HIV transmission and mitigate impact in vulnerable populations along transport routes throughout the region. The total funding from USAID/Uganda through FHI/IMPACT is \$300,000 and provides supplemental funding to the overall ROADS TCI activities in Uganda. Additional funding to support these activities beyond FHI/IMPACT has been obligated to the FHI/ROADS Project from USAID/Uganda through their COP07. The USAID/Uganda-funded activities under FHI/IMPACT contribute toward Intermediate Result 4: "Effective Programs Implemented in Target Populations", under Strategic Objective 8: "Strengthened HIV/AIDS Programs in the Region."

In FY06, FHI/IMPACT implemented HIV/AIDS programming to reach the most vulnerable populations along the transport corridor on the Uganda-Kenya border. In Busia and Malaba, FHI/IMPACT partnered with more than 70 local CBOs organized in "clusters" to provide prevention, care and support services to youth, PLHA, transport workers and adult men and low-income/vulnerable persons, with a focus on strengthening linkages between these targets groups and existing health and social support services. Through these activities, FHI/IMPACT has trained over 1,400 peer educators from 64 community groups to effectively convey accurate HIV and AIDS information and refer individuals to health and non-health support services as needed. More than 24,000 people have been reached with HIV prevention through peer education, magnet theatre and community mobilization events, and 1,500 people were referred to counseling and testing services. In addition, FHI/IMPACT has trained 285 individuals from the CBO partners to provide HIV-related palliative care for PLHA; these activities have reached 2,000 people with HIV care. FHI/IMPACT has collaborated with its CBO partners to map services for PLHA and to strengthen referral systems. As part of institutional capacity building of local partners, FHI/IMPACT has trained 200 individuals to plan, manage and implement community-based HIV/AIDS program activities.

With remaining funds in FY07, FHI/IMPACT will build on the work initiated in FY06 and continue to focus on community outreach and strengthening of linkages with local health facilities and other support service providers. Provision of prevention, care and support services to target groups in Busia and Malaba will be extended to reach the following key targets:

- 76,600 community members (youth, low-income women, transport workers, etc.) reached with prevention activities
- 5,000 community members accessing counseling and testing services
- 17,000 people living with HIV and AIDS and other vulnerable populations reached through home and community based care and support services

Please note these targets represent total numbers to be reached through FHI's programming in Uganda under both the IMPACT and ROADS Projects. Technical support and monitoring visits to the local partners in Busia and Malaba will be supported by the ROADS Project. The FHI/IMPACT activities in Uganda will close-out in FY07 and transition fully into the ROADS Project.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVAB, HVOP	Support to the Uganda Red Cross and other consortium members for youth programming (prevention, referrals to counseling and testing, access to youth friendly services and behavior change/prevention activities) in Busia.	Ongoing	\$15,177
HVOP, HBHC	Support to Friends of Christ-Revival Ministries (FOCREV) for improvement of quality of care and support for PLHA in Busia.	Ongoing	\$12,813
HVOP	Support to Bajjabaasaaga Marachi Community Development Association (BAMACODA) for HIV/AIDS prevention activities and linkages to care and support services for low income and vulnerable women in Busia.	Ongoing	\$30,025
HVAB, HVOP	Support to the Frontline AIDS Support Network (FASNET) for youth programming (prevention, referrals to counseling and testing, access to youth friendly services and behavior change/prevention activities) in Malaba.	Ongoing	\$22,828
HVOP, HBHC	Support to Tororo Network of AIDS Service Organizations (TONASO) for improvement of quality of care and support for PLHA in Malaba.	Ongoing	\$20,000
HVOP	Support to Malaba Kyosimb'onanya Community Development Association (MAKOCODA) for HIV/AIDS prevention activities and linkages to care and support services for low income and vulnerable women in Malaba.	Ongoing	\$24,718
Total			\$ 125,563

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July – Sept		
	M1	M2	M3				M7	M8	M9	M10	M11	M12
Implementation of community sub-grants in Busia	X	X	X									
Implementation of community sub-grants in Malaba	X	X	X	X	X							
Monitoring visits to Busia and Malaba		X			X							
Transition of sub-grants in Busia and Malaba to FHI/ROADS Project					X	X						
Close out of sub-grants in Busia and Malaba						X	X	X	X			

Zambia

IMPACT Workplan: October 2006 through April 2007

I. Overview

Starting in FY99, USAID Mission has provided support to the FHI's Corridors of Hope (COH) project through IMPACT. The project initially targeted female prostitutes and truck drivers providing STI management and behavior change interventions to promote faithfulness and consistent condom use for both target populations. The first four project sites were Chirundu, Livingstone, Kapiri Mposhi and Kasumbalesa. Original implementing partners included World Vision and Society for Family Health. In addition to USAID Mission in Zambia, the project received financial support from JICA and USAID RHAP. The project sites closed in March of 2006, and final documentation and closeout activities were undertaken. In FY 07, best practices documents will be finalized and disseminated, and financial and programmatic closeout of the project completed including the completion of the final report.

In addition to USAID, CDC began providing support to FHI Zambia through IMPACT in FY02 to assist with a study to evaluate the syndromic management of STIs. Since then, CDC has obligated a total of \$750,000 to FHI. The work on the STI study has continued throughout FY07. The final data analysis will be completed in the first quarter of FY07. Dissemination of the results and training of Ministry of Health health care providers will be completed in the first and second quarters of FY07.

Targets:

By April 30, 2007, IMPACT/Zambia will achieve the following:

- Finalize and disseminate Corridors of Hope best practices documents
- Produce and disseminate results from research to evaluate the syndromic management of STIs.
- New STI management guidelines adopted by the Ministry of Health, based on study results.
- 45 trainers (5 each from 9 provinces) trained to train MoH health care providers in adherence to new management of STI guidelines
- Complete IMPACT final report
- Complete closeout of the IMPACT project.

II. Activity Table

Program Area Category	Activity Summary	New/ On-going	Budget
General	Completion of activities related to research on syndromic management of STIs.	Ongoing	\$99,405
General	Closeout – finalize best practices documentation, complete financial and programmatic closeout, complete IMPACT final report	Ongoing	\$80,882
Total			\$180,287

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Data analysis of study to evaluate syndromic management of STIs.	X	X										
Write report on STI syndromic management study.		X	X									
Dissemination of results of STI management guidelines research.			X									
Meeting to revise national STI management guidelines.				X								
Finalize and produce revised STI guidelines.					X	X						
Training of trainers in STI management guidelines.						X						
Finalize COH best practices document	X	X										
Financial and programmatic closeout	X	X	X	X	X	X	X					
Complete Final Report	X	X	X									

ASIA and the PACIFIC

Asia Regional Program

IMPACT Workplan: October 2006 through September 2007

I. Overview

FHI/Asia Regional Program (ARP) has been implementing a range of activities in support of the USAID/Regional Development Mission Asia (RDM/A) HIV/AIDS Strategic Plan for the Greater Mekong Region (GMR) released in 2004. In the past fiscal year alone its major accomplishments include:

- Support to China's first continuum of care (CoC) program in Guangxi including ART provided by the Chinese government. This CoC links together outreach for most-at-risk populations (MARPs), VCT, TB services and clinical management of HIV.
- Support to a qualitative research on the sexual networking of IDUs in Indonesia and Bangladesh.
- Support to a qualitative research on the dynamics and context of social and sexual network of male-to-male sex in Indonesia and Thailand.
- Support to a multi-country program evaluation of MSM interventions in Bangladesh, Nepal and Indonesia.
- Support to USAID-ASEAN Collaboration on HIV/AIDS in human capacity development for ASEAN countries in the following areas:
 - *Surveillance*: In collaboration with The Futures Group's POLICY Project and ASEAN Coordinating Country (Lao PDR), FHI organized and conducted two trainings on data use for policy development and program design and on generating and interpreting of data, respectively. Subsequently, a surveillance leadership forum was organized, providing an opportunity for policy makers and/or bureaucrats from ASEAN countries to share information and ideas about strengthening national and regional HIV/AIDS and STI surveillance and monitoring systems as well as to discuss future collaboration among ASEAN member countries.
 - *HIV clinical management*: Likewise, in collaboration with The Futures Group's POLICY Project, ASEAN Coordinating Country (Thailand) and Bamrasnaradura Institute, FHI organized a regional training for physicians from ASEAN countries on HIV clinical management, followed by support to an in-country training each in Vietnam and Lao PDR.
 - *HIV prevention, treatment and care for IDUs*: FHI supported an ASEAN regional dialogue meeting to discuss the elements of an essential package of HIV treatment and care services for HIV+ IDUs, the need for scale-up of oral substitution programs and the need for treatment and care for IDUs in closed settings. In collaboration with Malaysian MOH, WHO/WPRO and WHO/SEARO, FHI supported the development of a training curriculum on HIV prevention, treatment and care for IDUs. With support from FHI, a regional training course was conducted for clinicians from ASEAN countries late in FY06.
 - *Increasing access to ARVs and diagnostic reagents*: FHI provided financial support for two meetings in a series of ASEAN consultation forums to increase access to ARVs and diagnostic reagents.

In FY07 IMPACT field support funds will be used to supplement ARP's USAID/RDM-A funded implementation plan by supporting FHI/APD technical staff time in formalizing the "Regional Technical Resource (RTR) Network." Technical assistance is needed to strengthen the capacity of country-based implementing partners/agencies as well as USAID/RDM/A's cooperative agencies (CAs) with a main objective of quality assurance and improvement of project implementation. FHI will provide direct technical assistance and mentoring in various areas including, but not limited to, the following technical areas: SBC, MSM, SRE and M&E. In light of the IMPACT closeout the ARP will produce a final report narrating the accomplishments and lessons learned during the life of IMPACT. Additionally, as requested by USAID/RDM-A, FHI/ARP will use IMPACT funds to support the close out of USAID/RDM-A funded activities.

Targets:

By the end of FY07 IMPACT/ARP will achieve the following:

- Technical assistance provided to implementing partners and/or USAID/CAs at least twice
- IMPACT Asia Regional Program final report produced/disseminated

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/Ongoing	Budget
HVOP	HVOP activity in support of implementing a "Regional Technical Resource Network" to strengthen the capacity of country-based implementing partners/agencies as well as USAID/RDM/A's CAs	New	17,852
HVCT	HVCT activity is support of implementing of a "Regional Technical Resource Network" to strengthen the capacity of country-based implementing partners/agencies as well as USAID/RDM/A's CAs	New	12,834
HVSI	HVSI activity in support of implementing of a "Regional Technical Resource Network" to strengthen the capacity of country-based implementing partners/agencies as well as USAID/RDM/A's CAs	New	108,092
HTXC	HTXC activity in support of implementing of a "Regional Technical Resource Network" to strengthen the capacity of country-based implementing partners/agencies as well as USAID/RDM/A's CAs	New	11,119
General	Program operational and closeout activities	On-going	\$169,423
Total			\$319,320

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Supplement to the USAID/RDM-A funded Regional Technical Resource Network	X	X	X	X	X	X	X	X	X			
Closeout activities of IMPACT and USAID/RDM-A	X	X	X	X	X	X	X	X	X	X	X	X

Bangladesh

IMPACT Workplan: October 2006 through September 2007

I. Overview

The first stages of a concentrated epidemic have started in Bangladesh. The most recent epidemiological data show that HIV prevalence among injecting drug users in Dhaka now exceeds, for the first time, the 5% threshold. These data, coupled with state-of-the-art modeling exercises, predict a growing epidemic along the lines seen in other Asian countries. Over the past six years, the USAID-funded IMPACT Project, implemented by FHI, has made great strides in preparing the groundwork for prevention, care and support activities in Bangladesh. Although IMPACT will close in FY07, the work begun under this program will continue under a new bilateral Cooperative Agreement with the USAID Mission in Dhaka.

With the remaining budget of little over \$78,000, the FHI Bangladesh IMPACT program will focus on close-out activities during FY07. While all IMPACT sub-agreements were closed in FY06, only a few items remain on this year's budget and workplan. Funds are budgeted for close-out activities which include assistance from the regional office in Bangkok and the collection and dissemination of the experiences and contributions made by IMPACT. Activities for close-out include Lessons Learned Dissemination and final report production.

Targets

FHI/Bangladesh will achieve the following using IMPACT funds:

- IMPACT Lessons Learned Dissemination Workshop
- IMPACT Close-out Report

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
General	IMPACT closeout activities	On-going	\$78,398
Total			\$78,398

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
PROGRAM MANAGEMENT												
Close out of FHI Bangladesh IMPACT									X			
Submit reports to USAID,APD and HQ			X			X			X			

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Management support for Bangladesh IMPACT project close out (from APD)	1 trip/5 days	R	Q3
Regional TA assistance for Close-out activities	1 trip/5 days	R	Q1 – Q3

Cambodia

IMPACT Workplan: July 2007 through September 2007

I. Overview

Cambodia has been heralded worldwide as an HIV/AIDS “success story.” Sentinel surveillance trends show a steady decrease in HIV prevalence, from a high of 3.0% in 1997 to the current figures of 1.9%. Behavioral trends indicate that consistent condom use is increasing and risk-taking behaviors among most-at-risk populations (MARPs) are declining. A strong health system and improved service delivery and linkages have made it possible for more people living with HIV/AIDS (PLHA) to access life-prolonging care and treatment. While the results are encouraging, efforts must continue with the same vigor to ensure that these successes are maintained and enhanced. Approximately 123,000 people—many of whom are the poorest in the country—are currently living with the virus. Despite substantial declines, the incidence of new infections among sex workers and key client groups remains high. Anecdotal reports suggest that illicit drug use is increasing. Even more worrying, the virus has spread to the general population, particularly to married women and their children. Vulnerability reduction, impact mitigation and continued risk reduction interventions in HIV prevention, care, support and treatment are vital to stem the HIV/AIDS epidemic across Cambodia and to mitigate the effects of the virus on people’s lives.

FHI/Cambodia supports government, NGO and community partners across the country in the implementation the following activities:

- Technical support to the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) for the design, implementation and analysis of the national HIV sentinel surveillance, the behavioral sentinel surveillance and the STI sentinel surveillance surveys;
- Targeted behavior change interventions to reduce the risks and vulnerability of those identified as most susceptible to STIs and HIV – such as sex workers, uniformed services personnel, illicit drug users and MSM;
- STI/HIV prevention and vulnerability reduction interventions for the wives and family members of military personnel;
- Collaborating with the government and the NGO community to strengthen STI service delivery for high risk populations in the civilian and military health systems;
- Reducing the vulnerabilities and impacts of HIV/AIDS on orphans and vulnerable children; and
- Providing technical support, system and structure strengthening for the rapid scale up of HIV/AIDS care, support and treatment utilizing the Continuum of Care approach.

In FY06, FHI received funding from the Regional Development Mission/Asia (RDM/A) in addition to IMPACT funding to implement activities in its portfolio. The bridging funds from RDM/A continued most of the Cambodia’s program activities previously funded under the IMPACT Project through September 2006. The remaining IMPACT funds were used in the following areas:

- Capacity building for core trainers, peer educator trainers, peer educators, peer leaders and outreach workers from the Women at Risk program and Uniformed Service program. Topics of the trainings ranged from ‘Tools for Life’, care and support and alcohol reduction.
- Technical assistance provided by consultants and mentors in the area of care and treatment, program documentation and behavior change communication. In Ko Thom through collaboration with the STI clinic, 287 sex workers and casino workers were provided with HIV/AIDS/STI education and 128 received STI screening and diagnosis. A follow-on meeting to discuss the Integrated Analysis and Advocacy (A²) Project was held. However, due to certain circumstances, the project will not continue for Cambodia.

In FY07, RDM/A has provided a nine-month cooperative agreement to FHI to continue FHI’s HIV prevention, care and support programs in three countries in the Greater Mekong Region (GMR), Papua New Guinea and the Asia Regional Program through June 2007. FHI Cambodia will use the remaining IMPACT funds (approx \$580,000) for IMPACT closeout.

Targets

By the end of FY07, FHI/Cambodia will achieve the following using IMPACT funds:

- At least one handover coordination meeting with relevant stakeholders; written strategy developed for transfer of Continuum of Care activities
- IMPACT closeout final report and dissemination
- All relevant materials provided to FHI headquarters and USAID
- Transfer of equipment to relevant parties, as per regulations

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
General	Program Operational and Closeout Costs	New	\$580,250
Total			\$580,250

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Technical assistance for BSS closeout report										X	X	X
IMPACT closeout activities										X	X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type	Tentative period
Surveillance coordination and closeout support	1 trip/6 days	R	Q4
Program support for IMPACT closeout	1 trip/5 days	R	Q4
Repatriate/R&R/home leave for expatriate staff	2 trips	I/R	Q4

China

IMPACT Workplan: October 2006 through September 2007

I. Overview

FHI/IMPACT began working in China in 2003 as the lead of a consortium of cooperating agencies (CAs: PSI, Health Policy Initiative (HPI), The International HIV/AIDS Alliance, FHI) making up USAID's team in Yunnan and Guangxi provinces. In fewer than three years, the USAID supported activities have had a significant influence on HIV prevention, care and treatment in two southern provinces of China. Working closely with national, provincial and county health authorities, FHI and the other USAID CAs have developed and implemented replicable, and within in the context of China, cutting edge prevention and care models. The acceptance of these models by the government and other donors is already influencing and accelerating the development of HIV programming well beyond the specific sites supported by USAID.

FHI's work to date has been focused on: developing and implementing replicable HIV prevention interventions for most-at-risk populations (MARPs); operationalizing continuum of prevention to care services, which involves providing modest inputs and linking existing programs to ensure that a comprehensive package of HIV services exists; and improving the use of data for decision making. The people who are most-at-risk of being infected or transmitting HIV to others are female sex workers, injecting drug users, men who have sex with men and people living with HIV/AIDS.

At the end of FY05, there was limited funding left through the IMPACT Cooperative Agreement for China. Fortunately, FHI China received follow-on funding from USAID RDM/A to continue all activities in FY06 and FY07. The Regional Development Mission/Asia (RDM/A) has provided a nine-month extension to its cooperative agreement with FHI to continue FHI's HIV prevention, care and support programs in four countries in the Greater Mekong Region (GMR), Papua New Guinea and the Asia Regional Program. The bridging funds from RDM/A are ensuring the continuation of most of the program activities previously funded under the IMPACT Project through June 2007. In FY07, with increased funding from USAID/RDM, FHI will continue, strengthen and expand the coverage of existing interventions in Yunnan and Guangxi. In addition, FHI will work with the USAID CA team to expand programming and package activities to areas of high HIV prevalence and risk behaviors in the two priority provinces. FHI will work closely with the GFATM to promote an effective minimum package services model as developed and implemented in Gejiu, Yunnan through a "how to" guide and accompanying video, both in Chinese, intended to aid replication of this project in the 148 sites being supported by the Global Fund, as well as other sites.

IMPACT funds have been reserved for staffing, technical assistance, management support and field offices costs for the RDM supported subagreements and activities from October 2006 to June 2007, and fundamental close-out costs from July through September 2007.

The FHI China IMPACT project will close-out at the end of FY07. USAID regulations will be followed in order to complete the close-out. IMPACT will also produce a final report summarizing implemented activities over the years.

Targets

By June 2007, IMPACT/FHI/China will have achieved the following (some supported by RDM/A funds):

- 2,600 IDU in Yunnan and Guangxi will be reached with HIV risk reduction messages and supportive services
- 3,900 FSW in Yunnan and Guangxi will be reached with behavior change interventions to prevent HIV infection
- 2,100 MSM in Yunnan and Guangxi will be reached with behavior change interventions to prevent HIV
- 6,000 mobile men in Yunnan and Guangxi will be reached with behavior change intervention to prevent HIV
- 650 most-at-risk people in Yunnan and Guangxi will receive CT for HIV and test results
- 150 PLHA will receive OI prevention and treatment
- 80 PLHA will receive ART

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVOP	FHI support to HVOP through technical assistance and support for other HIV prevention activities among IDU, FSW and MSM in Yunnan and Guangxi.	Ongoing	\$35,735
HBHC	FHI support to HBHC through technical assistance and support for palliative care activities in Guangxi	Ongoing	\$7,601
HVCT	FHI support to HBHC through technical assistance and support to select CT services in Yunnan and Guangxi	Ongoing	\$7,601
HTXS	FHI support through technical assistance and support for HIV/AIDS treatment and ART services in Guangxi	Ongoing	\$39,045
General	Program operational and closeout costs	New	\$292,743
Total			\$382,725

III. Gantt Chart

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Technical assistance and support to HIV/AIDS interventions in Yunnan and Guangxi provided	X	X	X	X	X	X	X	X	X			
VCT training		X										
Program/technical review conducted								X				
Participate in regional meeting/training/workshop		X				X						
IMPACT close-out report finalized	X	X					X					
Close-out IMPACT/China program										X	X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative Period (Q1,Q2,Q3, Q4)
TA in VCT	1trip/7 days	R	Q1
TA for program/technical review and strengthening	3 trips/14 days each	R	Q3
TA for program management support	3 trips/7 days each	R	Q1-4
Participation in regional management/technical/HR/ Finance meetings/workshops	3 trips/7 days each	R	Q1-4

India

IMPACT Workplan: October 2006 through December 2006

I. Overview

The US Mission India's Strategic Objective, "Improved health and reduced fertility in targeted areas of India," supports the national response to HIV/AIDS. IMPACT India's implementation plan supports National AIDS Control Organization (NACO) and directly contributes to USAID/India's programmatic priorities and strategic plan, including USAID's geographic focus and bilateral partners, AVERT and APAC. The IMPACT/India strategic approach was shaped with insights gained from the collective global experience of FHI/IMPACT in HIV/STI prevention and care and applies lessons learned that reflect the changing nature of the pandemic.

In FY06, a total of 37 sub-agreements were managed. Four sub-agreements were closed after transitioning them to other sources of funding. Amendments to fund 22 sub-agreements, through YouthNet from 1 October 2005 to 30 June 2006 and IMPACT from 1 July to 30 September 2006 were executed. Amendments to extend five sub-agreements up to 30 September 2006 were processed. One new sub-agreement was developed to support International City/Country Management Association to implement an innovative project to demonstrate mainstreaming of HIV/AIDS program in city government urban health programs. Five IMPACT projects from FY05 were continued in FY06. Technical assistance was provided to all the implementing partners to develop proposals and facilitate transitioning of projects to other sources of funding including APAC in Tamil Nadu and AVERT in Maharashtra. Technical assistance was provided to APAC and AVERT on various program and technical areas including: operationalizing the office of Global AIDS Coordinator (O/GAC) *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. Technical assistance was provided to NACO on the design of NACP-III and strengthening the national surveillance system. FHI supported TANSACS for district-level action planning in selected districts. In FY06, this was replicated in all districts in Tamil Nadu to inform the state project implementation plan (PIP). Under the planned technical assistance, the following guidelines and tools are being finalized: Life skills toolkit (LSE) consisting of a manual, a facilitator's guide and information sheets; Protocols for child counseling on HIV testing, disclosure and support; Detoxification and rehabilitation protocol for substance using children and adolescents; and Child-Centered Communication (CCC) framework and materials for SBC. Regional workshops were organized for implementing partners in various program and technical areas including sustainability of project activities beyond September 2006. The Country Office has initiated IMPACT close-out activities including notification to USAID Mission and all implementing partners. Outcome-level evaluations were conducted in four projects and detailed documentation was conducted for nine projects. In FY06, 45,631 OVC, 17,452 IDU, 103,134 migrants, 35,487 PLHA and 33,901 MSM were provided comprehensive HIV prevention, care and support services. 2,849 caregivers/family members were trained and 350,809 community members were mobilized on HIV/AIDS issues.

FY 07 Work Plan

IMPACT close-out activities: In FY07, the FHI India Country Office (CO) will complete the close-out activities by 31 December 2006 including: filing of all program, technical, contracts and grants and financial records; CO annual work plans; all activities related to close-out of 37 sub-agreements; end of the project reports; workshop reports; annual TA plans; annual budgets; semi-annual and annual reports; copies of all audits, procurements, travel authorizations; and all official correspondence with USAID. Arrangements will be made for storing and sending necessary documents to FHI head quarters.

Finalization of standards, protocols and tools: The LSE toolkit, protocols for child counseling on HIV testing, disclosure and support and detoxification and rehabilitation protocol for substance using children and adolescents will be printed after finalization and translation into Hindi, Marathi, Tamil and Telugu.

IMPACT lessons learned and best practices dissemination: A national level dissemination workshop will be conducted to bring together all the implementing partners to share the lessons learned and best practices from different projects as well share the various tools developed under IMPACT.

Targets

By the end of first quarter FY07, FHI/India will accomplish the following:

- LSE toolkit printed in English, Hindi, Marathi, Tamil and Telugu and disseminated to key stakeholders;
- Protocols for child counseling on HIV testing, disclosure and support printed in English and regional languages and disseminated;
- Detoxification and rehabilitation protocol for substance using children and adolescents printed and disseminated;
- Lessons learned and best practices from IMPACT project documented, printed and disseminated to key stakeholders including NACO, SACS, government departments and NGOs.
- National dissemination workshop to share lessons learned and best practices conducted in Delhi.
- IMPACT close-out activities completed by 31 December 2006.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVAB	FHI support to abstinence based material printing and dissemination	New	\$134,699
HKID	FHI support to child communication material printing and dissemination	Ongoing	\$155,494
HVOP	FHI support to best practice documentation, printing and dissemination	Ongoing	\$73,340
HBHC	FHI support to best practice documentation, printing and dissemination	Ongoing	\$47,310
OHPS	FHI support to best practice documentation , printing and dissemination	Ongoing	\$39,810
General	Program operational and close-out costs	New	\$468,471
Total			\$919,124

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July -Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
LSE toolkit printed in English and four regional languages and disseminated	X	X	X									
Protocols for child counseling on HIV testing, disclosure and support printed in English and four regional languages and disseminated	X	X	X									
Detoxification and rehabilitation protocol for substance using children and adolescents printed and disseminated	X	X	X									
Lessons learned and best practices from IMPACT project documented, printed and disseminated to key stakeholders including NACO, SACS, government departments and NGOs		X	X									
National dissemination workshop to share lessons learned and best practices conducted in Delhi			X									
IMPACT close-out activities completed by December 2006	X	X	X									

Lao PDR

IMPACT Workplan: October 2006 through September 2007

I. Overview

Lao PDR, with an estimated population of 5.5 million, is a landlocked nation sharing borders with countries experiencing significant HIV epidemics--Thailand, Cambodia, Myanmar, Vietnam and the southern provinces of China. HIV prevalence in Lao PDR remains low. Preliminary and unpublished results from the November 2004 HIV surveillance indicate that among 1,097 sex workers sampled, approximately 1.8 percent were HIV positive. STI program activities have been scaled-up with GFATM funding of presumptive treatment activities and increased condom use in prostitution. However, in the past, STI prevalence among sex workers has been known to revert to high levels not long after the completion of presumptive therapy.

Based on behavioral surveillance results, population density, levels of HIV case reporting, prevalence of bacterial STIs among sex workers and the existence of significant numbers of the most-at-risk target populations, five provinces are thought to be “hot spots” and are therefore the foci of FHI activities (Luang Prabang, Vientiane Municipality, Khammouane, Savannakhet and Champasak). These provinces are the most populous areas along Route 13, the main land transportation route of Lao PDR and host a large proportion of the sex workers the country.

Nothing in the past year has occurred that seriously changes the dynamics for transmission of HIV in Lao PDR. Thus, the most prudent strategy for FHI and its local partners is to continue to focus on maintaining high levels of condom use in prostitution and combat STIs with periodic presumptive treatment until condom use becomes the norm.

1) **Strengthening HIV prevention and STI control.** Seven Wellness Centers were opened, each staffed with a nurse manager (from the Provincial Health Departments), four outreach volunteers and an STI doctor who provides screening, treatment and referrals as necessary. There are four Wellness Centers in Vientiane Municipality and one each in Luang Prabang, Champasak and Savannakhet. More than 2,000 sex workers and drink shop owners in over 300 small drink shops and night clubs are reached by outreach volunteers at least once each month. Outreach volunteers are trained to provide interactive, participatory education/motivation sessions focusing on a different key message each month. These activities are also available in the Wellness Centers where sex workers are able to avail themselves of health education and STI services.

Additionally, FHI manages an agreement with the Burnet Institute to implement a prevention intervention among men who may be clients of sex workers. This intervention in Vientiane and Champasak works closely with and complements the FHI directly implemented service women intervention described above through the following activities: 1) workplace and recreation (sports) site participatory education activities; 2) small media designed to foster discussion among men; 3) safer sex promotion at entertainment venues; and 4) collaboration with local health departments to help husbands overcome misconceptions about the safety of sex during their wives' pregnancy.

2) **Monitoring the epidemic.** In November 2005, FHI completed the report of the second round of second generation surveillance (SGS) which was implemented in six provinces in late 2004. The SGS included HIV, STI and behavioral components. The sample size of 4,763

included sex workers, long distance truck drivers, military, police and customs officials and state enterprise workers in the electricity and water sectors. FHI provided technical assistance in implementation and detailed analysis of the surveillance data, interpreting the results and developing conclusions and recommendations through a consensus process with the surveillance partners.

3) **Capacity strengthening at national and provincial levels.** During FY06, FHI/Lao assisted government and non-government staff and national and provincial counterparts to upgrade STI clinical skills, implement targeted interventions for service women and their clients and implement second generation surveillance through a series of trainings, mentoring and supervision and support for participation in international, regional and in-country conference/training workshops and study tours.

In FY07, FHI will continue to focus on the above three strategies and will strengthen and expand existing interventions (mostly with USAID's Regional Development Mission/Asia support). The behavior change and social norm change process that was begun in FY05 and FY06 needs continuing support in order to imprint a condom use norm. Monthly key messages will continue to be addressed through participatory activities conducted by the outreach volunteers. An emphasis on counseling and testing will be added. For example, doctors and nurses at each wellness center will be trained to provide risk reduction counseling as well as pre and post test counseling. Referrals to HIV testing sites will be made. Outreach to sex workers will be expanded to seven districts in Vientiane Capital Territory (from the current four) and an outreach team will be established (without Wellness Center) in Tha Kaek city, the capital of Khammouane Province. In all five hot spot provinces, FHI will support at least three rounds of presumptive treatment for gonorrhea and Chlamydia for all service women in the catchment area.

The Regional Development Mission/Asia (RDM/A) has provided a nine-month extension to cooperative agreement to continue FHI's HIV prevention, care and support programs in four countries in the Greater Mekong Region (GMR), Papua New Guinea and the Asia Regional Program. The bridging funds from RDM/A are ensuring the continuation for most of the program activities previously funded under the IMPACT Project through June 2007. IMPACT funds have been reserved for staff support and external technical assistance, which is planned to take place from October to June and fundamental close-out costs from July through September 2007.

FHI/Lao PDR IMPACT project will close-out at the end of FY07. USAID regulations will be followed in order to complete the close-out. IMPACT will also produce a final report summarizing implemented activities over the years.

Targets

By June 2007, IMPACT/FHI/Lao PDR will have achieved the following (some supported by RDM/A funds):

- 90% of service women report condom use with clients (in the past week)
- 80% of service women report condom use with their regular partners (in the past week)
- A referral mechanism will be established between the Wellness Centers and local HIV testing sites.
- Three rounds of periodic presumptive treatment for common, curable STIs will be successfully completed.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVOP	FHI support to HVOP	<i>On-going</i>	\$70,167
HVSI	FHI support to HVSI	<i>On-going</i>	\$28,734
General	Close-out of IMPACT	New	\$191,161
Total			\$290,062

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
FHI management and technical support for HIV prevention interventions in 5 provinces	X	X	X	X	X	X	X	X	X	X	X	X
Provide quality assurance oversight for STI screening & treatment in Wellness Centers		X					X				X	
Provide VCT referral for sex workers	X	X	X	X	X	X	X	X	X	X	X	X
Print and disseminate FHI/Lao final report							X	X	X	X	X	X
Manage IMPACT close-out activities for FHI/Lao										X	X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
VCT Support	1 trip/7days	R	Q1
STI support	1trip/7 days	R	Q1
Program Management Support	1 trip/5 days and 1 trip/7 days	R	Q1-4

Nepal

IMPACT Workplan: October 2006 through December 2006

I. Overview

Over the past five years, the USAID-funded IMPACT Project, implemented by FHI, has made great strides in addressing the epidemic in Nepal. The FHI/IMPACT Nepal Country Strategy 2002-2007 directly supported the Government of Nepal's HIV/AIDS National Operational Plan and implemented USAID/Nepal's HIV/AIDS strategy. The IMPACT/Nepal strategy expanded the response to the HIV epidemic through national capacity building and a comprehensive prevention-to-care package designed to target most-at-risk groups. IMPACT/Nepal programs included multiple level interventions in 32 districts across the country implemented through over 40 local organizations and in collaboration with FHI's main government partner, the Ministry of Health and Population, National Center for AIDS and STD Control (NCASC).

IMPACT/Nepal strengthened the continuum of prevention-to-care services through three initiatives: Safe Highways (reaching prostitutes, their clients and PLHA along all major transport routes); Safe Cities (reaching prostitutes, their clients, men who have sex with men (MSM), PLHA and injecting drug users (IDUs) in major urban areas); and Safe Migration (reaching seasonal migrant laborers from Far Western Nepal who work in Mumbai, India and their families).

Major accomplishments in FY06 included strengthening national capacity through technical assistance to NCASC for surveillance, monitoring and evaluation. The first integrated biological-behavioral study (IBBS) among migrant laborers was conducted. The IBBS was also conducted among sex workers truckers and showed steady (non-increasing) HIV prevalence rates and decreasing STI rates. IMPACT provided technical assistance for the development of national guidelines STI clinical management (PMTCT, pediatric ARV management) and curricula (community and home based care, HIV clinical management); multi-media prevention programs with sex workers and their clients and MSM; expansion to 27 VCT service delivery sites with an integrated essential package of care and support; and technical assistance for strengthening the National Public Health Laboratory and the national logistics and supply chain management system. In addition, FHI/Nepal provided ongoing capacity building for indigenous NGOs, beneficiary groups and networks to strengthen civil society response to HIV and create an enabling environment for care and support.

In FY06, FHI/Nepal began the IMPACT close-out process, preparing and disseminating documentation on the success stories and lessons learned under the project. FHI/Nepal staff members worked closely with implementing agencies (IAs) to close out all sub-agreements as per FHI and USAID rules and regulations. In the first quarter of FY07, the FHI/Nepal IMPACT project will complete the close-out process and fully transition to the new USAID Bilateral award – the Advancing Surveillance, Policies, Prevention, Care and Treatment (ASHA) Project signed on July 1, 2006. All FHI staff will be retained and many of the existing field programs will roll-over to the ASHA Project with little to no gap in service delivery. During the first quarter of FY07, FHI/Nepal will run under two concurrent USAID funds: IMPACT and the ASHA Project bilateral agreement.

Targets

- IMPACT Close-out Report

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/On-going	Budget
General	IMPACT closeout activities	New	\$19,385
TOTAL			\$19,385

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
PROGRAM MANAGEMENT	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Close out of the FHI Nepal IMPACT Program	X	X	X									
Submit reports to USAID, APD and HQ	X	X	X									

Pakistan

IMPACT Workplan: October 2006 through September 2007

I. Overview

Since 2004, the IMPACT project has been complimenting the National AIDS Control Program (NACP) in Pakistan in promoting awareness and healthy behaviors among vulnerable populations through strategic behavioral communication addressing risk factors for sexually transmitted infections (STI) and HIV/AIDS. IMPACT supported: i) interventions aiming to reduce the transmission of HIV/STI among the most-at-risk populations (MARPs) in Punjab and Sindh provinces and Islamabad Capital Territory; ii) care and support for people living with HIV/AIDS (PLHA); and iii) technical assistance to NACP to monitor dynamics of the epidemic and effectiveness of prevention and care programming. IMPACT worked with eight NGOs to compliment the National and Provincial Response to HIV/STI prevention and care in Pakistan.

The key focus of the program in FY04/05 was to support capacity building of partner organizations and implementation of targeted interventions for MARPs including men who have sex with men (MSM), female sex workers, truckers, migrants, in-and-out of school youth and PLHA. IMPACT organized seven need-based workshops for implementing agencies (IAs) on strategic behavioral communication (SBC), project design, monitoring and evaluation, management of targeted interventions and financial management. IMPACT also provided technical assistance to the national and provincial programs on safe blood transfusion and STI strategy development. The program established contacts with more than 120,000 primary beneficiaries. Out of these, 30,000 students were provided with HIV prevention education with an emphasis on life skills, abstinence and faithfulness through FHI's two projects for in-school youth. In addition, increased outreach was made possible by the IAs' project staff, 60 outreach workers and more than 1200 trained peer educators. IMPACT produced HIV/AIDS/STI communication materials for IAs' field staff to use during inter-personal and small group discussions and developed SBC kit used to facilitate communication on complex and sensitive HIV/STI messages to the target groups. A baseline evaluation survey was also conducted. For STI services, IMPACT established four community-based service outlets that provided STI treatment to more than 800 clients. Outreach activities for PLHA were expanded to Karachi, in addition to Lahore, Rawalpindi and Multan; as a result new HIV-positive persons were identified and referred for services. The home-based care program reached 90 PLHA and 300 family members from all over Pakistan. IMPACT developed seven case studies, "Voices of People Living with AIDS," as an advocacy tool to reduce stigma and discrimination towards PLHA. Two national consultative meetings on PLHA issues were held with NACP, Provincial AIDS Control Program (PACPs), UNAIDS, Catholic Relief Services (CRS) and other PLHA organizations in the country.

In FY05/06, the IMPACT closeout process was initiated. Two interventions with in-school youth (Rawalpindi and Multan) and one intervention with high risk youth (Mutan) were phased out in December 2005 while the behavior change interventions, STI service delivery and home-based care services for PLHA continued in four project sites (Rawalpindi, Multan, Larkana and Lahore) until June 2006. IMPACT continued providing capacity building for partner agencies and peer educators in SBC, improving STI service quality and

referrals for MARP, strengthening collaboration with the National and Provincial AIDS Control Programs as well as other international key players in the country.

In February 2006, USAID/Pakistan’s three-year project “Pakistan HIV/AIDS Prevention and Care Project (PHAPCP)” was awarded to RTI International (RTI) and FHI as a subcontracting partner to continue and expand HIV/AIDS prevention, care and support activities implemented during IMPACT years. PHAPCP aims to establish effective interventions that can be adopted for national scale-up. The project will support USAID’s Strategic Objective 7: “Improved health of vulnerable populations in Pakistan,” and more specifically, IR 7.3: “Increased use of proven interventions to prevent major infectious diseases.” Three targeted interventions for HIV prevention among MARPs (Rawalpindi, Multan and Larkana) and an intervention for care and support for PLHA (New Light) were transitioned from IMPACT to PHAPCP support in June 2006.

PHAPCP will be complemented by IMPACT for technical assistance and program management support using the remaining funds. The IMPACT project in Pakistan will be closed in December 2006. USAID regulations will be followed in order to complete the closeout activities. The final reports summarizing "best practices," "success stories" and "lessons learned" are being prepared.

Targets:

In FY07, FHI/Pakistan will use the remaining IMPACT funds for the following:

- Program management support for IMPACT closeout
- IMPACT closeout activities and report finalization and dissemination

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
OHPS	FHI program management support for closeout	Ongoing	\$10,678.00
General	FHI support for IMPACT closeout activities and report finalization and dissemination	Ongoing	\$20,299.00
Total	Total		\$30,977

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Program management support for closeout	X	X										
IMPACT closeout activities and report finalization and dissemination	X	X	X									

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type	Tentative period
Program management support for closeout	2 trips/6 days each	R	Q1

Papua New Guinea

IMPACT Workplan: October 2006 through September 2007

I. Overview

In 2003, FHI participated in a USAID/ANE technical team to conduct an assessment of the HIV/AIDS/STI situation in Papua New Guinea (PNG). Based on the findings, the USAID/ANE Bureau released a three-year framework (2004-2006) for an HIV/AIDS program in PNG. As the first and the only Cooperating Agency to implement HIV/AIDS/STI interventions in PNG, FHI established the IMPACT/PNG Program in the beginning of FY04 with the following objectives:

- Implementing strategic behavioral communication (SBC) programs targeting vulnerable populations including MSM, sex workers and their clients and at-risk adults and youth;
- Establishing, strengthening and/or linking to HIV/AIDS services, including STI and VCT services that serve as active referral points for SBC programs;
- Building local capacity to implement behavioral studies and studies specific to MSM, sex workers and their clients in order to provide data for planning, adjusting and evaluating interventions in addition to providing strategic information on little known groups to program planners and policymakers; and
- Providing care and support for PLHA and their families.

The Regional Development Mission/Asia (RDM/A) has provided a nine-month cooperative agreement to FHI to continue FHI's HIV prevention, care and support programs in three countries in the Greater Mekong Region (GMR), Papua New Guinea and the Asia Regional Program through June 2007. In FY07, the RDM/A program will be complemented by IMPACT for technical assistance and program management support. IMPACT will support technical assistance to strengthen STI services being provided to sex workers, MSM, at-risk youth and adults and monitoring and evaluation of the RDMA-funded subprojects. In addition, IMPACT will support the program closeout costs during the last quarter of 2007.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/On-going	Budget
HVOP	FHI support to prevention intervention, including strategic behavioral communication, STI clinic care and management in NCD, for targeted beneficiaries	Ongoing	\$14,497
General	Program operations and IMPACT closeout activities including report finalization and dissemination	Ongoing	\$206,326
Total			\$220,823

III. Gantt Chart

IMPACT FY 07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July-Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Technical assistance for M&E		X										
Technical assistance for STI services		X										
Program/technical/finance meeting					X							
Program management support												X

IV. Technical Assistance Plan

Purpose	Number/Duration of trips	Tentative period
Technical assistance for M&E	1 trip/10 days	Q1
Technical assistance on STI	1 trips/10 days	Q1
Program/technical/finance meeting	2 trips/7 days each	Q2
Program management support	1 trip/10 days	Q4

Philippines

IMPACT Workplan: October 1, 2006 - November 15, 2006

I. Overview

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

In 2004, USAID awarded a bilateral project called “LEAD for Health” to Management Sciences for Health (MSH). This project was designed to strengthen the capacity of local government units (LGUs) to provide family planning and selected health services, including HIV/AIDS. IMPACT complemented the LEAD for Health project by providing technical and financial assistance in monitoring the STI/HIV/AIDS epidemics and in providing essential data, analysis and technical support for programs aimed at populations most-at-risk of HIV. Technical assistance activities under the LEAD for Health ended in June 2006, after USAID decided not to exercise its option to renew the contract of MSH.

Major accomplishments of the IMPACT Project in the Philippines have been:

- Conducted population-based survey of male sexual risk behaviors
- Completed prevalence study on STIs and intervention-linked research on STI control
- Developed National STI Case Management Guidelines and revised the associated flowchart for management of vaginal discharge
- Established the Sentinel STI Etiologic Surveillance System (SSESS)
- Developed standardized STI reporting system including software for recording and analysis
- Reviewed the HIV behavioral surveillance system and documented structural, technical and operational issues to be addressed to improve behavioral surveillance
- Redesigned the overall HIV/AIDS surveillance system
- Developed behavioral survey questionnaires for four risk groups: prostitutes, males having sex with males (MSM), occupational cohorts of men (OCM); and injecting drug users (IDU)
- Conducted rapid assessments for men at high risk for HIV in 10 surveillance sites to identify the groups of men that need to be included in regular surveillance activities
- Conducted qualitative assessment of MSM in four sites: Metro Manila (Quezon City, Manila and Pasay City) Baguio City, Pagsanjan and Puerto Galera
- Conducted behavioral survey and HIV/AIDS/STI prevalence study among MSM in three cities (Baguio, Quezon, Pasay including Manila)
- Finalized the Manual of Procedures for social hygiene clinics (SHC-MOP)

- Assessment of selected SHC's compliance to the minimum standards prescribed in the SHC-MOP

The final country report for the IMPACT Project in the Philippines was also prepared and is being finalized and will be shared with major stakeholders including the National AIDS/STD Prevention and Control Program, Philippines' National AIDS Council and USAID. For FY07, FHI Philippines will spend the remaining IMPACT funds to complete IMPACT closeout in November 2006.

II. Activity Table

IMPACT FY06 ACTIVITIES

Program Area Category	Activity Summary	New/On-going	FY07 Budget (Quarter 1 only)
General	FHI support to program management and closeout activities	On-going	\$ 52,430
	TOTAL		\$52,430

III. Gantt Chart

IMPACT FY 07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
Closure of IMPACT	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Completion of closeout activities	X	X										

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type	Tentative period
Preparation for IMPACT closeout report	1 trip/7 days	I	Q1

Thailand

IMPACT Workplan: October 2006 through September 2007

I. Overview

The IMPACT Project began in Thailand in FY03, initially focusing on programming in border areas in Tak Province with Burmese migrants, in Chiang Rai with Akha Hill Tribes, and in Kanchanaburi with military populations. In FY05, consistent with the strategic direction of the USAID Regional Development Mission/Asia (RDM/A), FHI shifted its program to focus on the priority hotspot locations of Bangkok and Chiang Mai, with a focus on MSM, Burmese migrants and PLHA.

Programming through the end of FY06 included:

- Peer outreach and drop-in centers with direct services and/or referrals to STI and VCT services in Bangkok and Chiang Mai
- A private sector communications campaign targeting MSM with prevention and referral messages to increase the coverage of MSM populations being reached in Bangkok and Chiang Mai
- VCT, PMTCT, home-based care and blood safety for Burmese migrants in Tak Province
- Home-based care and micro finance for PLHA living in low-income areas of Bangkok
- An assessment with the Thai Department of Corrections to understand HIV risk behaviors in prisons and develop a program for reducing those behaviors.

In collaboration with the East West Center (EWC) and the USAID/Health Policy Initiative (formerly the POLICY Project), FHI/Thailand also worked the Ministry of Public Health (MOPH) and local authorities on the Integrated Analysis and Advocacy (A²) Project, a project designed to better analyze and use data for policymaking and program decisions. This project heavily influenced Thailand's national prevention goal to “*reduce new HIV infections by half in 2010.*”

In FY07, most activities will continue under a Cooperative Agreement provided by USAID's RDM/A. The small amount of remaining IMPACT funds will be for staff support and technical assistance to augment the RDM/A funded activities. Remaining IMPACT funds will also be used to closeout the IMPACT Project during the timeframe July-September 2007.

In FY07, under IMPACT, FHI will continue to give strategic priority to targeted interventions with MARPs, specifically MSM and migrants. Resources will be tightly focused in three results areas with close attention to structuring the interventions to ensure long-term sustainability.

- 1) FHI/Thailand will collaborate with the Thai-US CDC collaboration (TUC) to strengthen the quality and uptake of STI and counseling and testing services for MSM at an existing health facility in the Ramkhamhaeng area in Bangkok.
- 2) FHI/Thailand will contract with a marketing research agency to evaluate the multi-media campaign program for behavioral risk reduction in MSM in Bangkok and Chiang Mai, conducted by the McCann WorldGroup.

3) FHI/Thailand will provide technical assistance to review and strengthen the quality of home based care being provided by Mae Tao Clinic in Tak Province.

The IMPACT/Thailand program will end at the end of FY07. USAID regulations will be followed in order to complete programmatic, administrative and financial closeout, including producing and disseminating a final IMPACT/Thailand report.

Targets

By the end of June 2007, FHI/Thailand will achieve the following under the shared RDM/A and IMPACT supported program:

- 21,100 MSM/MSW and 10,000 clients of MSW in Bangkok and Chiang Mai will be reached with HIV behavior change interventions.
- 250 MSM/MSW in Chiang Mai will receive VCT services.
- 825 MSM/MSW will receive STI services.
- 1,000 mobile and migrant populations will receive HIV counseling and testing services.
- 30 prison officers/guards in Bangkok will participate in a training of trainers on HIV prevention and care who will in turn train 70 prison guards and 300 inmates.
- 630 PLHA and their families will receive home-based care.
- 300 PLHA will receive facility-based care and support.
- 1 STI/VCT clinic for MSM in the Ramkhamhaeng area of Bangkok will be established and delivering services.
- IMPACT/Thailand final report produced and disseminated.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVOP, HVCT	STI/VCT clinic for MSM in Ramkhamhaeng, Bangkok	New	\$15,234
HVSI	Multi-media campaign evaluation in Bangkok and Chiang Mai	New	\$15,263
HVOP	FHI support to HVOP activities	New	\$63,148
HVCT	FHI support to HVCT activities	New	\$14,381
HVSI	FHI support to HVSI activities	New	\$36,009
General	Program operations, staff support, external technical assistance and IMPACT closeout activities	On-going	\$153,290
Total			\$ 297,325

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Strengthen STI/VCT services for MSM in Ramkhamhaeng, Bangkok												
• Establish oversight committee consisting of stakeholders and sponsors	X											
• Identify existing health facility in Ramkhamhaeng with the capacity to deliver STI/VCT services for MSM	X											
• Conduct site assessment	X											
• Formalize location and partner	X											
• Renovate clinic space and support strengthening of health information system and laboratory (as required). Hire staff and promote services	X											
• Provision of services for MSM			X	X	X	X	X	X	X			

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
• Evaluate services and provide feedback to clinic for improvements									X			
Evaluation of communications campaign in Bangkok and Chiang Mai												
• Contract and Design the evaluation plan with a marketing research agency	X											
• Survey and planning for evaluation area		X										
• Conduct evaluation and report			X									
Finalize IMPACT/Thailand final report									X	X		
IMPACT/Thailand final report printed and disseminated											X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
To provide HBC training in Mae Tao Clinic in Mae Sod, Tak Province	1 trip/7 days	R	Q2
Repatriation/R&R/Home leave for expatriate technical staff	1 trip	I	Q4

Vietnam

IMPACT Workplan: October 2006 through September 2007

I. Overview

HIV/AIDS spread rapidly in Vietnam from one HIV infection detected in December 1990 to 104,552 officially reported cases 16 years later (January 2006). However, estimates of the actual number of people living with HIV/AIDS are far higher and range from 218,000 to 308,000, 85 percent of whom are thought to be males. Injecting drug use accounts for 52 percent of reported cases of HIV/AIDS. Using WHO's definition, the epidemic in Vietnam is concentrated. Epidemiology and behavioral data indicate that most-at-risk populations (MARPs) are those who inject drugs, female sex workers (FSWs) and their clients, and men who have sex with men (MSM). As of 2005, the Government of Vietnam estimated that there were 59,103 drug users in Vietnam, of whom a high proportion was thought to be injectors. The Government estimates that there are 30,000 FSWs while admitting that the actual number may be many times this size. Of crucial concern is the behavioral link between IDUs and FSWs. A high percentage of street-based sex workers also use and inject drugs (e.g., 23.8% in the province of Nghe An). Among those injecting drugs, about half to three fourths have reported sharing needles and syringes in the last month. Among reported HIV cases, there is a noticeable trend towards a younger average age. In 1994, approximately 10 percent of reported cases were among young people aged 15-24 years. Five years later, over 40 percent of all newly reported HIV cases were found among this age group. HIV infection is detected through several means including clinical diagnosis procedures, counseling and testing services, sero-surveillance and blood donor screening. HIV testing is compulsory for IDUs and FSWs in rehabilitation centers. Sero-surveillance focuses on six target groups including IDUs, FSWs, STI patients, TB patients, pregnant women and new military recruits. Newly established population-based integrated bio-behavioral surveillance (supported by USAID) is being conducted among IDUs, FSWs, and MSM.

Since 1998, IMPACT has supported programming focusing primarily on the prevention of HIV and STI among MARPs, including IDUs, FSWs and their clients, and MSM. Starting in 2004 with the addition of Vietnam as a focus country of the President's Emergency Plan for AIDS Relief (PEPFAR), these programs were significantly augmented with care and treatment interventions. FHI now supports continuum of prevention-to-care (COC) programming in all of the six focus provinces of the US Government: Hai Phong, Hanoi, Quang Ninh, An Giang, Ho Chi Minh City, and Can Tho. IMPACT's COC programs are supplemented by support to the Ministry of Health for capacity building and leadership of national programs and technical support for integrated surveillance of HIV and risk behaviors, national HIV estimates and projections and modeling. The latter is being implemented under the umbrella of the Analysis and Advocacy (A²) project which is a collaborative project with the USAID/Health Policy Initiative.

In FY07, the remaining IMPACT funds will be used to support a few on-going activities, technical assistance and closeout activities. These include supporting IDU interventions in Hanoi, Bac Giang and Thanh Hoa with Burnet Institute through December 31, 2006; technical support to IDU interventions; HIV counseling and testing; strategic information and other programmatic areas; documentation of lessons learned and a dissemination workshop; and production of IMPACT/Vietnam final report.

Targets

By the end of FY07, FHI/Vietnam will achieve the following targets using IMPACT funds:

- 5,000 IDUs reached
- 464 individuals trained to promote HIV/AIDS prevention for IDUs through other behavior change beyond abstinence and/or being faithful
- IMPACT lessons learned dissemination workshop conducted
- IMPACT lessons learned report produced and disseminated
- IMPACT close-out report submitted

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVOP	IDU interventions in Hanoi, Bac Giang and Thanh Hoa implemented in collaboration with Burnet Institute	Ongoing	\$90,010
HVOP	FHI support to HVOP activities throughout the country	Ongoing	\$62,519
HTXS	FHI support to HTXS activities throughout the country	Ongoing	\$34,870
HBHC	FHI support to HBHC activities throughout the country	Ongoing	\$150,842
HKID	FHI support to HKID activities throughout the country	Ongoing	\$5,753
HVCT	FHI support to HVCT activities throughout the country	Ongoing	\$20,931
HVSI	FHI support to HVSI activities throughout the country	Ongoing	\$39,544
OHPS	FHI support to OHPS activities throughout the country	Ongoing	\$6,573
General	Program operation and closeout activities	New	\$716,025
Total			\$1,127,067

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Implement on-going IDU interventions in Hanoi, Bac Giang and Thanh Hoa	X	X	X									
Close-out subagreements under IMPACT	X	X	X									
Complete IMPACT lessons learned report				X	X	X						
IMPACT lessons learned dissemination workshop									X			
Close-out IMPACT program										X	X	X

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period
TA in IDU interventions	1 trip/5 days	R	Q1
TA in MSH interventions	1 trip/5 days	R	Q2
TA in HIV counseling and testing services	1 trip/5 days	R	Q2
TA in strategic information	1 trip/5 days	R	Q1
TA in M&E and QA/QI	1 trip/5 days	R	Q2
Technical/Program management support to the Country Office	5 trips/5 days each	R	Q1 - Q3
FHI/VN participation in technical, programmatic and financial workshops, trainings and conferences	6 trips/5 days each	R	Q1 - Q3
Repatriation/R&R/Home leave for expatriate staff	4 trips	I	Q4

MIDDLE EAST

Jordan

IMPACT Workplan: October 2006 through January 2007

I. Overview

Since June 2000, USAID has funded FHI through the IMPACT project to initiate HIV/AIDS prevention activities in Jordan, a low-prevalence setting. FHI received a total of \$1,900,000 in project funding. FHI/Jordan's strategy includes increasing awareness and knowledge of STI prevalence, improving access to and quality of HIV/AIDS prevention and care services (including patient referral and monitoring services) and increasing stakeholder involvement (namely national policymakers) in HIV/AIDS planning efforts. FHI has provided technical assistance and training in the areas of CT, SBC, and STIs and continued to provide technical support to the Jordanian National AIDS Program's (NAP's) Hotline and Counseling Center in the development of promotional brochures and materials for adaptation, translation, reproduction and distribution. Through expanded outreach activities, also supported by FHI/Jordan, the Center's peer education program continues to reach an increasing number of high-risk groups. FHI also works more widely with peer education initiatives to strengthen and expand outreach activities to include university students and hard-to-reach youth. In FY05, FHI supported the NAP in the development of the National Strategic Plan for HIV/AIDS. This plan served as a guideline for coordination by the MOH/NAP of all HIV/AIDS activities in Jordan and has as its main goal the maintenance of Jordan's low HIV/AIDS prevalence. FHI's activities fall under USAID/Jordan's 2004-2009 population and health strategy.

In FY07 FHI will use the remaining funds under IMPACT to close out the IMPACT project in Jordan.

For FY07, FHI's key objectives include:

- Closely link activities in support of responsive closeout in Jordan.
- Document the IMPACT approach and lessons learned from Jordan to be utilized by the Region and other partners
- Printing of materials developed that aim to promote youth-friendly services in Jordan. Namely, FHI will:
 - ✓ Support the printing of YouthNet's *Youth Counseling and Testing Manual*.
 - ✓ Support the printing of the Youth Participation Guide in Arabic.

II. Activity Table

IMPACT FY07ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVCT	Promote Youth friendly services; CT manual	On-Going	\$5,747
OHPS	Printing of Youth Participation Guide	On-Going	\$5,747
General	Program operational and IMPACT Project Close out costs	Ongoing/New	\$82,776
Total:			94,270

III. Gantt Chart

IMPACT FY07Activity Plan	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Oct-Dec			Jan.-March			April-June			July -Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
IMPACT close out	X	X	X	X								
Promote Youth friendly services: CT manual, Brochure	X	X	X									
Youth Participation Guide	X	X	X									

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative Period
IMPACT Program Management Support; IMPACT close out	1 trip/10 days	I	Q2

Middle East Regional Program

IMPACT Workplan: October 2006 through March 2007

I. Overview

Our knowledge of the extent of the HIV epidemic in the region is limited by a lack of data needed to plan interventions. In a recent meeting of HIV/AIDS regional experts, surveillance was identified as a key area in need of improvement in order to implement an effective approach to the prevention of HIV/AIDS. Through the development and implementation of comprehensive surveillance systems, we can obtain the data needed to design programs that are constantly evolving to the current needs of the epidemic. FHI is conducting various activities along these lines in Egypt, which will be replicated throughout the region. In expanding activities throughout the region, FHI proposes to undertake a series of activities to create comprehensive surveillance systems for various countries. In FY05, FHI, in conjunction with UNAIDS and WHO, conducted a regional training on Planning and Implementing Integrated HIV Surveillance Systems. The large-scale regional training took place in Cairo and was attended by representatives from 12 countries in the region. Plans are underway in FY07 to provide in-country technical assistance to countries to establish and/or strengthen their surveillance systems.

Activities implemented in FY06 were a regional training on HIV Voluntary Counseling and Testing (VCT) in conjunction with WHO and Ford Foundation in addition to follow-up in-country technical assistance to Yemen to help them begin to design and implement their National level VCT program. An additional activity in FY06 included translation and adaptation of FHI's behavioral surveillance survey (BSS) manual into Arabic which will be disseminated in FY07. The manual was adapted based on comments obtained during the Regional Surveillance Training in FY05.

Rigorous monitoring and evaluation of HIV/AIDS programs is essential to improve understanding of successful interventions, what they cost and how to replicate and sustain them. Such activities are necessary in order to move from isolated pilot projects to comprehensive, effective and sustainable programs that actually change high-risk behaviors and, ultimately, prevent the transmission of HIV and STIs. FHI is committed to providing technical leadership in program monitoring and evaluation to new and ongoing projects and interventions on HIV/AIDS. Many resources already exist that provide program planners with information about how to conduct monitoring and evaluation. In meeting M&E needs, FHI also has a vast amount of technical experience in this area, including technical staff specialized in training on how to conduct M&E and in the development of national M&E plans.

Activities planned for FY07 include translation of the FHI-developed *Monitoring HIV/AIDS Programs: A Facilitator's Training Guide*. FHI will conduct a Regional Training on M&E. The training will focus on improving participants' understanding of M&E, collecting, analyzing and using monitoring data and how to develop a monitoring and evaluation work plan and specific M&E tools for relevant technical areas (i.e. VCT and clinical care including ART). Technical assistance will be provided to up to two individual countries to develop national M&E plans. In-country activities will include assessments of the current resources available for M&E and current

programs in need of enhanced M&E, technical assistance in the Development of National Monitoring and Evaluation Work Plans, and consensus meetings with all relevant stakeholders, to gain approval for the developed M&E Plans.

Targets

By the end of FY 07, the Middle East Regional Program will accomplish the following:

- 300 copies of the BSS Manual will be disseminated
- TA to one country for technical assistance for HIV surveillance (BSS)
- 35 regional participants trained on M&E
- TA to up to two individual countries to develop National M&E plans
- 300 copies of the *Monitoring HIV/AIDS Programs: A Facilitator's Training Guide* adapted, printed in Arabic and disseminated

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVSI	TA to up to two countries in the region for HIV surveillance	New	\$26,543
HVSI	Regional Training for 35 participants in M&E	New	\$78,564
HVSI	TA to up to two countries to develop National M&E plans	New	\$22,543
HVSI	Adaptation and Printing of <i>Monitoring HIV/AIDS Programs: A Facilitator's Training Guide</i>	New	\$53,548
HVSI	300 copies of BSS Manual and 300 copies of Monitoring Training Guide Disseminated	New	\$2,432
Total			\$183,630

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April – June			July - Sept		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Dissemination of the BSS Manual	X	X	X									
TA to countries in the region for HIV surveillance			X	X								

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April – June			July - Sept		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Translation and Adaptation of the Monitoring HIV/AIDS Programs: A Facilitator’s Training Guide into Arabic and disseminated	X	X	X	X								
Dissemination of the Monitoring HIV/AIDS Programs: A Facilitator’s Training Guide					X	X						
Regional M&E Training Workshop		X										
TA countries in the region for the development of National M&E Workplans in selected countries			X	X	X							

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int’l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
Program Management/FPD	1 trip/ 10 days	I	Q2
M&E/ESR	1 trip/15 days	I	Q1
M&E Regional Support	2 trips/10 days each	R*	Q1, Q2,
BSS Regional Support	2 trips/10 days each	R*	Q1, Q2

* Regional trips are for Regional/CO staff and consultant travel within the Middle East.

EUROPE and EURASIA

Albania

IMPACT Workplan: October 2006 through November 2006

I. Overview

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

Family Health International/IMPACT has been requested by USAID/Albania to 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 FHI/IMPACT for technical and program support to this project. The bulk of the implementation of the Bio-BSS was done in FY06. The remaining activities to be carried out in FY07 are to print the final report and to hold a national level press conference for dissemination of the results.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVSI	BSS activities – Finalization of the report, printing and press conference/dissemination activities	On-Going	\$21,779
General	Operational costs		\$5,333
Total			\$27,112

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Print Final BSS Report	X											
Hold final Press conference for dissemination of the final report	X	X										

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
ESR Technical Assistance	1 trip/10 days	I	Q1

Baltics Regional Program

IMPACT Workplan: October 2006 through March 2007

I. Overview

From late 2000 until the end of FY04, IMPACT/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. In total, IMPACT/Baltics received \$2.397 million in funding, including the Northern Europe Initiative (NEI) and funding through the Department of State. A final report was prepared and has been published.

After final reconciliation of funds, it was determined that there were funds remaining for activities; in FY06 a case study of activities in St. Petersburg and Kaliningrad was finalized, published and shared with partners. A subagreement was started with AIDS, Statistics, Health, an implementing agency (IA) in St. Petersburg to promote HIV education, combat stigma and work with HIV+ prisoners. The subagreement ends in December 2006, and final closeout activities will be completed.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVOP	Provide Implementing agency funding for conducting awareness and HIV education activities, creating publications and materials, and educating health care staff on HIV and AIDS prevention.	On-going	\$18,144
General	Program operational and closeout activities		\$5,145
Total			\$23,289

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April – June			July - Sept		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Subagreement management and closeout	X	X	X									
Final program closeout			X	X	X	X						

Kosovo

IMPACT Workplan: October 2006 through December 2006

I. Overview

In recent history, Kosovo has experienced almost ten years of conflict, ethnic cleansing and governance by the United Nations. The region has been in the process of rebuilding vital infrastructure including the creation of legal and education systems, as well as provision of health services.

Kosovo is classified as a low concentrated region for HIV/AIDS. Approximately 50 cases in the general population have been identified since 1986 and only two blood donors have tested positive since testing for HIV began in the same year. However, rising rates of injecting drug users, a thriving prostitution industry populated by women both internally and externally trafficked, migratory populations and a homosexual population that is highly stigmatized suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on seroprevalence or behavioral factors among these high risk groups, and it is possible that rates of HIV are currently or could soon be disturbing. Furthermore, countries surrounding Kosovo have recently experienced an explosion in their HIV-positive populations, and there is no reason to suspect that Kosovo would be immune to these same influences.

Starting in FY05, Family Health International/IMPACT was requested by USAID/Kosovo to plan and implement a Behavioral and Biological Surveillance (BSS) related to HIV/AIDS in the country. In FY06, FHI completed data collection, entry and cleaning and plans to analyze the data, write the report and hold a working group meeting in FY07. After the working group meeting is held, the BSS report will be finalized, printed and disseminated.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVSI	Finalization of the BSS activities (Final analysis, working group meeting, printing and Dissemination of the final report)	Ongoing	\$ 16,192
General	Operational costs		\$ 4,468
Total			\$20,660

III. Gantt Chart

IMPACT FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July –Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Data analysis	X	X										
Working group meeting		X										
Finalization of the report		X	X									
Printing of final report			X									
Dissemination of report			X									
Provision of in-country Technical Assistance		X										

IV. Technical Assistance Plan

Purpose	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
ESR support for helping the Kosovo team with final analysis of the BSS data and for assistance with the writing of the final report for the BSS.	1 trip/6 days	I	Q1

Kyrgyzstan

IMPACT Workplan: October 2006 through June 2007

I. Overview

In July of 2004, FHI/IMPACT was obligated \$50,000 in funding to work in Kyrgyzstan. The funds will be used to establish local gonorrhea antibiotic susceptibility patterns which will form the basis for revising the urethral discharge and cervical infection component 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. The activities were not completed in FY06 due to a delay in the procurement of equipment and reagents by the Mission.

Goals:

1. Select a laboratory with STD clinical capacity in Bishkek to monitor gonorrhea antibiotic susceptibility
2. Develop a plan for susceptibility testing (ex. MIC's and clinical cure rates)
3. Determine equipment and reagent needs
4. Train laboratory staff
5. Establish QA/QC system
6. Determine gonorrhea treatment choices

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area	Activity Summary	New/ On-going	Budget
HVOP	STI study (to conduct a Gonorrhea Antibiotic Susceptibility Monitoring Program) to be carried out by UNC, through a Task Order	New	\$26,270
Total			\$20,660

III. Gantt Chart

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Meetings with USAID, to discuss plans and progress	X	X										
Training and implementation of study		X	X	X	X	X	X	X	X			
Monitoring of study			X	X	X	X	X	X	X			
Data analysis, review and final review of study									X			

IV. Technical Assistance Plan

Type of TA needed	Number/ Duration of trips	Tentative period (Q1,Q2,Q3, Q4)
Technical Assistance to be provided by UNC, as per Task Order	3 trips/10 days each	Q1, Q2, Q3,

Russia

IMPACT Workplan: October 2006 through December 2006

I. Overview

Since 2000, Russia's HIV/AIDS epidemic has been considered to be one of the fastest growing epidemics in the world. The highest rates of HIV infection are among injection drug users (IDU), however, the epidemic is rapidly moving beyond this core group of IDUs into the heterosexual population through 'bridge populations' such as sex workers and non-injecting drug users who engage in higher risk sexual activities with people who do or do not inject drugs. Additionally, multiple focal epidemics are now occurring throughout the country in other marginalized populations, such as men who have sex with men (MSM). For this reason, USAID-funded programs are and will be focused on addressing specific needs of these high-risk populations of IDUs, sex workers, MSM, and special risk groups such as their sex partners and at-risk youth.

In order for USAID to evaluate its targeted interventions for high-risk groups such as MSM, IDU, sex workers and high-risk youth, FHI and its local partner, Stelit, are conducting a Behavioral Monitoring Survey (BMS) as a baseline in 3 cities (St. Petersburg, Irkutsk, and Orenburg). The purpose of the survey is to collect information on sexual and drug-using risk behaviors, knowledge and attitudes about HIV/AIDS and health seeking behaviors in these groups. Additionally, the results of the survey will inform program managers and planners to design and tailor HIV prevention, care and treatment programs for these target populations.

The protocol was finalized in January 2005 and approved by the Protection of Human Subjects Committee at FHI in April 2005. The following is a list of the target populations of the BMS:

St. Petersburg:

1. **Sex workers** – any woman who exchanges sexual favors for money or drugs on the street (age between 15 and 49 years).
2. **Men who have sex with men (MSM)** – any male who engages in sexual activities with other men attending clubs (age between 15 and 49 years).
3. **Intravenous drug users (IDU)** - any person who injects illicit substances into their bodies (age between 15 – 49 years).
4. **Institution-based Youth (IBY)** - youth (between the age of 15 and 25 years) in orphanages, and vocational boarding schools.
5. **Youth in Transitory Centers (YTC)** – youth (between the age of 15 and 25 years) attending shelters, drop-in centers and medical-social centers.

Orenburg and Irkutsk:

1. Institution-based Youth
2. Youth in Transitory Centers
3. Sex workers

4. Intravenous drug users

Mapping of each target group began in April 2005 in each city. FHI trained all principal investigators and the site coordinators and supervisors in mapping methods. The purpose of the mapping activity was to determine the social and geographical dynamics of the target groups. This exercise provided qualitative, descriptive information to aid in the identification of sites/locations, times and numbers of members of these respondent groups, as well as their risk behaviors, local terms used to describe these behaviors and methods to motivate them to participate in the actual survey. Data collection for the youth groups started immediately after mapping since many of the schools were closing in June for the summer holidays.

In June 2005, data collection for the other groups started after training all supervisors, coordinators and interviewers on the methods and questionnaires. Data collection ended in early September 2005.

In FY06, FHI’s technical assistance activities focused on completion of the survey, completion of data entry and cleaning for all groups. Data analysis and report writing was begun and the final report was drafted.

In FY07, the BMS report will be edited, reviewed and finalized in preparation for dissemination. Upon completion of the report, a dissemination meeting will be held with local and national stakeholders in each city so that the results can be used to guide program implementation.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVSI	Behavioral Monitoring System (BMS)	On-going	\$2,187
HVSI	Technical & Program management Assistance to the BMS	On-going	\$19,976
General	IMPACT Close-out activities	New	\$7,278
	TOTAL		\$29,441

III. Gantt Chart

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan – Mar			April - June			July - Sept		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Edit and finalize BMS report	X	X										
Translation of final report (English/Russian)	X	X										
Distribution of final report			X									
Conduct dissemination workshop			X									
IMPACT Close-out activities			X									

LATIN AMERICA and the CARIBBEAN

Bolivia

IMPACT Workplan: October 2006 through September 2007

I. Overview

USAID/Bolivia obligated \$150,000 in field support to IMPACT activities. In FY05 and FY06, IMPACT provided TA in two areas:

- Voluntary Counseling and Testing (VCT)
- Clinic-based STI Diagnosis and Treatment

Activities included IEC material review, providing review and comment for a VCT manual and providing two HIV counseling technique courses. In FY07, IMPACT will complete its program in Bolivia with a counseling and testing stakeholders workshop to develop a national VCT strategy. Following this, closeout activities will be finalized.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area	Activity Summary	New/ On-going	Budget
HVCT	Provide TA to the NGOs and government agencies in Bolivia to develop and begin implementation of a national VCT strategy	On-going	\$16,775
General	IMPACT closeout activities	On-going/New	\$12,078
Total			\$28,853

III. Gantt Chart

FY07 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan-Mar			Apr-Jun			Jul-Sep		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Travel to La Paz to conduct a national VCT strategy development workgroup	X											
Project closeout and final IMPACT report			X	X								

IV. Technical Assistance Plan

Type of TA needed	Number/ Duration of trips	Type (I=Int'l, R=Regional)	Tentative period (Q1,Q2,Q3, Q4)
VCT	2 trips/7 days each	I	Q1

Guatemala - Central America Regional Program (G-CAP)

IMPACT Workplan: October 2006 through September 2007

I. Overview

The FHI/IMPACT G-CAP implementation plan proposal was prepared for a comprehensive care program in Central America based on the Synergy assessment from 2002, and the FHI team visit in September 2003. The proposal and budget for \$1.3 million were submitted in December 2003 to USAID; however, this amount was reduced to \$150,000 due to budget constraints. The implementation plan for FY04 was modified accordingly to select activities for rapid start-up including the diploma course in care and training of persons living with HIV/AIDS for health professionals.

FHI/IMPACT's HIV/AIDS activities in the Central American Region aim to:

1. Provide technical assistance to members of the Technical Working Group from each of the five participating countries in the program (Guatemala, El Salvador, Honduras, Panama and Nicaragua)
2. Develop the capacity of health care providers in the safe and effective delivery of HIV clinical care, including ARVs.
3. Provide training and certification for health care providers in the provision and monitoring of antiretroviral regimens as well as development of a model diploma course in the care and treatment of persons living with HIV/AIDS.

To date, USAID/G-CAP has obligated \$200,000 in field support to FHI/IMPACT activities, of which \$157,469 has been spent as of FY06.

During FY06, FHI began implementation of an HIV/AIDS diploma course in Panama, Guatemala and Nicaragua at the request of USAID. During FY07, FHI will continue to implement HIV/AIDS care and treatment courses for doctors and other health professionals with subgrantees in Guatemala and Nicaragua. FHI will maintain the establishment of inter-country network among July 2006. For FY07, FHI plans to work off of the remaining pipeline members of the G-CAP technical working group established in February 2004 through the technical assistance of a consultant based in Guatemala City.

In FY07, FHI/G-CAP will close out its activities. There is no current office for G-CAP nor is there FHI country office staff. During the second quarter of FY07, FHI will implement the evaluation plan developed by FHI's Evaluation, Surveillance and Research (ESR) staff in collaboration with the mission. A program evaluation may be conducted by a regional consultant or ESR staff. A final report for IMPACT/G-CAP will be prepared and reviewed by Field Programs Division staff at FHI and disseminated to USAID, members of the G-CAP Technical Working Group and other selected persons. If required, FHI staff will travel to the region to work with implementing agencies to collect outstanding data and to close out the program.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HTXS	FHI support to Care and Treatment activities throughout the country; provide scholarships to selected physicians working in HIV/AIDS in Central America for HIV/AIDS diploma courses	Ongoing	\$19,091
HVSI	FHI technical support to HVSI	Ongoing	\$2,441
General	IMPACT Closeout Activities and FHI program support to HTXS	Ongoing	\$7,694
Total			\$29,226

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July -Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Ongoing implementation of HIV/AIDS diploma course in Nicaragua with CARE/Nicaragua	X	X	X									
Ongoing implementation of HIV/AIDS diploma course in Guatemala with CICASAM	X	X	X									
Telephone conference with G-CAP consultants and the mission	X		X									
Evaluation of IMPACT/G-CAP Program		X	X									
Preparation of IMPACT/G-CAP Final Report			X	X								

Mexico

IMPACT Workplan: October 2006 through September 2007

I. Overview

To date, USAID/Mexico has committed \$2,365,000 in field support funds to the IMPACT/Mexico program. In FY05, IMPACT began collaborating with FLACSO (Facultad Latinoamericana de Ciencias Sociales) on the biological behavioral surveillance study in Acapulco, Monterrey, and the State of Mexico. The Biological Behavioral Surveillance Study (BBSS) will help establish a monitoring system to track behavioral trend data for high risk and vulnerable target groups that influence the epidemic in Mexico and will provide information on behavioral trends of key target groups in some of the same catchment areas. This will help guide program planning and interventions in terms of location and specific high risk populations. In addition, the study will obtain data in a standardized format which will enable comparison with other behavioral surveillance studies carried out in Mexico and in other countries. Activities in the three sites were completed by November of 2005, and, subsequently, the data was analyzed. The draft report was presented to government officials, USAID mission representatives and project stakeholders in June of 2006. In December 2005, it was determined that another site could be added to enhance the results of the BSS, so Tampico was added to the protocol and activities began in March of 2006.

USAID/Mexico's priority for FY07 is the completion of the BBSS. Technical assistance will continue to be provided to FLACSO to complete the final report on the first three sites, to clean and analyze the data for the Tampico site and to produce a final report. Following this, closeout activities for the IMPACT project will be completed.

II. Activity Table

IMPACT FY07 ACTIVITIES

Program Area Category	Activity Summary	New/ On-going	Budget
HVSI	Continue to provide funding and technical assistance to FLASCO to complete the (BSS) and issue final reports	On-going	\$8,303
General	Closeout activities	Ongoing	\$8,985
Total:			\$17,288

III. Gantt Chart

IMPACT FY06 Activity Plan	Quarter I			Quarter II			Quarter III			Quarter IV		
	Oct-Dec			Jan.-March			April-June			July -Sept.		
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Provide TA to FLACSO on the BSS	X	X	X	X	X	X						
Complete BSS report on first three sites			X						X			
Complete data collection and analysis in Tampico			X			X			X			
Final BSS report including Tampico						X						
Develop IMPACT Closeout report					X	X	X					

TRAVEL MATRIX
(see attached excel file)