



Semi-annual Report 19
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Acronyms

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

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



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Introduction

IMPACT Background and Synopsis

The IMPACT project is designed to promote the global technical leadership of USAID and has historically been the lead field-implementation program for USAID HIV/AIDS prevention, care and support programs of USAID's Global Health Bureau. The success of this project in the field speaks for itself with over \$441 million in obligations from over 70 countries and regional programs. IMPACT provides a platform for USAID's mandated scale-up of HIV interventions in PEPFAR priority-focus countries and is the Agency's primary engine for implementing a wide variety of prevention, care and support and treatment programs worldwide. IMPACT became a major mechanism for track 1.5 during the initial PEPFAR program phases.

Having worked through a network of 800 partners since inception of the project, including international NGOs, FBOs, CBOs and the public and private sectors, IMPACT plays a pivotal role in global leadership by developing tools, strategies and technical expertise in the areas of ART, PMTCT, counseling and testing (CT), strategic behavioral communication (SBC), care and support, HIV and TB integration, M&E - including behavioral surveillance, OVC and other related fields. IMPACT's approach is to strengthen the response to the pandemic and improve capacity by focusing on country level capabilities. To that end, the IMPACT project has a vast reach with a strong field presence where it manages comprehensive programs through the provision of sub-grants to local organizations and provides the technical and management support necessary for those programs to succeed. As of February 2007, the total number of subagreements executed by FHI with IMPACT funding exceeded 1,800. Perhaps the most far-reaching accomplishment of IMPACT has been to serve USAID field missions in a time of rapid HIV/AIDS program expansion. At one time, IMPACT operated programs in more than 70 countries and is currently operating programs in more than 30 countries.

The IMPACT project continues to prepare for and implement responsible closeout of country programs and closeout of the global cooperative agreement, including regular and thorough examination of financial pipelines and regional workshops to build capacity in closeout processes and systems. Most of the country office program activities will end by June 2007 with the final closeout planned for September 2007. These country offices have developed closeout plans and will continue to receive technical support and guidance during the closeout process.

Because the output data from IMPACT country programs has just come in and the quality review is expected to take place during the month of May, a data supplement to this semi-annual report will be provided in early June 2007. Consequently, some of the numbers provided in the content of this report may change, though not drastically, when all of the data is reported and reviewed.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

CONTINUATION OF ANTIRETROVIRAL PROGRAMS: During this reporting period, IMPACT support for ART continued for approximately 13,500 patients. Pediatric AIDS is a strategic priority for IMPACT's final year with a goal of having 15% of patients newly enrolled on ART be children/infants. IMPACT funding supported finalization of a manual on developing and delivering pediatric AIDS services, including ART, in

resource-constrained settings. Furthermore, IMPACT supported a technical orientation and training on FHI's Pediatric AIDS strategy that was held in Zambia in January 2007 to serve as the capacity-building forum for rapid scale-up of Pediatric AIDS services. As a result of that meeting, COPs for Pediatric AIDS were developed for each country and will be followed up with technical assistance during the next reporting period. In an effort to maximize the sharing of lessons learned and best practices, a technical consultative meeting on HIV Clinical Care and ART was arranged in conjunction with the Pediatric AIDS orientation meeting. The overall goal was to expand information sharing on scaling-up HIV clinical care and treatment and to strategize about optimizing best practices in these areas. The meeting included formal presentations on country-specific initiatives in HIV clinical care and ART and working discussion groups that produced two documents, a summary of best practices in the delivery of HIV clinical care and treatment, and guidance on topics and next steps for targeted evaluations related to HIV clinical care and treatment.

In Ghana, IMPACT funding supported improvements to the quality, storage and security of ART recipient data from four sites. During the reporting period, initial discussions were held with all site managers, and six data clerks were contracted and trained in database cleaning and maintenance as well as tracking of patient information. Four computers and five data storage devices were procured for the sites, and thus far, approximately sixty percent of the data has been cleaned. Since the inception of the START Program in Ghana, an initiative to introduce ART within the context of comprehensive care to people living with HIV/AIDS in Ghana, many lessons have been learned. However, with the exception of the START Review Report 2006, no scientific publications have resulted from the vast data that was collected through the program. Securing the databases available at the four sites has become imperative, because a new national database being created by the NACP is still in the infantile stages.

VOLUNTARY COUNSELING AND TESTING AND PREVENTION: IMPACT funding has contributed to the development of over 1,260 CT sites in 25 countries. During the reporting period, IMPACT supported finalization of a manual for developing national guidelines for counseling and testing of children and publication of a guide to prevention in the care setting. IMPACT has also responded creatively to the new paradigm in counseling and testing by addressing issues of human resources and by increasing community involvement, including PLHAs, in counseling and testing efforts.

HOME-BASED CARE: IMPACT has continued to support the provision of technical assistance to build the capacity of staff and implementing partners in home-based and palliative care. During the reporting period, IMPACT supported finalization of a guide on providing palliative care for children.

ORPHANS AND VULNERABLE CHILDREN: IMPACT supported the development of several key global technical leadership tools including the *Child Status Vulnerability Index* (PEPFAR) and a *Guide to the Development of Quality Standards for OVC Programs* (USAID Africa Bureau). Additionally, IMPACT funding supported contributions by FHI staff to the Better Care Network's (BCN) FBO and Media Committees' activities to improve the approaches of US faith-based groups working with orphans and other vulnerable children, and to develop a media advocacy strategy related to improving messages in the media concerning children affected by HIV/AIDS.

STRATEGIC BEHAVIORAL COMMUNICATION: IMPACT supported the design of an interactive electronic SBC training package, which will include training modules, sample communication plans, tools, materials, links and a facilitator's guide for use by trainers. IMPACT also provided support to the government of Egypt to develop a national promotional strategy for VCT and STI services and a comprehensive strategy for the National AIDS Program for working with most at-risk populations (female sex workers, MSM, IDUs, tourist workers and street children/OVC.). In Jordan, IMPACT provided assistance to IAs to finalize the country's first qualitative study among MSM and develop SBC strategies for MSM, "vulnerable" male workers (who have sex with men and abuse drugs/alcohol), workers at qualified industrial zones and female sex workers.

GLOBAL MONITORING AND EVALUATION: IMPACT contributed to further improvements of the Global Spreadsheet (GSS) of Program Monitoring Indicators to be more user-friendly, to increase its analysis

capability and to track targets set by IMPACT country programs. Since FY05, IMPACT country programs have utilized the online GSS for reporting on global indicators, including PEPFAR indicators, as well as those required at the global level and for FHI program improvement, monitoring and management. The improved and more fine-tuned GSS is expected to enhance the quality of the data collected on a global scale. Additionally, IMPACT supported production of a detailed manual to guide country programs in correctly interpreting indicators, entering complete and accurate data and utilizing the data analysis capabilities available in the online tool.

During the reporting period, IMPACT also supported efforts to develop QA/QI guidelines and tools for IA's and country programs. IMPACT supported the development of proxy indicators and checklist and tools for program quality assessment. These tools and guidelines will serve to improve the quality of design and implementation of programs with regard to M&E and are being pre-tested in the field and fine-tuned as we move forward with QI implementation in the field.

IMPACT supported development of an M&E guide for OVC at the program level to fill the gap between program level and national level M&E for OVC programs. With input received from OGAC, the guide is in the process of being finalized in the next couple of months. In addition, IMPACT funding provided support for FHI to help pretest the vulnerability scale for OVC being developed by OGAC and review the guidelines and quality of services for OVC at the global level.

GLOBAL LEADERSHIP THROUGH INFORMATION SHARING: IMPACT supported production of several videos, including *Seeds of Malawi: The Impact of Food Insecurity and HIV/AIDS on Malawi's Orphans and Other Vulnerable Children*. With IMPACT funding, FHI is also completing work on training materials for adherence support workers, training for nurses, a toolkit for assessing readiness of health facilities to provide ART and a lessons-learned report on IMPACT's work with FBOs. Also in progress are strategies and best-practices reports on OVC, pediatric AIDS, BCC and other technical topics.

Preparations are underway for the IMPACT end-of-project event on June 28, 2007, which is entitled, "IMPACT: A Decade of Global Leadership and Innovation." To commemorate the end of the IMPACT project, this event will bring together 200 participants from USAID, FHI, partner organizations and other global health colleagues. The purpose of the event is to discuss lessons learned and innovative practices implemented through IMPACT and the way forward in addressing the HIV/AIDS epidemic. Anticipated presentations will include CT, ART, PC, OVC, prevention for high-risk groups, M&E, BSSs, program management and capacity building.

ORGANIZATIONAL AND HUMAN CAPACITY DEVELOPMENT: IMPACT funding has continued to support efforts to further develop QA/QI guidelines and tools for IAs and IMPACT country programs. Proxy indicators, checklists and other tools have been developed to assess and improve the design and implementation of programs. These tools are being pre-tested in the field and fine-tuned as we move forward with quality improvement implementation in the field.

With IMPACT support, further improvements were made to various tools and systems to build the capacity of staff and IAs in managing their programs effectively and efficiently. For example, a newly-improved financial pipeline tool was disseminated to IMPACT country programs in January 2007 and revisions have continued on the Program Management Manual, a general reference guide and tool for managing programs from start-up to close-out. IMPACT also supported monitoring of the QA system for decentralized country programs. Decentralization facilitates enhanced responsiveness of IMPACT country programs to donors and IAs as a way to better serve our ultimate beneficiaries through quickly-implemented, high-quality HIV/AIDS programs. During the reporting period, eight decentralized country program QA reviews were completed.



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

Care and Treatment

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Development of Strategies and Guidelines

IMPACT staff finalized and pilot tested three documents developed during the last reporting period: a) Guidelines for Counseling and Testing of Children, a manual that will be used to inform the development of national guidelines for counseling and testing of children, b) a palliative care guide for children and c) *Prioritizing Children: Developing and Delivering Pediatric HIV/AIDS Clinical Care and Treatment Including Antiretroviral Therapy in Resource-Constrained Setting, Lessons Learned from Kenya and Ghana*. These are currently being used as drafts in some IMPACT-supported country programs and will be disseminated fully once USAID approval is obtained.

Quality Improvement/Quality Assurance Activities

Given that CT is used as an umbrella term for counseling and testing services, of which there are a range of service-delivery models, a working group comprised of US-based, regional and country level IMPACT staff was formed to collect QA/QI tools with the aim of developing global and generic guidance on different models of CT service delivery.

Development and Implementation of Training Materials

A review of the materials developed to train nurses in the management of HIV care, including ART, was completed. For certain training sessions, such as palliative care and nutrition, technical experts in these areas provided feedback. The materials in final published form, which include a facilitator's guide, a participant's guide and PowerPoint slides for the 15 teaching sessions, will be disseminated to IMPACT country programs.

A key recommendation from the field testing of *A Guide for Integrating HIV Prevention into HIV Care and ART*, conducted in September 2006 was the development of a training module for health care professionals on Prevention for Positives. The module was drafted and includes a facilitator's guide and PowerPoint slides. FHI plans to disseminate it to IMPACT country programs in the next reporting period.

Development and Implementation of Innovative Strategies

IMPACT supported discussions of innovative approaches to integrating FP and HIV care in resource-constrained settings. A need was identified for assessing the current efforts by IMPACT country programs in integration of these services and documenting innovative models of integration at IMPACT-supported sites. A working group has been formed to pursue this further.

Global Leadership in Clinical Care and Treatment and Pediatric AIDS

IMPACT staff participated in several Inter Agency Task Team (IATT) meetings. The IATT is comprised of UN agencies WHO, UNICEF and UNFPA and other agencies including the World bank, Global Fund, the Clinton AIDS Foundation, FHI, Columbia University, CDC, USAID, and the Elizabeth Glaser Pediatric AIDS Foundation, and is focused on PMTCT and pediatric care activities. IMPACT's contribution has been participation in conference calls, face-to-face meetings, joint missions and the development of the Global PMTCT guidelines, all geared towards scaling up of both PMTCT and Pediatric Clinical Care and Treatment.

Strategic Information

(previously referred to as Evaluation, Surveillance and Research)

Key Achievements in this Reporting Period (October, 1 2006 – March 31, 2007)

Population Size Estimation Trainings

IMPACT supported two population size estimation trainings in Asia. IMPACT staff from Latin America and the Caribbean, Africa and Asia will be attending FHI's global M&E meeting in South Africa in May 2007, at which time training will be provided to them on population size estimation. In the interim, recognizing that population size estimation plays a key role in the area of surveillance, program planning, projections, monitoring and intervention coverage estimates, IMPACT has continued to provide technical assistance to USAID missions and other stakeholders on size estimation during the reporting period.

Closeout Documentation

Technical assistance was provided to IMPACT country programs in their planning for closeout, including documentation of program performance and measurement of program outcomes and impacts, where appropriate.

Capacity Building of IMPACT and IA Staff

IMPACT supported planning and preparations for FHI's global M&E meeting, which will be held in Johannesburg, South Africa in May 2007. IMPACT country program and IA staff from Africa, Asia and Latin America and the Caribbean will attend for trainings in new M&E and strategic information tools and methodologies, design and implementation of evaluations, analysis and use of evaluation findings for improvement of country programs and surveillance methodologies.

Pilot Testing of Geographic Information Systems (GIS) as a Measurement Tool

IMPACT supported pilot testing of GIS in measuring coverage over time of IMPACT programs in the area of care and treatment in three countries – Kenya, Zambia and Rwanda. The first stage of this pilot activity included a capacity building workshop for IMPACT staff and participants from the three countries in late 2006. A total of 12 people were trained in the use of GIS. The data collection and analysis phases took place during the second half of this reporting period. Findings from this initiative were presented at a meeting in March 2007, and opportunities for scaling up are currently being explored.

Global Leadership in Surveillance and Strategic Information Data Collection

IMPACT continued to provide guidance on surveillance at the global level and capacity building of national counterparts, IMPACT country programs, IAs, USAID missions and partners in surveillance and strategic information data collection. IMPACT funding supported continued contributions to the USG training network database based with the CDC. Additionally, IMPACT supported the development of several global tools including the Children Vulnerability Index tools and the QA/QI tools for OVC, both of which were led by USAID and OGAC.

Information Programs

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

IMPACT continued to produce a broad spectrum of print and video materials during this reporting period to address the most pressing HIV and AIDS needs in developing countries. Some of these materials examine technical topics, while others focus on program areas, best practices, and lessons learned. FHI seeks to explore subjects that will benefit the greatest number of people and about which there is relatively little information available.

During this period, Information Programs focused on supporting IMPACT field offices to complete project closeout reports, including those for Benin, Brazil, Jamaica, Ethiopia, and Zimbabwe. Information Programs is well under way in planning for and drafting the IMPACT global closeout report and is assisting in preparations for the June 28 closeout activity.

Information Programs continued collaboration with other organizations to disseminate, repackage, and translate IMPACT-funded material. One example is the forthcoming Spanish edition of IMPACT's private-sector workplace guide, cost-shared with Futures Group. Other materials are being adapted and translated into Chinese. *HIV/AIDS and the Public Sector Workforce: An Action Guide for Managers* is being translated into Spanish by Constellate Futures.

IP continued to use FHI's website to present IMPACT activities in clear, easy-to-understand, easy-to-find postings. IP worked with staff in Arlington and in the field to greatly expand USAID content on the country pages, including increased use of photos and images as well as short clips of streaming video. We especially increased attention to IMPACT's HIV treatment programs in countries like Bangladesh, Cambodia, Egypt, Guyana, Kenya, Malawi, Nigeria and Vietnam, as well as regional programs such as the ROADS Project in East Africa. Our stories were occasionally picked up by USAID for use in their own print and electronic media products. FHI also posted final reports on IMPACT Project work in East Timor, the Dominican Republic, and Jamaica.

During this period, Information Programs continued distribution of key resources produced under IMPACT. Among publications in highest demand were the following:

- *HIV/AIDS Care and Treatment: A Clinical Course for People Caring for Persons Living with HIV/AIDS* (375 copies)
- *Workplace HIV/AIDS Programs: An Action Guide For Manager* (300 copies)
- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers* (250 copies)
- *Handbook on Pediatric AIDS in Africa* (1000 English, 300 French)

Due to high demand, Information Programs reprinted the following publications (in part or wholly using IMPACT funding) during this period:

- *Handbook on Pediatric AIDS in Africa* (in French and English)
- *Delivering Antiretroviral Therapy in Resource-Constrained Settings*
- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries*

Prevention and Mitigation

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

Technical support to IMPACT country programs and USAID

During this period, IMPACT support continued to provide TA in SBC, STIs, IDU, workplace programs (WPP), uniformed services and OVC to IMPACT country programs. Staff has continued to compile IMPACT Lessons Learned from SBC field staff and is designing an electronic and web-based document that will include stories, materials, and best practices from the field.

Development of Strategies and Guidelines

IMPACT provided support for continued dissemination of the SBC framework to country programs and development of the integrated marketing and behavioral communication plan. The *Guide to Prevention in the Care Setting* is currently in the process of publication. In addition, a training module to update healthcare workers on the provision of prevention support to PLHA, which includes a facilitator's guide and PowerPoint slides, was completed for field review.

Closeout Documentation

In preparation for closeout of the IMPACT project, coordination of lessons learned documentation was initiated for SBC and OVC programming under IMPACT. SBC lessons learned documentation will be in an electronic, web-based format and will include stories, materials and best practices from IMPACT country programs. OVC lessons learned documentation was compiled through a comprehensive review of IMPACT country programs in Africa, Asia and Latin America.

Global Leadership in Prevention and Mitigation

During the period, IMPACT participated in several global task force meetings. At the Uniformed Services Task Force meetings, now co-chaired by UNAIDS and the DoD, FHI presented some of the lessons learned working with uniformed services under IMPACT. The meeting defined key issues and gaps in the global response to HIV among the uniformed services and developed a draft charter and mission statement for the task force. At the International Consultation on Strategies and Approaches for Male Circumcision Programming meeting, strategies and approaches were developed based on experiences in the field. The recommendations fed into the eventual policy guidelines issued by WHO/UNAIDS in late March to guide roll out of male circumcision.

In collaboration with the Better Care Network, IMPACT staff hosted a well publicized event to disseminate recent research on the effect of institutional and foster care on children. IMPACT staff completed a draft of *A Guide to Monitoring and Evaluating Program-Level Activities for Children Affected by HIV/AIDS* that was submitted to USAID for review. IMPACT funding supported the Inter Agency Task Team on Children Affected by AIDS meeting on progress related to monitoring and evaluation for OVC programs. IMPACT staff also participated in two other global technical leadership collaboratives focusing on better programming and learning about children affected by HIV/AIDS - the OVC Taskforce of US-Based NGOs Working with OVC and the Joint Learning Initiative on Children and HIV/AIDS.



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AFRICA

Burundi

Brief Background

Between FY02 and FY07, IMPACT implemented HIV/AIDS activities in Burundi, mainly in the areas of care and support and surveillance in order to reduce HIV transmission and the impact of the HIV/AIDS epidemic in the country. IMPACT achieved this goal through collaboration, TA and capacity building of local NGO/CBO partners in the provision of care and support to OVC and PLHA within the framework of a continuum of care. During the life of the project, IMPACT supported eight local NGO/CBO partners in the delivery of prevention, care and support services in Muyinga and Kirundo provinces. The total USAID obligation to IMPACT in Burundi was \$2,150,000 of which \$169,767 was budgeted for FY07. The ROADS (Regional Outreaches to Address AIDS through Development Strategies) Project is committed to building on IMPACT's achievements and to continue to improve access to HIV/AIDS services for vulnerable populations in Muyinga and Kirundo.

Key Achievements in this Reporting Period (October 1, 2006 - March 31, 2007)

Care and Support

During this reporting period, IMPACT provided limited program, technical and capacity building support to local partners, as well as to the Burundian government to strengthen national capacity in HIV/AIDS prevention, care and support, including OI/ART and M&E. This was conducted through the provision of TA by IMPACT technical and program staff in Burundi.

IMPACT completed the transition of its active subagreements to the USAID-funded ROADS Project and documented its best practices, successes and lessons learned for the IMPACT final report. All IMPACT activities in Burundi were concluded in March 2007. IMPACT's office, staff and activities have been fully phased into the ROADS Project, and the IMPACT final report will be completed during the next reporting period.

Cote d'Ivoire

Brief Background

Since October 2003, FHI/Cote d'Ivoire has received \$1,250,000 in IMPACT funds. In collaboration with local IAs, IMPACT has been providing services for Highly Vulnerable Populations (HVP) in SBC, prevention and treatment of STIs and OIS, and VCT. In addition, IMPACT has also supported capacity building and policy systems strengthening the ORT Health Plus Scheme (OHPS) in the following technical areas: OVC, PC/HBC and continuum of care/referral networks. IMPACT programming also includes the Workplace public-private partnership. In FY04 and FY05, IMPACT supported the three OHPS components, however, since the CDC-FHI bilateral began in October 2005, IMPACT funds have been used to complement and support the bilateral activities. IMPACT will close-out during the next reporting period.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

In terms of HVP service delivery, IMPACT continued to provide TA to five IAs offering targeted prevention and care to sex workers and their partners. The minimum package of services included peer education, promotion of male and female condoms, STI management, and HIV CT. IMPACT also trained 11 health workers in prevention and care for SW. At the national level, a workshop was organized in collaboration with the WHO to integrate sex worker algorithms into the national algorithms. In addition, IMPACT provided TA to the Labour Ministry (MFPERA) to draft the dissemination plan for the Workplace HIV/AIDS National Policy. IMPACT assisted the HIV/AIDS Technical Working Group of the Ministry of Education (MEN) in developing a training curriculum for peer educators, and also organized a workshop to validate training curricula on SBC involving the Ministry of Health (MSHP), MFPERA, labour unions, etc. Additionally, IMPACT staff facilitated a contact meeting with the MSHP to launch the HIV/AIDS Task Force.

Care and Support

IMPACT continued to provide TA to the National OVC Program by training 22 social workers in OVC care and by conducting a technical and organizational capacity assessment (TOCAT) for the OVC Technical Group (CEROS-EV). IMPACT also provided TA to the MOH by conducting a training of trainers for community workers on palliative care and by training an additional 41 care-givers.

Treatment

ART activities supported by the Elizabeth Glazer Pediatric AIDS Fund (EGPAF), a PEPFAR partner, were integrated into the HVP bilateral project using IMPACT funds as a complement.

Strategic Information

IMPACT provided TA to the San Pedro Departmental AIDS Control Committee (CDLS) to develop their M&E plan. A workshop on M&E was provided to MFPERA as well.

Global Leadership in HIV/AIDS

In the pilot district model of decentralized, integrated and coordinated HIV interventions, IMPACT provided TA to HIV local coordination bodies (100 service providers) by training them in the use of the referral network's tools. Additionally, the technical and organizational capacity of the CDLS was assessed to identify TA needs in order to strengthen its position as a coordinating body. A reflection workshop on the reorganization of the CDLS was attended by 43 participants. A mapping exercise of all service providers in the San Pedro district was also conducted during this period.

East and Central Africa HIV/AIDS Project (REDSO)

Brief Background

In collaboration with the ROADS (Regional Outreaches to Address AIDS through Development Strategies) Project, IMPACT/East Africa continued to implement programs along the northern transport corridor by strengthening local organizations to meet community needs, identifying and addressing emerging HIV/AIDS issues in the region, building partnerships and collaborations with regional networks and rapidly testing and implementing innovative approaches to HIV prevention and care. Since FY00, USAID/East Africa has committed a total of \$4,775,000 in field support funds to IMPACT. The program will close by September 2007, and activities will be fully transitioned to the ROADS Project.

Key Achievements during this Reporting Period (October 1, 2006 - March 31, 2007)

Prevention

Through its partnerships with the Kenya Long Distance Truck Drivers Welfare Association (KLDTDWA) and the Solidarity Center, IMPACT sponsored events with faith-based and other community members in Malaba to promote CT services. In support of World AIDS Day, KLDTDWA mobilized 200 truck drivers and community members to participate in activities highlighting effective risk-reduction interventions. KLDTDWA also established resource centers in Malaba, Marikana and Mlolongo and developed linkages with key stakeholders including the MOH, African Medical and Research Foundation and local administration and community members. By the end of March 2007, IMPACT reached approximately 4,200 truck drivers with stigma, denial and discrimination (SDD) and HIV/AIDS messages.

IMPACT trained 65 peer educators from the Kenya National Chamber of Commerce and Industry (KNCCI) business community cluster in October and November 2006. These trainings focused on peer education, HIV/AIDS information and risk-reduction strategies. In December 2006, 15 KNCCI members and other stakeholders participated in a three-day training on HIV/AIDS and stigma reduction. Based on this training, KNCCI established a workplace HIV/AIDS program, and two staff members participated in peer education trainings. KNCCI created business leadership teams in Mariakani, Mlaba and Busia and trained 175 business leaders on HIV/AIDS information and business-management skills.

IMPACT collaborated with World Religions for Peace (WRCP) on the development of a manual and handbook on SDD mitigation for training religious leaders as TOT. In total, 2,250 women and 2,250 youth were trained on SDD and 19,900 congregation members received SDD messages.

Care and Support

IMPACT continued its work addressing the food and nutrition aspects of HIV/AIDS programming with NASCOP/FANTA in Kenya.

Strategic Information

IMPACT provided TA to CBOs, NGOs, religious leaders, youth and other IAs in strategic information, including training in M&E and data management.

Global Leadership in HIV/AIDS

Building on previous efforts to strengthen the link between alcohol and HIV/AIDS care and treatment, IMPACT enlisted truck drivers, members of the community and religious leaders to address gender-based violence. Interventions are being developed to provide options for abused women through work with health centers, law enforcement and community groups.

Egypt

Brief Background

USAID/Egypt has committed \$4,135,000 in field support funds to IMPACT to date to strengthen HIV/AIDS prevention and care. IMPACT activities in Egypt began in 1999 and have involved close collaboration with the MOH. In FY07, IMPACT continued to support programs that build capacity at national and local levels to implement effective HIV/AIDS prevention and care strategies. IMPACT provided TA through the promotion of VCT and STI services, surveillance, M&E, prevention among high-risk groups, clinical care and capacity building.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

IMPACT used the National STI Guidelines produced in the previous reporting period to train STI clinicians to provide detection and treatment for STIs. Trainings were conducted in Alexandria and Sharm El Sheikh. Egypt's first integrated STI/VCT site, established by IMPACT, started receiving clients in Sharm El Sheikh. IMPACT also conducted STI promotional activities and provided TA to sites in Cairo, Alexandria, Ismailia, Aswan, Tanta and Sharm El Sheikh. Promotional sessions targeted youth at the American University and physicians in Alexandria, as well as Bedouins, pharmacists and members of the tourism industry in Sharm El Sheikh. IMPACT is developing a Strategic Action Plan to enhance utilization of STI and VCT services in Egypt so as to ensure their sustainability after IMPACT closeout.

Care and Support

IMPACT launched three additional VCT sites during the reporting period, in Sharm El Sheikh, Beheira and Menoufiya, bringing the total number of IMPACT-supported VCT sites to eight. An additional IMPACT-supported site will be launched during the coming reporting period. Furthermore, IMPACT continues to provide technical assistance to all USAID-supported VCT sites, and has conducted activities to promote VCT services among members of the tourism industry, pharmacists, nurses, STI clinicians, students, NGOs and religious leaders in six cities as well as provided training for 38 VCT counselors.

Treatment

IMPACT has completed development of Egypt's National HIV/AIDS Clinical Care Guidelines for Physicians and a draft of the corresponding guidelines for nurses. The physicians' guidelines have been disseminated among health care providers working in the field of HIV/AIDS and STIs.

Strategic Information

IMPACT has completed all stages of Egypt's first Bio-BSS on HIV/AIDS. The Bio-BSS provides a wealth of data on behaviors among high-risk groups and the status of the epidemic, information which has never before been available in Egypt. During the National Bio-BSS dissemination meeting, summary reports were distributed among participants from the MOHP, NGOs and international agencies working on HIV/AIDS. IMPACT Egypt staff also conducted an evaluation of UNFPA's "Caring for You" program.

Global Leadership in HIV/AIDS

IMPACT conducted World AIDS Day activities in four governorates, supporting local NGOs, youth and MOHP staff. Activities included youth camps, street shows, parades, plays, sailing, games, educational sessions and seminars conducted by famous Egyptian actors. IMPACT also conducted a women's health session in celebration of International Women's Day for 350 international ambassadors and their wives.

Ethiopia

Brief Background

IMPACT's goal in Ethiopia is to mitigate the impact of the HIV/AIDS epidemic on individuals, communities and the country as a whole. Since September 2001, USAID/Ethiopia has committed a total of \$20,600,700, including PEPFAR contributions, to IMPACT. Building on the foundations laid for an ECR to HIV/AIDS, IMPACT has focused on programming support at the community and health center levels. This approach has included strengthening behavior change for HIV prevention in the context of AIDS care, and promoting support, care and treatment for those affected by AIDS. IMPACT supports community-level services such as HCBC and collaborates with public sector health centers to expand quality HIV/AIDS services. All services are linked by referral systems, ensuring that counseling and testing serve as an entry point and that HCBC programs effectively contribute to identifying patients eligible for ART treatment at the same time that they promote adherence to treatment. In preparation for closeout, IMPACT held a Lessons Learned Dissemination meeting on March 28, 2007, in Addis Ababa to highlight IMPACT's challenges and successes in Ethiopia. Additional details on this meeting are provided below.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

IMPACT worked with prevention partners to finalize outcome evaluations of campaigns to reduce stigma and discrimination and to promote IMPACT-supported VCT. The reports of these outcome assessments were distributed at the March 2007 lessons learned meeting.

Care and Support

IMPACT worked toward transferring TA for facility-based care and support efforts, including referral and follow-up with community services, to the USAID follow-on contract which supports and maintains health center HIV/AIDS treatment and care services. IMPACT also worked with partners to finalize outcome evaluations of the VCT and HCBC programs supported through IMPACT. The reports of these outcome assessments were distributed at the March 2007 meeting.

Treatment

IMPACT worked with the Ethiopian MOH and the Regional Health Bureaus (RHB) to transfer TA for TB/HIV, chronic care and ART services in health centers to the USAID follow-on contract. IMPACT further assisted USAID in providing complementary material support for the rapid decentralization of ART services from the hospital to health center level. IMPACT assessed gaps related to ART readiness, the cost of support needed to fill the gaps and provision of furniture for ART clinical services where lacking. Experience gained through IMPACT's work to support HIV/AIDS treatment efforts in Ethiopia were disseminated at the March 2007 meeting.

Strategic Information

In addition to ongoing M&E and QA/QI efforts, IMPACT worked with partners to finalize outcome assessments for IMPACT programs. The reports of these outcome assessments were distributed at the March 2007 meeting. The meeting was attended by more than 400 representatives from MOH/HAPCO (HIV/AIDS Prevention and Control Office), RHBs, implementing partners, IMPACT program beneficiaries and other PEPFAR agencies.

Global Leadership in HIV/AIDS

IMPACT has continued to give considerable attention to building the organizational management capacity of partner organizations, including Ethiopian NGOs and local government offices.

Guinea

Brief Background

To date, USAID has contributed \$5,630,000 to IMPACT/Guinea for technical support in STI/HIV/AIDS-related service delivery, IEC, and national policies and guidelines. Through the REVE Project that began in 2004, IMPACT has designed and implemented a comprehensive strategic behavior change (SBC) program for targeted high-risk groups and the general population, comprised of the following: CT, blood transfusion safety, STI referral systems, HBC, PLHA care and support, and infrastructure for ART provision. IMPACT has also helped strengthen national surveillance systems, implementing Bio BSSs in both 2001 and 2007.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

SBC activities during the past two quarters focused on the reduction of stigma and discrimination, which including training 78 health care providers, developing 12 posters, publicizing 45 newspaper articles, and creating 16 TV broadcasts and 26 radio programs. IMPACT also intensified sensitization efforts through educational forums and concerts, caravan activities, and 8 live and 32 recorded radio broadcasts in December.

During this reporting period, the Director of USAID presided over the launching ceremonies of IMPACT's Blood Safety Project, which aims to strengthen blood transfusion safety and increase blood donations. IMPACT has rejuvenated existing blood donor clubs in Conakry, created two new ones in the Forest zone, trained 50 blood donor recruiters, broadcasted radio messages promoting blood donations, and supplied the *Centre Medical International* materials to collect blood from 1,000 donors.

Care and Support

Four new integrated CT centers were established, bringing the total number of IMPACT-supported sites to 14 nationwide. IMPACT and its partners trained 15 health workers in HIV counseling, 12 lab technicians in HIV rapid test kit use, and 55 health care providers in techniques for universal precautions. IMPACT also counseled and tested 260 students at open-door activities organized by the International Medical Center of Conakry and the American International University. Additionally, 88 civil society members were sensitized on CT.

Three local IAs provided HBC services, such as the management of minor ailments and psychosocial support, to 383 PLHA during this period.

Treatment

During this period, 411 persons were treated for IOs at 10 IMPACT CT sites and 70 more were referred for treatment.

Global Leadership in HIV/AIDS

The government partners working in HIV/AIDS unanimously requested that IMPACT lead the organization of World AIDS Day celebrations in December 2006. A representative of the Guinean President presided over celebrations and 300 PMTCT booklets produced by IMPACT were distributed.

Kenya

Brief Background

IMPACT supports USAID/Kenya's strategic objective of increasing the use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the pandemic. Since 1999, IMPACT has programmed \$50.5 million, including PEPFAR contributions, to support comprehensive HIV/AIDS activities in the country.

In this final year of the project, IMPACT is focused on documenting project achievements and transitioning its activities in Coast and Rift Valley provinces to the APHIA projects, new USAID/Kenya bilateral agreements. During this reporting period, IMPACT/Kenya scaled down its activities in preparation for the completion of the project and closed subagreements with 58 IAs. IMPACT initiated documentation of the project's successes, lessons learned and challenges, as well as updated and verified the program's inventory in all IMPACT geographic regions. A meeting to highlight and disseminate the project's results to key stakeholders, including USAID/Kenya, the Kenyan MOH, and international and local partners will be held during the next reporting period.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Care and Support

IMPACT collaborated with the National AIDS/STI Control Program (NAS COP) to finalize pediatric AIDS materials and clinical tools for printing and dissemination. IMPACT also worked with New York University to finalize plans for training Kenyan ART providers through another grand rounds session.

Strategic Information

IMPACT initiated the preparation of the project's final report that will document key achievements and lessons learned. The report will be finalized and disseminated at the IMPACT closeout meeting to be held during the next reporting period.

Malawi

Brief Background

To date, IMPACT has received \$5,728,740 in field support and \$300,000 in nutrition funds for work in Malawi. The current fiscal year budget totals \$171,852 in field support funds and \$66,860 in nutrition funds. All IMPACT programming is expected to end during the next reporting period. Activities focus on comprehensive programming for OVC and HBC with a nutrition component.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Care and Support

Eight IA partners benefited from an orientation on breastfeeding, weighing, cooking and other aspects of nutrition related to HIV/AIDS. Eleven IAs received training in nutrition care and support, and all 25 IAs received adult and children's scales for weight monitoring. Community radios were procured for all IAs to disseminate IMPACT's best practices and success stories, as well as demand-creation and anti-stigmatization messages concerning HIV/AIDS. Four staff members' capacity was built through formal professional development & training, and ongoing supervisory and technical support visits were conducted for all IAs.

The draft national OVC training manual was finalized and is currently awaiting review so that it can be printed and disseminated to stakeholders.

Global Leadership in HIV/AIDS

IMPACT continued efforts to document best practices, lessons learned and success stories on HBC/OVC and nutrition activities using various media formats. Dissemination to key stakeholders will be accomplished in the following quarter, along with the finalization and distribution of the final IMPACT report for Malawi that was drafted during this period.

Namibia

Brief Background

In September 2000, USAID obligated an initial amount of \$1.25 million to IMPACT to manage a multi-year prevention and care program in Namibia. The program was greatly expanded under PEPFAR to include VCT, PMTCT and ARV treatment services, with a total amount of US\$ 19,315,960 obligated over the life of the IMPACT program in Namibia. During this reporting period, Namibia closed out the remainder of its IMPACT activities but continued to support the national OVC program's quality of standards for OVC services.

For closeout of IMPACT activities in Namibia, financial and program audits were performed and disposition approvals were received to turn over all equipment to respective implementing partners. IMPACT subproject accounts were closed and remaining balances were returned to the FHI country office. All IMPACT partners receiving more than US\$200,000 a year are subject to an external audit, and three partners in this category were audited. IMPACT completed the final draft of the IMPACT/Namibia report for review by FHI headquarters, as well as a report on Namibia's OVC activities and lessons learned in CT.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

During the reporting period, selected IMPACT BCC materials were revised, reprinted and distributed to partners and other AIDS Service Agencies. The Peer Education TOT manual, the Peer Educator Handbook, the accompanying flipcharts and the VCT/PMTCT information booklet were reprinted in English, Afrikaans and Oshindonga. The flipchart and handbooks were revised to include additional information on ART, OI and TB treatment.

Care and Support

In 2006, USAID's Africa Bureau, through IMPACT, enabled partners working with OVC to develop a shared set of outcomes and standards of practice for service areas. IMPACT staff and a consultant participated in the introduction of a facilitation tool for defining standards of care in Ethiopia in February 2007. The knowledge gained from the field test will be used to implement the guide in other countries. Two workshops were held in March with key stakeholders from government, civil society and FBO/NGO staff as a first step toward producing Namibia specific standards and guidelines for OVC services. CAA developed and field-tested a check-list for training of HBC staff and oversight by supervisory personnel. This pictorial check-list was translated into six local languages with support from IMPACT and the Global Fund and distributed to CAA and other Namibian partners. Additionally, the six-module Community Counseling Training Toolkit, developed and field tested by LifeLine/ChildLine with TA from IMPACT, has been edited and is ready for print. The toolkit consists of six modules, each containing a Facilitator and Participant Manual, as well as a Facilitators Guide. Two hundred copies each of the first two modules and the Facilitators Guide have been printed and delivered to LifeLine/Childline, with the remaining four modules currently in print.

Treatment

In November 2006, the remodeling and additions at the Onandjokwe Hospital's Shanamutango Centre were completed. These improvements will ensure confidential CT and TB treatment services. The improvements will also ensure that all services related to VCT/PMTCT/OI and ART will be provided at one integrated center, facilitating more efficient referrals within the hospital.

Nigeria

Brief Background

IMPACT activities in Nigeria began in 2002 and were designed specifically to help the USAID/Nigeria mission implement effective interventions and increase the capacity of local organizations to assume responsibility for their own HIV/AIDS programs. IMPACT provided technical support to national level bodies including the National Action Committee on AIDS and the National HIV/AIDS/STI Control Program for the effective integration of HIV/AIDS programming into key national structures. This enabled the country to integrate comprehensive HIV/AIDS/STI and TB prevention and care programs into structures such as the military. To date, IMPACT has received approximately \$29,388,800 for activities in Nigeria. All IMPACT project activities ended on March 31, 2007, and closeout activities are in progress.

Key Achievements in this Reporting Period (October 1, 2006 - March 31, 2007)

Prevention

The key thrust of IMPACT during the reporting period has been the provision of support to 16 agencies implementing PMTCT and CT services in the Federal Capital Territory (FCT), Kano, Anambra and Edo. Key activities include capacity building for facility staff in PMTCT and CT, CT for the general public and PMTCT clients, demand creation, linkages and referrals with other health facilities and quality assurance of services delivered. Other activities include training sessions on the management of OIs among pregnant women, the management of pregnant women on HAART and training for laboratory personnel and HIV counselors on non-cold chain dependent rapid testing using whole blood.

Treatment

During the period, the IMPACT project continued to provide support for the implementation of tuberculosis control programs in the FCT through the Health and Human Support Services Secretariat. Activities included capacity building for project staff and the expansion of directly observed treatment (DOT) centers to 32 public health facilities across the six area councils in the FCT. Referrals and linkages to GHAIN-supported HIV/AIDS comprehensive ART sites were made so that all ART eligible patients found to be both sputum smear positive and HIV positive will be placed on ART.

Rwanda

Brief Background

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

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

During the reporting period, IMPACT supported a consultant to assist with the Prevention for Positives project. Over 44,000 people were reached through prevention focused outreach events with the Catholic Diocese in Byumba, Nyundo, Kibungo, Kabgayi and Kigali Archdiocese. Outreach events included HIV-centered activities such as film-viewing, community theatre, sports competitions, community discussion sessions and questions-response competitions. Additionally, over 84,000 people were reached through arch/dioceses peer education programs between October and December 2006. All programs with the Catholic Diocese and Archdiocese are now closed.

Senegal

Brief Background

IMPACT received \$2,180,000 in 2004 to complete the funding needs under the bilateral program in Senegal. The bilateral program was closed out in September 2006, with \$167,000 remaining in IMPACT funds. These funds have been carried over for use in the new bilateral program to cover selected operational costs and will be fully spent by the end of May 2007.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

During this reporting period, IMPACT funds have been used for closeout activities of the previous bilateral program, including all technical activities funded by IMPACT. A complete inventory of equipment has been finalized and submitted to USAID. All subagreements under the previous program have been closed out and necessary contractual and technical documents have been stored according to requirements.

In the upcoming period, FHI/Senegal will formally inform USAID/Senegal of IMPACT closeout. The final report from IMPACT/Senegal will be submitted to FHI in May, 2007.

South Africa

Brief Background

To date, USAID has committed \$5,188,000 in field support, President's Initiative and PEPFAR funds to the IMPACT project in South Africa (SA). The goal of IMPACT has been to strengthen the capacity of implementing partners in the areas of prevention, strategic information, care and support. Its principal mandate is to support the South African government, in particular the NDOH and the National Department of Social Development (NDOSD) and partners. To date, activities have included the provision of technical and programmatic assistance to local organizations in the areas of OVC, PMTCT, VCT, STI, PC, CHBC, and M&E. IMPACT has also supported a study of presumptive periodic STI treatment in mining communities, a BSS and other strategic information activities at the national level. At the request of USAID/SA and the NDOH in the beginning of FY06, the focus continues to be on supporting integrated PC and CHBC interventions in Limpopo, Northern Cape and Gauteng provinces.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Care and Support

During this reporting period, the Integrated Community Palliative Care (ICPC) pilot project was actively supported in all four districts through subagreements. The Hospice Palliative Care Association of SA trained health professionals and CHBC care-givers in PC at both facility and house-hold levels within ICPC sites. Efforts were also made by IMPACT and implementing partners to integrate the services of the different providers into the ICPC to ensure that comprehensive care is provided to clients and their families. IMPACT continued to support the Johannesburg Hospital Palliative Care Team (HPCT) through a subagreement with *Parents for AIDS Action*. The subagreement enables both the provision of facility-based PC and the capacity building of health professionals by teaching medical students and providing refresher training and in-service training to hospital staff.

Strategic Information

The Project Support Group SA was contracted to conduct the ICPC baseline evaluation and identify the capacity of the ICPC partners in all ICPC sites in terms of success/performance indicators. The process was completed and PSG is currently working on the final report. PSG also conducted a mapping exercise in the local municipalities where ICPC is implemented to inform the referral network of ICPC sites. The process is complete and the maps are available and will be distributed to the sites. The maps will assist the process of developing resource directories in each site.

Global Leadership in HIV/AIDS

During this period, IMPACT provided TA to the NDOH and the NDOSD in the revision of the CHBC framework that has been a joint effort between IMPACT, NDOH and NDOSD over the last couple of years. As part of this initiative, IMPACT staff attended a meeting of the Departments in Port Elizabeth where the guidelines and framework were placed on the agenda. The draft framework was submitted to the NDOH after IMPACT facilitated a related workshop.

IMPACT also provided technical support to the NDOH in the revision of the National CHBC Guidelines, which were submitted to the department upon completion of the first draft. This draft incorporated input from the CHBC Guidelines Revision Workshop that was facilitated by IMPACT staff and a consultant in December.

Southern Africa/Regional HIV/AIDS Program (RHAP)

Brief Background

Since FY99, USAID's Africa Bureau has been supporting IMPACT, Population Services International, MEASURE, Pact and the POLICY Project to intensify the prevention and care response for vulnerable populations at busy border trade towns and for mobile populations who frequently cross international borders among ten countries in Southern Africa. RHAP was designed in response to studies which show increased vulnerability among mobile populations, the continued importance of targeting high-risk groups in high prevalence settings, and the need to provide a means for sharing and transferring project success across borders. The program has been conducted in accordance with USG guidelines and is grounded in local partnerships. To date, IMPACT has received a total of \$7,219,000 in field support and PEPFAR COPO5 funds for interventions in South Africa, Malawi, Swaziland, Lesotho and, until 2004, Zambia. The current fiscal year budget is \$261,497. All activities and subagreements in line with the original RHAP scope of work ended during the previous reporting period. Remaining funds are being used to support discrete activities identified by the USAID/South Africa Mission that are being implemented in the region. Funds were used during this reporting period to produce the final IMPACT/RHAP report.

Key Achievements during this Reporting Period (October 1, 2006 – March 31, 2007)

Strategic Information

In response to a USAID/SA request, RHAP/IMPACT supported the "Swaziland Health Check". Through a contract with Ernest and Young (E&Y) in South Africa, this initiative assisted the Swazi MOH assess critical issues related to their internal controls and included a debriefing trip by E&Y staff to the Principal Secretary and the MOH Swaziland senior staff. The Prime Minister's office has instructed the MOH that its top priority for 2007 must be resolving the drug crisis.

Global Leadership in HIV/AIDS

At the request of USAID/South Africa, IMPACT/RHAP supported the "United States Government Swaziland Partners Technical Workshop" that was held in Mbabane, Swaziland on October 3rd and 4th, 2006. The objectives of the meeting were to: (1) clarify gaps, opportunities and priorities in key HIV/AIDS service delivery areas across USG partners, (2) emphasize integration and implementation of the preventive care package and evidence-based prevention strategies across USG/Swaziland partners, and (3) further understanding of current priorities and strategies in Swaziland for the effective management of HIV-related OIs and the reduction of HIV transmission. The meeting produced a summary of recommendations which can be utilized and integrated into current USG partner plans for FY06, as well as proposed plans for FY07.

Tanzania

Brief Background

In Tanzania, IMPACT is implementing HIV care, treatment and support activities under the COP06. COP06 funding is mainly provided through FHI's bilateral agreement with USAID, with remaining funds from IMPACT tracks 1.5 and 2.0 complementing bilateral activities. USAID has obligated a total of \$2,300,000 for the IMPACT project in Tanzania. Based on the most recent financial reports available, total IMPACT spending during this reporting period was approximately \$96,898. IMPACT closeout in Tanzania is planned for June 2007.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Care and Support

IMPACT supported the attendance of staff and partners at the 4th National AIDS Conference in Arusha in December 2006. The conference provided an optimal environment for policy makers, planners and implementers at national, facility and community levels to share their ideas and experiences. IMPACT staff at the conference chaired or co-chaired round tables on human resources, community care and treatment training. In addition, IMPACT staff presented or co-authored oral presentations on lessons learned on care and treatment, which attracted large audiences and incited thoughtful discussion. Examples of presentations by IMPACT staff include a plenary on regionalization and round table presentations on care and treatment training review, ART scale up as part of a continuum, sexual and child bearing needs of PLWHA, mapping OVC services, ARV availability and dispensing practices among private pharmacies and volunteer motivation.

Treatment

The final editing of the SOP for Congres du Travail du Canada (CTC) staff commenced in December. A consultant was contracted to do the editing in collaboration with the NACP staff and CTC practitioners.

Uganda

Brief Background

In Uganda, IMPACT supports HIV/AIDS prevention, care, mitigation and treatment activities at two sites along the transportation corridor - Busia and Malaba. Since FY06, USAID/Uganda has committed \$300,000 to IMPACT to improve VCT services for youth, strengthen care and support services and improve the economic well-being of low-income women. IMPACT continues to strengthen the capacity of six “clusters,” made up of local CBOs/FBOs, enabling them to implement HIV/AIDS activities at the two sites for PLHA, youth, low-income women and OVC.

Key Achievements in this Reporting Period (October 1, 2006 - March 31, 2007)

Prevention

IMPACT trained community members in agriculture, financial management (including income-generating activities), basic counseling skills and follow-up for health providers. IMPACT also supported magnet theater performances and peer education that spread A/B prevention messages, reaching 55,000 people and 14,000 people respectively. In Malaba, IMPACT linked HIV prevention with sports activities by supporting three sports tournaments in December 2006.

Care and Support

IMPACT trained volunteers in care and support, including psychosocial and spiritual support and medical care. The volunteers also facilitated referrals for youth living with HIV to medical treatment. IMPACT strengthened services at pharmacies and drug stores and enhanced linkages with district health services. Additionally, the PLHA clusters in both Busia and Malaba referred patients for treatment at specific service provider locations. In Busia, the PLHA cluster referred 307 patients with STIs and 683 patients with OIs for ART treatment. Through IMPACT referrals, more than 2,200 people in Busia received VCT services. In addition, the Philly Lutaya Initiative reached 2,026 people, of which 1,747 were referred to VCT. During the sports tournaments in Malaba, messages regarding the need for CT were disseminated, which resulted in 206 people receiving VCT services.

Strategic Information

IMPACT provided TA to CBOs, NGOs, religious leaders, youth, and other implementing partners in strategic information. IMPACT trained 110 participants from six “clusters” in M&E and data management.

Global Leadership in HIV/AIDS

IMPACT co-sponsored a workshop entitled, “Workers and Employers Together Against HIV/AIDS in the Workplace: Building Capacity for Joint Action Programmes,” which was held in Uganda on December 12-14, 2006. Representatives from seven African countries, union leaders, HIV/AIDS coordinators and representatives from five foreign aid agencies attended the conference. IMPACT also enlisted truck drivers, community members and religious leaders to address gender-based violence. In collaboration with IMPACT/ East Africa, interventions are being developed to provide options for abused women by working with health centers, law enforcement and community groups.

Zambia/Corridors of Hope

Brief Background

IMPACT/Zambia, under the Corridors of Hope project, focused on three key areas: a) prevention of STI/HIV among sex workers and their clients (i.e., truck drivers and uniformed personnel) in border sites, b) development of community-based responses for providing care and support to OVC and c) provision of psychosocial support to HIV-positive children and their families. Over the life of the project, USAID/Zambia committed a total of \$16,042,339 and CDC committed \$750,000 to IMPACT. In FY07, approximately \$100,000 remained of CDC funds, and approximately \$87,000 of Corridors of Hope funds.

The Corridors of Hope project sites closed in March 2006 and the project office closed in June 2006. Remaining closeout activities were coordinated with FHI/Arlington office and the FHI Zambia PCT office.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

All Corridors of Hope sites and the project office were closed in FY06. During this reporting period, follow-up closeout activities took place. Remaining funds were used to support the Corridors of Hope II launch in February 2007. This project is a follow-on to the IMPACT Corridors of Hope project.

Remaining CDC/IMPACT funds will be used in April and May to support the revision of MOH STI treatment guidelines, for a workshop for trainers on the new training modules and STI management guidelines and to support data analysis and report writing related to the CDC-sponsored study that evaluated STI syndromic management guidelines used in primary health centers in 11 districts.

ASIA AND THE NEAR EAST

Asia Regional Program

Brief Background

For approximately 10 years, IMPACT's Asia Regional HIV/AIDS Program (ARP) has received funding from USAID's Bureau for Asia and the Near East (ANE). In response to ANE strategies, ARP's overall goal is to promote quality prevention, care and treatment efforts in the region so as to better respond to the HIV/AIDS epidemic. IMPACT has developed and implemented a range of activities in the area of strategic information that include providing assistance to conduct BSS and producing HIV/AIDS/STI estimates and projections in several countries. In support of regional capacity building, IMPACT has developed a number of regional guidelines and provided capacity building opportunities in several technical and managerial areas. IMPACT has implemented interventions among vulnerable populations and has also initiated and established new programs, particularly in non-presence countries such as Vietnam, Laos, Thailand, China and Papua New Guinea. In the first half of FY07, IMPACT/ARP had a modest amount of IMPACT rollover funds. During this period, ARP provided major support to the USAID Association of South East Asian Nations (ASEAN) Collaboration on HIV/AIDS Program by strengthening the capacity of ASEAN countries in the areas of HIV clinical management and HIV prevention, treatment and care for IDUs. IMPACT/ARP finalized qualitative studies on the sexual networks of IDUs and MSM, conducted to inform HIV program design and implementation for these target populations. Total IMPACT obligation for ARP to date is US\$16,882,671, and ARP's budget for FY07 is \$505,970.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Treatment

As part of the USAID-ASEAN Collaboration on HIV/AIDS Program, IMPACT coordinated with Lao PDR's Center for HIV/AIDS/STI and the WHO to organize and deliver a training course in Savannakhet Province from October 31 to November 10, 2006. The course covered areas of HIV/AIDS clinical management, including ART, and was attended by 36 physicians and nurses from five target provinces of the Lao PDR's National Strategic and Action Plan on HIV/AIDS/STI 2006 - 2010. In FY06, IMPACT supported ASEAN in the development and piloting of the first training curriculum on care and treatment for HIV-positive IDUs. During the reporting period, IMPACT worked with ASEAN and the WHO to determine an appropriate process for finalizing the curriculum and printing it as a joint ASEAN, WHO, USAID product for use throughout the region. Final review of the curriculum will occur in April 2007. Additionally, an IMPACT representative participated in the "ASEAN Partners Forum" in Malaysia on February 9th, 2007. The objectives of this meeting were for the ASEAN Task Force on HIV/AIDS (ATFOA) to outline ASEAN Commitments on HIV/AIDS, develop the ASEAN Work Program on HIV/AIDS (2006 - 2010) (AWP3) and discuss the Operational Workplan for 2007 - 2008.

Strategic Information

An ARP qualitative study looking at the social and cultural dynamics and contexts of male-to-male sex in Indonesia and Thailand, undertaken with the purpose of gaining information to improve MSM intervention in the region, was finalized and distributed to relevant IMPACT country programs for further dissemination. The report on IDU sexual networks in Bangladesh and Indonesia, undertaken to increase understanding of sexual relationship patterns, types of sexual partners and patterns of risk behavior among IDUs, was also finalized.

Bangladesh

Brief Background

IMPACT/Bangladesh began activities in 2000 to support interventions for MARPs. These groups include sex workers (both male and female), their clients, *hijras* (transgenders), and IDUs. IMPACT has received \$14,225,000 for projects in Bangladesh since 2000. During FY07, FHI/Bangladesh implemented the Bangladesh AIDS Program (BAP) with bilateral funding from USAID/Bangladesh, allowing for a continuation of HIV and AIDS programming begun under IMPACT. Much of IMPACT was closed in FY06, with very few activities on going in FY07. Specifically for FY07, FHI/Bangladesh had \$126,000 remaining in IMPACT funds.

Key Achievements in this Reporting Period (October 1, 2006–March 31, 2007)

Prevention

Accomplishments for IMPACT during the first six months of FY07 include a national-level TOT on peer education and outreach. This TOT included 20 participants from international and national NGOs. Additionally, a week long training was conducted to introduce 50 IMPACT and IA staff to technical and programming issues surrounding drug user interventions.

Care and Support

An eight day VCT and STI counseling training was held for 24 participants from IAs. This was followed by a master trainer counseling course for an additional 11 persons who had already completed the basic and intermediate training courses conducted earlier this year. These trainings helped build VCT capacity within the country.

Strategic Information

A multi-year STI research study that was conducted in collaboration with the University of North Carolina (UNC), International Centre for Diarrhoeal Diseases Research, Bangladesh and Bangladesh Women Health Coalition ended on September 30, 2006. UNC is currently conducting data analysis, finalizing the results of the study and writing the report.

Cambodia

Brief Background

Overall, USAID/Cambodia has committed \$19,095,000 to IMPACT/Cambodia. In FY07, FHI received \$3,800,000 in funding from the USAID Regional Development Mission/Asia in addition to \$580,250 in IMPACT funding to implement activities in its portfolio. IMPACT and its partners carry out targeted BCIs to reduce the risks and vulnerability of those identified as most susceptible to STIs and HIV/AIDS, including sex workers, uniformed services personnel and their families, drug users and MSM. IMPACT collaborates with the government and the NGO community to strengthen STI service delivery for high risk populations and to rapidly scale-up HIV/AIDS care, support and treatment utilizing the Continuum of Care (CoC) approach.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

IMPACT has been providing technical support to the Ministry of National Defense (MoND) to develop their HIV/AIDS National Strategic Plan 2007 - 2011. IMPACT and the MoND have been collaborating closely with Equal Access to develop a 15 episode audio series that is being used by peer educators for HIV education with military personnel in Kampong Cham and Battambang provinces. IMPACT works with five partner agencies in Phnom Penh and Kandal for provision of HIV/AIDS prevention, care and support to MSM. The Women at Risk program focused on refresher training to outreach workers and peer facilitators on the use of tools from Tools for Life. IMPACT developed a five episode interactive video series targeted at casino workers in Banteay Meanchey province. Other initiatives include the development of a peer education module for drug users as well as the integration of drug prevention messages into the Women at Risk, uniformed services and MSM programs. IMPACT has been closely collaborating with the WHO, UNODC and National Authority for Combating Drugs as part of the Drug Use Technical Working Group.

Care and Support

IMPACT, in collaboration with the Cambodian People Network of people living with HIV/AIDS has begun national training using the “Living Again” educational video to be used during monthly PLHA support group meetings. IMPACT also conducted trainings for community assistants on the ‘Community Assistant Training Package’ and all IAs that are part of the ‘Living with Hope’ program received training on caring for OVC. In agreement with the National Center for HIV/AIDS, Dermatology and STDs, VCT services have been expanded to 11 more sites in Kampong Cham.

Treatment

A highlight for the continuum of care this reporting period is the opening of Chhouk Sar 2, which will provide treatment to most at risk groups, especially MSM and drug users. Currently, IMPACT is providing technical support to nine sites in Kampong Cham, Battambang, Pailin and Phnom Penh. There are eight sites providing ART services, two of which provide pediatric AIDS treatment.

Strategic Information

IMPACT continues to be a key partner in the development of protocols, data collection, data analysis and reporting for the HIV Sentinel Surveillance, BSS and STI Sentinel Surveillance surveys. Other special studies undertaken by IMPACT include the quality of life study in Battambang hospital and the baseline survey in Battambang among military families. IMPACT has developed the protocol and sampling frame for the next round of the BSS which will be conducted before June 2007.

Global Leadership

At the national level, IMPACT is actively involved in technical working groups and taskforces that develop and review national guidelines and SOPs on the following key technical areas: drugs, PMTCT, OI/ART, STIs, OVC and outreach.

China

Brief Background

IMPACT activities in Southern China are part of the USAID Regional Development Mission/Asia (RDM/A)'s strategy for the Mekong Region. Up to the end of FY06, funds specifically obligated to China totaled \$4,823,536 (\$2,465,000 from IMPACT and \$2,358,536 from RDM/A). During the first half of FY07, FHI China utilized the remaining funds obligated through IMPACT for TA, and administrative and staff costs, while funding for program interventions has been provided by USAID RDM/A. Significant development of all program components, from prevention to care and support activities, have been made in FY07 in Yunnan and Guangxi. Technical and operational support and training from IMPACT/China have resulted in the demonstrably increased capacity of partner agencies to plan, conduct program activities and deliver services.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

IMPACT has supported prevention interventions among MARPs including FSWs and clients, MSM and IDUs. To better inform the on-going MSM intervention, a formative research study was conducted among MSM in Kunming, and is now available. Peer educators and outreach workers provided male sex workers, gay men and MSM with counseling, encouraged the use of user-friendly VCT and STI services, distributed condoms and lubricants, and acted as leaders in extending care and support to PLHA in the MSM community in Yunnan and Guangxi. IMPACT/China completed a video and booklet on the minimum package of services strategy of RDM/A which was widely disseminated. Training sessions were conducted for effective utilization of BCC materials and techniques for partner agencies working with sex workers, their clients and IDUs in high risk, high HIV prevalence areas of Yunnan and Guangxi. The materials and techniques include those that help outreach and peer educators hold discussions about HIV risks and prevention with their peers, as well as a brochure that helps owners of entertainment venues understand HIV prevention activities implemented by IAs. During the period, 6,551 MSM, 7,259 FSWs, 1,575 (including mobile) male clients and 3,912 IDUs were reached.

Care and Support

Three VCT sites supported by IMPACT provided services to reduce risk behavior and served as entry points for HIV care and treatment. The VCT services in Ningming and Pingxiang provided counseling and testing to 623 clients. Among them, 482 received their test results, and 37 PLHA with low CD4 counts were referred to Pingxiang Hospital for OI/ART services. The TB services in these sites also referred clients for counseling and testing after conducting a risk assessment. In Gejiu, 175 clients received counseling and testing, and all received their test results.

Treatment

After a period of more than one year, provision of continuum of HIV care for PLHA in Ningming and Pingxiang has gained considerable progress. People who tested positive for HIV were referred to Pingxiang People's Hospital for CD4 monitoring. Diagnosis and treatment for OIs was provided as needed, as well as referral for ART when indicated. IMPACT/China supported training for laboratory staff in the diagnosis and management of OIs. IMPACT/China supported PLHA to form and maintain PLHA peer support groups. In addition, one PLHA was placed at the Pingxiang Hospital to support HIV patients who are referred to the hospital. These initiatives enhanced the positive roles and acceptance of PLHA in the health care setting, which is still rare in China. By the end of March 2007, the Pingxiang People's Hospital provided HIV care to 198 PLHA, 107 of whom were provided with ART.

India

Brief Background

IMPACT/India was developed to meet the program priorities of USAID/India and to contribute to the strategic plan of the NACO. To date, USAID/India has committed \$23,000,000 to IMPACT/India. IMPACT has extended TA to 55 NGO implementing partners for the provision of quality HIV prevention and care services to OVC, IDUs, migrants, truckers, MSM and PLHA in six high prevalence Indian states through September 2006. During this reporting period, IMPACT activities were focused on the transitioning of projects to alternate sources of funding, finalizing technical documentation and tools and completing IMPACT closeout activities.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

The Life Skills Education (LSE) toolkit developed by IMPACT was reviewed by the National OVC Task Force whose members include UNICEF, the Ministry of Women and Child Development (MoWCD) and the India HIV/AIDS Alliance. The MoWCD endorsed the following three OVC documents developed under IMPACT: *Life Skills Education Toolkit for Orphans and Vulnerable Children in India*, *Detoxification and Rehabilitation Protocol for Substance Using Children and Adolescents*, and *Protocols for Child Counseling on HIV Testing, Disclosure and Support*. Child friendly communication materials, including a set of flash cards and a board game were reprinted in both Hindi and English and translated into three regional languages. These materials were circulated widely among partners and stakeholders. A qualitative assessment was undertaken for systemic documentation of the effects of the LSE toolkit on children, their families and communities.

Care and Support

The following materials developed by implementing partners supported under IMPACT were reprinted and circulated: *Community and Home-Based Care Manual for OVC*, *Training Module on OVC Care for Health Care Professionals*, and *Care Booklets for PLHA*.

Treatment

IMPACT OVC partners assisted with the kickoff of the National Pediatric ART program initiated by NACO in November 2006. Active referral of children infected with HIV was conducted to assess their eligibility for initiating ART.

Strategic Information

Reports on two studies conducted by IMPACT were finalized in consultation with NACO and the Indian Council for Medical Research. The reports referred to are (1) *Assessment of Mobility, Migration and Risk in India* and (2) *Mapping and Size Estimation of IDUs in five North Eastern States*. The report on *Exploratory Assessment on Extending Prevention of Parent-to-Child Transmission (PPTCT) of HIV Services to Primary and Community Health Centers in India* was also finalized in consultation with NACO and the Ministry of Health and Family Welfare. The integrated M&E system being developed for the IMPACT India office was further streamlined.

Global Leadership in HIV/AIDS

TA from IMPACT was requested by NACO in order to develop national operational guidelines for children infected and affected by HIV/AIDS in India. A draft framework was developed and shared with the National OVC Task Force. Once finalized, the operational guidelines will be presented at a national symposium for children scheduled in May 2007. A program and technical audit was conducted of the IMPACT project for FY06 by the OGAC Inspector General's Office. Based on recommendations from the audit, the management information systems of the four demonstration projects supported under the USAID SAMARTH project were streamlined.

Jordan

Brief Background

Since June 2000, USAID has provided \$1,900,000 in funding to IMPACT to initiate and substantiate HIV/AIDS prevention activities in Jordan, a low-prevalence setting. IMPACT'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. IMPACT has provided TA and training in the areas of VCT, SBC, STIs, strategic planning and M&E. IMPACT's peer education program continues to reach an increasing number of high-risk groups and is being strengthened to expand outreach activities to include university students and hard-to-reach youth.

During the period, IMPACT began the closeout process. All office records and files have been organized and packed according to closeout requirements and the IMPACT final report is under way. IMPACT will document the IMPACT approach and lessons learned from Jordan, which will be utilized by other partners in the region. IMPACT will also complete closeout letters to USAID and IAs.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

In the realm of behavior change intervention, IMPACT held several meetings with IA's to document lessons learned and explore recommendations for developing the up-coming second phase of projects. Also discussed were a plan for TA requirements and how to scale up the program to reach a larger number of high risk groups with targeted SBC interventions. Amendments to extend the period of performance for the ongoing SBC sub-agreements for five NGO's supported by IMPACT that implement activities with high risk groups has been completed. Subagreements with the Jordanian Association for Family Planning and Protection, Family Guidance and Awareness Center and Khawla are being closed. Additionally, "Talk to A Friend," an Arabic peer education toolkit for sex workers, is in the final production stages. IMPACT continues its support and capacity building for the NAP through both direct TA and by enabling staff to attend numerous workshops.

Strategic Information

During this reporting period, IMPACT produced materials and resources for working with vulnerable groups including the Safety First Project, a QA report of MSM and male youth vulnerable to HIV/STI. IMPACT also continued its support and mentoring to IA's in technical areas including SBC, VCT, M&E, QA/QI, etc.

Global Leadership in HIV/AIDS

IMPACT continued its ongoing collaboration with UNAIDS and other UN agencies during the period. IMPACT hosted the NAP Omani delegation during their study tour to Jordan where they visited programs working with high-risk groups. IMPACT also assisted IA's in the areas of financial and program management on the basis of the pre-award and the Technical and Organizational Capacity Assessment Tool findings. IMPACT continued to build capacity of governmental and NGO partners in order to strengthen implementation and monitoring of interventions with most vulnerable groups.

Lao PDR

Brief Background

Since 2002, USAID has committed \$2,275,000 to IMPACT for HIV prevention programming in Lao PDR. IMPACT/Lao PDR TA and subproject support has complemented the priorities of both the Center for HIV/AIDS/STI (CHAS) and the National Committee for Control of AIDS (NCCA). IMPACT has aimed to strengthen both the second general surveillance system and STI/HIV/AIDS prevention interventions for Sex workers and their clients in order to address the high rate of bacterial STIs and behavioral risks for sexual HIV transmission. 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 target populations, the provinces of Luang Prabang, Vientiane Municipality, Savannakhet and Champasak were identified as “hot spots” and are therefore the foci of IMPACT prevention activities. In FY07, \$332,526 remained in IMPACT rollover funds. These funds were used primarily for staff time, technical support and some procurement.

Key Achievements during this Reporting Period (October 1, 2006 –March 31, 2007)

Prevention

FHI sought and received approval from USAID for a waiver to purchase Cefixime, Azithromycine, and Cotrimazole using IMPACT funds. IMPACT spent approximately \$22,000 on these drugs and disseminated them to seven wellness centers and ten district hospitals. A total of 3,108 sex workers and 911 of their clients/partners were treated with these drugs. STI services are just one part of IMPACT’s program in Lao PDR, which combines strategic behavioral communications, STI and VCT services, and condom promotion and distribution to offer a minimum package of services to sex workers in hotspots. As part of this program, IMPACT monitors condom use among prostitutes being reached on a monthly basis. On average, recent monitoring has found that prostitutes used condoms during 93 percent of episodes with clients and during 45 percent of encounters with boyfriends. Overall, prostitutes being reached by IMPACT report condom use in 80 percent of their encounters with any partner.

Middle East Regional Program

Brief Background

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

Key Achievements in this Reporting Period (October 1, 2006 - March 31, 2007)

Strategic Information

During November 2006, IMPACT conducted a regional training workshop on M&E of HIV/AIDS programs in Cairo. This six day workshop was attended by 27 participants from 12 countries. The participants were NAP managers, senior M&E officers and NGO staff.

Following the workshop, Sultanate Oman was selected to receive additional in-country technical assistance through a four day capacity building workshop for AIDS focal points. The workshop focused on basic concepts of M&E, particularly as they relate to HIV/AIDS programs, with special focus on clinical care and VCT programs.

In country TA was also provided to build the capacity of Libya NAP and other stakeholders to conduct a Biological BSS. The three day workshop covered the evolution of HIV surveillance and steps for implementing a Biological BSS with a special focus on ethical issues.

Additionally, IMPACT translated into Arabic and adapted to the regional context sections from the IMPACT document *Monitoring HIV/AIDS Programs/A Facilitator's Training Guide*. The guide was distributed to participants of the Oman and Libya workshops as background material. IMPACT also translated into Arabic and adapted to the regional context another FHI document entitled *Behavioral Surveillance Surveys/ Guidelines For Repeated Behavioral Surveys In Populations At Risk of HIV*.

Nepal

Brief Background

Under IMPACT, USAID/Nepal has committed approximately US\$19 million since May 1, 2001. In this reporting period, the IMPACT/Nepal project transitioned to the new USAID bilateral award – the Advancing Surveillance, Policies, Prevention, Care and Treatment (ASHA) Project signed on June 29, 2006. Many of the implementing agencies operating under IMPACT were continued under the ASHA program with little to no gap in service delivery. In FY07, FHI is utilizing IMPACT rollover funds for TA and closeout activities. The IMPACT closeout process included preparing and disseminating documentation of success stories and lessons learned under the project.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Care and Support

IMPACT launched a music video about stigma reduction featuring popular Nepali artists and PLHA. The music video, aired on major television and radio stations, was developed in collaboration with the National Association of PLHA in Nepal. In addition to the video, IMPACT produced a three-part comedy series entitled "Left, Right, Left, Right," which also focused on the reduction of HIV related stigma. The film featured two leading Nepali comedians and was broadcasted free on the major Nepali television network.

IMPACT also produced a video that provides training in HIV care and support to PLHA and their families. This video filled a much needed gap in care and support materials by targeting illiterate audiences, particularly those in the Far Western region of the country where the number of HIV cases is high among migrants and their families.

IMPACT supported a ten-person exposure visit to Southern India so that IMPACT and IA staff from around the country could observe successful care and support projects. All participants are directly involved in the implementation of this type of project in Nepal and have used their observations from the visit to improve upon the Nepali programs.

Strategic Information

IMPACT provides technical leadership in HIV research and surveillance in coordination with the National Center for AIDS and STD Control. Findings from the 2006 IBBS among FSWs in Kathmandu and Pokhara, as well as FSWs/Truckers in 22 Terai Highway districts were printed and disseminated. An IBBS among migrants in Western and Far Western Nepal was also conducted for the first time and the results were disseminated.

Global Leadership

IMPACT continued to provide technical support to partners working under the Global Fund for AIDS, Tuberculosis and Malaria.

Pakistan

Brief Background

IMPACT/Pakistan is promoting increased use of proven interventions to prevent major infectious diseases and complimenting the National Enhanced HIV/AIDS Program for most at-risk populations. The program has developed projects to reduce the transmission of HIV/STI among MARPs in six strategic cities of Punjab and Sindh provinces, support PLHA with HCBC and provide TA to NACP to monitor both the dynamics of the epidemic and the effectiveness of prevention and care programming. IMPACT has worked with eight partner organizations for a comprehensive response to HIV/STI prevention. To date, USAID obligated a total of US\$2,060,000 to IMPACT in Pakistan. In February 2006, USAID/Pakistan's three-year project "Pakistan HIV/AIDS Prevention and Care Project (PHAPCP)" was awarded to RTI International (RTI), with FHI as a subcontracting partner, to continue and expand upon HIV/AIDS prevention, care and support activities funded by IMPACT. In June 2006, three subprojects for HIV prevention among MARPs and one subproject for care and support for PLHA were transferred from IMPACT to PHAPCP funding. Remaining IMPACT funds are complementing PHAPCP for limited TA and program management support through June 2007.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

During this reporting period, IMPACT began drafting the final IMPACT report. This report is being reviewed by program and technical leaders and will be finalized, printed and disseminated in the next reporting period. A staff person from FHI's regional office in Bangkok provided program management and TA in Pakistan during the reporting period as well.

Papua New Guinea

Brief Background

Papua New Guinea (PNG) has a serious HIV and AIDS epidemic, which has been classified as a generalized epidemic. The cumulative number of reported cases of HIV reached 12,341 in early 2005. In 2004, FHI became the first and only USAID cooperating agency to implement HIV/AIDS/STI interventions in PNG with a focus on most-at-risk populations. The total obligation to date for IMPACT/PNG is US\$1,500,000. In FY07, the IMPACT rollover fund of \$230,960 is being used to complement the USAID/RDM/A funding in PNG for limited TA and program management.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

IMPACT provided TA to Save the Children in PNG (SCiPNG) by training seven STI clinic staff in STI management and care. The clinic continues to provide quality services to FSWs, clients of FSWs, MSM and most-at-risk male and female clients. SCiPNG's Peer Support Project has been promoting STI services among target groups during outreach sessions and at the drop-in-center. As a result of both evening sessions of outreach activities and wide distribution of the STI clinic brochures, there has been an increased number of beneficiaries accessing the STI/VCT clinical services. The VCT clinic at SCiPNG has been accredited by the National AIDS Council Secretariat and continues to provide pre-test and post-test counseling to clients referred by outreach workers.

Care and Support

To strengthen a subproject with the Salvation Army, IMPACT supported a training of trainers for fifteen PLWHA on the use of the self-care manual that was adapted from IMPACT/Cambodia and translated into Tok Pisin. The newly trained PLHA were assigned to various sites so that they could conduct community outreach on positive prevention in the National Capital District and Central Province. These PLHA were also assigned to select day care centers in the National Capital District to train peers and care takers in using the manual so that they can help themselves, their families and neighbors living with HIV.

IMPACT also supported a refresher training course for six previous PLHA trainers under the Igat Hope Inc. subproject. These PLHA trainers were assigned to the same sites and care centers as the new trainers to conduct self-care training and community outreach.

Strategic Information

The PNG Institute of Medical Research (PNGIMR) completed a post-intervention survey of FSWs in Goroka and Port Moresby and MSM in Port Moresby in order to evaluate the outcome of the Peer Support Project. IMPACT provided TA to PNGIMR in analyzing the quantitative data and in examining SCiPNG's service delivery M&E data so as to determine how it can be used in combination with the behavioral survey data to estimate the size of FSW and MSM subpopulations in the National Capital District.

Philippines

Brief Background

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 helped improve STI surveillance and prevention responses. ASEP concluded in September 2003. In 2004, USAID awarded a new bilateral project called "LEAD for Health" to Management Sciences for Health (MSH). This project is designed to strengthen the capacity of local government units (LGUs) to provide family planning and selected health services, including HIV/AIDS. IMPACT/Philippines was complementing the LEAD for Health project by providing technical and financial assistance in monitoring the STI/HIV/AIDS epidemics and by providing essential data, analysis and technical support for programs aimed at MARPs. IMPACT funding received to date is US\$2,125,000. Since July 2006, FHI has utilized rollover IMPACT funds to continue providing TA to the Philippine Department of Health (PDOH) primarily in the areas of surveillance, STI services and MARP programming.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Strategic Information

During the reporting period, IMPACT conducted an assessment and completed a report entitled Monitoring Compliance to the Manual of Procedures (MOP) for Social Hygiene Clinics (SHCs).

The assessment evaluated compliance to the MOP that was developed with support from IMPACT and the National AIDS/STI Prevention and Control Program in FY05. The MOP aims to guide operations of Social Hygiene Clinics (SHCs), specialized STI clinics run by local government units. The MOP also attempts to improve the quality of sexual and reproductive health services and interventions available to vulnerable populations. Using funding support from the MSH/LEAD for Health Project, 30 SHC staff received training on the MOP in January 2006.

Six months after the training, IMPACT conducted the aforementioned assessment. Activities included interviews with key SHC staff (physicians, nurses, and medical technologists), a review of records, observation of client handling and management, and an inspection of health facilities, including their physical set-up, equipment, laboratory supplies/reagents and medicines. A checklist was developed to correspond to sections outlined in the MOP. Results of the assessment were presented to key partners including DOH, USAID, City Health Office staff from each SHC assessed, local government executives and representatives from local and international NGOs. The assessment shows how each SHCs fared vis-à-vis the MOP guidelines and how the SHCs fared when compared with each other. After reviewing the assessment, City Health Offices used the findings to leverage for additional manpower and logistic support and the DOH resolved to formulate an SHC development plan. SHCs aspire to replicate each other's best practices.

IMPACT began concretely preparing for closeout toward the end of June 2006. The IMPACT/Philippines final country report was finalized and will be printed and disseminated in the next reporting report.

Thailand

Brief Background

Since 2003, USAID has granted a total of \$3,111,000 to the IMPACT Project in Thailand. In recent years, the key focus of IMPACT in Thailand has been to support comprehensive prevention, care and support programs among MARPs with an emphasis on MSM. Since FY06, the FHI program in Thailand has received joint funding from IMPACT and a separate Cooperative Agreement from the USAID Regional Development Mission/Asia (RDM/A) to continue its current subprojects. In FY07, remaining IMPACT funds are being used to support an evaluation of the targeted communications campaign, and for staff time and TA to complement the RDM/A-funded activities. Remaining IMPACT funds will also be used to closeout IMPACT during July-September 2007.

Key Achievements in this Reporting Period (October 1, 2006 to March 31, 2007)

Prevention

In late FY06, IMPACT supported an eight-month targeted communications campaign called "Sex Alert." The campaign was implemented by the McCann WorldGroup to lower HIV risk behaviors and increase the use of STI and VCT services for MSM in Bangkok and Chiang Mai. IMPACT conducted a mid-term review of the campaign in July 2006 by interviewing 217 MSM in Bangkok and 104 MSM in Chiang Mai. The review showed promising results, with the campaign reaching 73 percent of MSM in Bangkok and 82 percent of MSM in Chiang Mai. An in-depth final evaluation is planned in FY07 to determine the next phase of interventions for MSM.

Strategic Information

In December 2006, IMPACT contracted Ipsos, a private research company, to conduct an in-depth evaluation of the targeted communication campaign for MSM mentioned above. Using a Respondent Driven Sampling method, 350 MSM (200 MSM in Bangkok and 150 MSM in Chiang Mai) were selected and interviewed. IMPACT's IAs in Bangkok, Rainbow Sky Association of Thailand and Service Workers IN Group, as well as Mplus+ in Chiang Mai, collaborated with Ipsos on the survey. The results of the survey showed that high coverage was achieved: 70 percent of MSM reported recognizing some elements of the campaign after prompting (aided recognizers), 25 percent spontaneously recognized some elements (proven recallers), and after prompting, only five percent failed to recall any element (unexposed). In terms of response, proven recallers were found more likely to seek HIV/AIDS information on the Internet, undergo an HIV test and STI check-up, and consistently use condoms with any type of male partners than those who were not exposed. Among MSM exposed to the campaign, levels of acceptability and relevance of this campaign were very high. These findings confirm that the campaign had a positive impact on MSM sexual and health seeking behaviors in both targeted cities.

Vietnam

Brief Background

USAID has committed \$7,990,000 to IMPACT in Vietnam. IMPACT continues to scale up and expand HIV prevention, care and treatment interventions and related surveillance and research in Vietnam. The budget for the first nine months of FY07 is \$3,381,068. IMPACT continues to maintain and expand its partnerships with the Vietnam Administration for AIDS Control under the Ministry of Health (VAAC/MOH), Provincial Health Services (PHS), international and local NGOs and the private sector.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

IMPACT scaled up and expanded coverage of prevention interventions targeting MARPs. These included IDU interventions in eight provinces, FSW interventions in five provinces, male client interventions in four provinces, and MSM interventions in four provinces. The interventions provide comprehensive services including risk reduction/drug addiction counseling, condom/lubricant distribution and VCT/STI services through both outreach and drop-in center approaches. IMPACT assisted with the development and implementation of the transitional intervention program for IDUs released from rehabilitation centers in Ho Chi Minh City (HCMC).

Care and Support

IMPACT focused on responding to the needs and improving the quality of VCT services at eight VCT sites in the last six months. QA/QI activities have been regularly conducted at all VCT sites. A total of ten sites are now providing HBC services to PLHA and families across all six PEPFAR provinces. With the approval of national palliative care guidelines in September 2006, PEPFAR partners, including FHI and VCHAP, are supporting their implementation: 35 national palliative care providers trained in how to use the national guidelines. For the OVC program, children were assisted through HBC teams. OPC staff, including the new family care case managers and the women's union, supported empathy clubs and play groups for vulnerable children by providing schooling, emotional support, access to health services including ART for eligible patients, nutritious foods, therapeutic play, and participated in skills building.

Treatment

More than 1,500 individuals received ART during this reporting period. IMPACT continues to provide on-going training and clinical mentoring in clinical HIV care, ART provision and adherence to health care providers at all IMPACT supported ART sites. During the last half of 2006, the IMPACT care and treatment team supported the VAAC and GFATM in developing the national adherence counseling training curriculum and supported the implementation of VAAC's training plan in 64 provinces.

Strategic Information

IMPACT supported strengthening HIV surveillance and strategic information. In partnership with the CDC, IMPACT supported an IBBS among IDUs, FSWs and MSM in seven provinces. In collaboration with partner agencies, IMPACT supported the development of a QA/QI system, including a set of six QA/QI checklists, three for prevention (IDU, FP and MSM) and three for care and treatment (VCT, OPC, HBC). The first round of QA/QI implementation in six intervention sites indicated that partner agencies recognize and value the tools to review their interventions.

Global Leadership in HIV/AIDS

IMPACT developed the following materials in the first half of FY07: 1) *Guidelines on Palliative Care for Cancer and AIDS Patients* (MOH), 2) *HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Vietnam 2005-2006* and 3) *The HIV Epidemic in Ho Chi Minh City: Where is it going?*



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EUROPE AND EURASIA

Albania

Brief Background

Very little is currently known about the state of the HIV/AIDS epidemic in Albania. An increasingly migratory population, rising rates of IDUs, marginalized ethnic groups, a highly stigmatized homosexual population, and a population of women who have engaged in commercial sex while abroad suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on sero-prevalence or behavioral factors among these high risk groups, and it is possible that rates of HIV are currently or could soon be alarming. FHI/IMPACT has been requested by USAID/Albania to plan and implement a Bio-BSS related to HIV/AIDS in Albania in collaboration with Social Scientific Systems/Synergy Project. The Bio-BSS will measure both key behaviors and the 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 for this project.

Key Achievements in this Reporting Period (October 1, 2007 – March 31, 2007)

Strategic Information

The final Bio-BSS report has been produced in both English and the local language. The final report was disseminated to a wide audience through mailings and a media conference in Tirana. IMPACT plans to continue to disseminate the findings through other mechanisms, including publication in peer-reviewed journals. Final payments for outstanding financial reports/invoices are to be made at the beginning of the next reporting period.

Baltics Regional Program

Background

From late 2000 until FY05, 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 received \$2,397,192 in funding for the Baltics, including the Northern Europe Initiative (NEI) and funding through the Department of State. The Baltic Sea Regional Program officially closed on October 15, 2004 and the final report was written, finalized and disseminated. Remaining funds were used by IMPACT from April 2006 through December 31, 2006, to provide support to one IA in St. Petersburg for HIV prevention activities. This completed all IMPACT activities under the Baltic Sea Regional Initiative.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Prevention

IMPACT continued to fund the St. Petersburg NGO, AIDS, Statistics, Health (ASH) to conduct prevention activities through December 31, 2006. The project scope of work included raising awareness about HIV and creating a more supportive environment for PLHA (including female prisoners) among decision-makers, journalists and health care workers. ASH also educated health care workers on HIV issues to avoid stigma and discrimination toward PLHA and to enable them to provide better quality care, support and treatment to female prisoners/PLHA.

During the reporting period, ASH conducted a number of outreach and educational activities. ASH held three sessions on ABC prevention messages with high-school and university students. ASH also met with two PLHA groups to discuss community outreach and education strategies. Additionally, two outreach visits were made to the women's prison where the ASH team worked with prison staff to provide medical examinations and counseling to the prisoners. The ASH team also provided prevention and treatment information as well as referrals to the AIDS center to support prisoners once they are released.

Global Leadership in HIV/AIDS

ASH's global leadership activities focused on World AIDS Day. ASH published and distributed a new volume of the AIDS Sex Health journal and published a press release on several online sites. A press conference was held in the ITAR-TASS press agency for 62 journalists plus members of the Health Care Committee and representatives of several NGOs and international organizations. At the conference ASH handed out copies of the new journal and other HIV-related materials. ASH volunteers and staff also conducted street outreach activities and distributed condoms, leaflets and postcards. An interactive round table conference on HIV/AIDS and youth was conducted with staff from local youth clinics.

Kosovo

Brief Background

Kosovo is classified as a low concentrated region for HIV/AIDS. However, rising rates of injecting drug users, a thriving commercial sex industry populated by women both internally and externally trafficked, migratory populations and a highly stigmatized homosexual population suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on sero-prevalence or behavioral factors among these high risk groups, and it is possible that rates of HIV are currently or could soon be disturbing. IMPACT was given \$250,000 to plan and implement a Bio-BSS related to HIV/AIDS in Kosovo. A sub-agreement was executed with Index Kosovo to lead the implementation of the survey among three target groups: 200 IDUs, 69 MSM, and 200 sex workers. Data collection for this survey was completed in June 2006, and the data has been entered, cleaned and analyzed.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Strategic Information

During this reporting period, the draft Bio-BSS was finalized. IMPACT and Index Kosovo facilitated a working group that meet to analyze the bio-BSS in Prishtina during February 2007. Participants included members of the Bio-BSS survey working group, the UN Theme Group and key stakeholders. USAID/Kosovo was debriefed on the key findings of the survey at that time. The report now needs to integrate the comments of the working group and be finalized. Discussions are currently in progress regarding the dissemination of the results within the Kosovo media.

Kyrgyzstan

Brief Background

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

During the previous reporting period, an initial visit was undertaken to select clinical and lab sites in Bishkek and Osh. The goal is that these sites will ultimately be able to provide dependable GC surveillance for Kyrgyzstan without external assistance. The initiation of the study was postponed due to a delay in the procurement of needed equipment and supplies. It is expected that these items will be available in the coming reporting period so that the study can begin.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Strategic Information

On-site training occurred in Bishkek and Osh between October 13 - 25, 2006. This included the verification of delivered supplies, the installation of equipment, the delivery of the written and electronic project SOP, the training of laboratory technicians and a final review of study protocol.

During this period, UNC-Chapel Hill and USAID/Kyrgyzstan reviewed progress of the study and results. Study coordinators were advised to focus on increasing enrollment to expedite conclusion of the project. In February 2007, new reference control materials were shipped to Sentinel Epidemiologic Surveillance (SES) in Bishkek and the susceptibility results of completed samples were monitored. Each site had approximately two-thirds of the 75 required NG isolates as of the end of this reporting period.

Russia Behavioral Monitoring Survey

Brief Background

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

To date, IMPACT has received a total of \$960,000 from USAID/Russia. In FY05, IMPACT/Russia established a Behavioral Monitoring System (BMS) to measure key behaviors and to promote improved programming and strategic decision-making. All activities for IMPACT/Russia have been completed at this time.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Strategic Information

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

During the reporting period, a final report for the BMS was written and translated by Stellit. This report will serve as the final IMPACT closeout report. The final BMS report was disseminated to all local partners who were involved in the work. In addition, IMPACT coordinated a dissemination workshop with local and national stakeholders in each city to share the results of the BMS and discuss how the data can be used to guide program implementation.



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LATIN AMERICA AND THE CARIBBEAN

Bolivia

Brief Background

IMPACT activities began in Bolivia in FY04. USAID/Bolivia obligated \$150,000 in field support to IMPACT activities. IMPACT worked with NGOs, Centros Departamentales de Vigilancia y Referencia health center staff, and the MOH to build local and national capacity in VCT. Activities included provision of TA in the review and standardization of VCT-related BCC materials, TA in the development of a VCT manual for Bolivia and training courses for counselors on HIV prevention counseling tools and techniques. In FY07, the final IMPACT activity was conducted and the project was closed.

Key Achievements in this Reporting Period (October 1, 2006 - March 31, 2007)

Care and Support

As the final activity for IMPACT in Bolivia, USAID requested TA from IMPACT to work with local implementers to enhance skills and standardize VCT requirements and processes within the USAID-funded VCT project. IMPACT funds were used to conduct two workshops in Bolivia. The first workshop centered on identifying the minimum criteria that should be in place for a VCT center in Bolivia. During the workshop, the participants developed a list of criteria to be used as a starting point for discussions and further refinement by the VCT project team in Bolivia. The workshop also discussed issues of quality assurance and quality control, methods for increasing uptake of VCT services in Bolivia, and strategies for working with the MOH to institutionalize and define VCT services in Bolivia. The second workshop was with VCT counselors, and focused on skills training in the following areas: supervision, mutual support, how to give test results and counseling.

Guatemala - Central American Program (G-CAP)

Brief Background

USAID/G-CAP obligated \$200,000 in field support funds to IMPACT from 2002 through 2007. No additional IMPACT funds were obligated for FY06 or FY07. At the request of USAID/G-CAP, IMPACT supported the development of comprehensive HIV/AIDS care and treatment diploma courses for health care professionals in Central America. The focus of this program was on Guatemala, Panama and Nicaragua, with limited participation by El Salvador and Honduras. During FY06, IMPACT utilized remaining funds to implement the diploma courses in Panama, Nicaragua and Guatemala. All of the courses were completed by December 2006.

Key Achievements in this Reporting Period (October 1, 2006 - March 31, 2007)

Treatment

In May 2006, HIV/AIDS diploma courses for physicians and other health professionals were initiated in Guatemala and Nicaragua. The goal of the diploma courses was to train health personnel in integrated management and care of PLHA in order to improve the quality of care and treatment in the region. Scholarships were provided to select participants to attend the courses. Each course provided opportunities for both theoretical and practical learning, and concluded with participants presenting their clinical based research to colleagues.

Centro Integral de Capacitación y Salud de la Mujer, the local implementing partner in Guatemala, developed and implemented the course with support from the University of San Carlos of Guatemala. On average, 50 health professionals attended the course, which also contained a distance learning component. CARE Nicaragua, in collaboration with the Asociacion Nicaraguense Infectologia ANI developed and implemented the course in Nicaragua, which was completed by 19 health professionals. Courses in both countries were completed during the first quarter of FY07, while activities in Panama concluded in June of 2006. The course will continue to be offered in Nicaragua with other funding.

Mexico

Brief Background

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

In FY05 IMPACT began collaborating with Facultad Latinoamericana de Ciencias Sociales on the Biological BSS in Acapulco, Monterrey and Mexico City to help guide program planning and interventions in terms of location and specific high risk populations. As the study progressed, Tampico was added as a survey site.

Key Achievements in this Reporting Period (October 1, 2006 – March 31, 2007)

Strategic Information

The Tampico data collection was completed in FY06. In early 2007, the data was entered, cleaned and analyzed. The Tampico data was added to the data from the other sites, and the final draft report was updated. The printing and dissemination of the final report is anticipated to occur in April of 2007.



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FINANCIAL REVIEW