

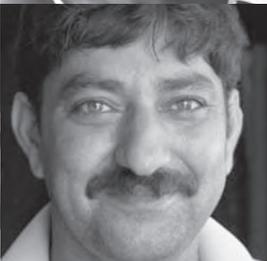
ASIA REGIONAL PROGRAM FINAL REPORT

September 1997–September 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE





Family Health International
2101 Wilson Blvd.
Suite 700
Arlington, VA 22201 USA
Tel: 703.516.9779
Fax: 703.516.9781
www.fhi.org

This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.

Produced August 2007

Asia Regional Program Final Report
September 1997–September 2007

for

USAID's Implementing AIDS Prevention
and Care (IMPACT) Project





Asia Regional Program Final Report

*Submitted to USAID
By Family Health International*

August 2007

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
TEL 703-516-9779
FAX 703-516-9781

In partnership with

**Institute for Tropical Medicine
Management Sciences for Health
Population Services International
Program for Appropriate Technology in Health
University of North Carolina at Chapel Hill**



Copyright 2007 Family Health International

All rights reserved. This book may be freely reviewed, quoted, reproduced or translated, in full or in part, provided the source is acknowledged. This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under cooperative agreement HRN-A-00-97-00017-00.

ACKNOWLEDGMENTS

The IMPACT/Asia Regional Program (ARP) was funded by the US Agency for International Development (USAID) Asia Near East (ANE) Bureau under Cooperative Agreement No. HRN-A-00-97-00017-00, with additional support from the USAID Regional Development Mission for Asia (RDM/A) under USAID/RDM/A Agreement No. 486-A-00-05-00005-00. IMPACT/ARP was implemented by the FHI Asia Pacific Regional Office, based in Bangkok, in collaboration with key IMPACT partners—the Institute for Tropical Medicine, Management Sciences for Health, Population Services International, the Program for Appropriate Technology in Health and the University of North Carolina at Chapel Hill—as well as many other international and local organizations and national governments in Asia and the Pacific. Collaboration with USAID local missions and FHI country programs in Bangladesh, Cambodia, China, Lao PDR, India, Indonesia, Nepal, Pakistan, Papua New Guinea, the Philippines, Thailand, East Timor and Vietnam also contributed to successful implementation of IMPACT/ARP, particularly through experience sharing and lessons learned. IMPACT/ARP could not have reached its achievements without the cooperation, contribution and great involvement of the HIV-vulnerable populations that the program served.

TABLE OF CONTENTS

ACRONYMS	5
I. EXECUTIVE SUMMARY	8
II. PROGRAM STRATEGIES, IMPLEMENTATION AND RESULTS	11
A. INTRODUCTION	11
B. ASIA REGIONAL CONTEXT	13
C. PROGRAM STRATEGIES	15
D. KEY ACTIVITIES	17
1. Model interventions for HIV prevention, care, support and treatment	17
2. Strategic information for program design and planning	25
3. Regional capacity building	30
4. Support to USAID for establishment and implementation of programs in non- presence countries	40
E. IMPLEMENTATION AND MANAGEMENT	44
F. ACTIVITY TIMELINE	45
G. PROGRAM RESULTS	48
Model interventions for HIV prevention, care, support and treatment:	48
Strategic information for program design and planning:	48
Regional capacity building:	48
Support to USAID for establishment and implementation of programs in non-presence countries:	49
III. LESSONS LEARNED AND RECOMMENDATIONS	50
IV. HIGHLIGHTS OF IMPLEMENTING PARTNERS' ACTIVITIES	53
V. ATTACHMENT A: IMPLEMENTING PARTNERS' ACTIVITIES	I
VI. ATTACHMENT B: LIST OF PUBLICATIONS PRODUCED	V
VII. ATTACHMENT C: ASIA REGIONAL PROGRAM FINANCIAL SUMMARY	VI

ACRONYMS

ADB	Asian Development Bank
AEM	Asian Epidemic Model
AHRN	Asian Harm Reduction Network
AIDS	Acquired Immunodeficiency Syndrome
ANE	Asia and the Near East Bureau (of USAID)
APCASO	Asia Pacific Council of AIDS Services Organizations
APD	Asia and Pacific Department (of FHI)
APN+	Asia Pacific Network of People Living with HIV/AIDS
ARO	Asia Regional Office (of FHI)
ARP	Asia Regional Program (of FHI)
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Agency of International Development
A ²	Integrated Analysis and Advocacy Project
BAHAP	Border Areas HIV/AIDS Prevention Project
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CA	Cooperating Agency
CBO	Community-based Organization
CDC	Centers for Disease Control and Prevention
CHASPPAR	Control of HIV/AIDS/STD Partnership Project in the Asia Region
CHR	Center for Harm Reduction
CoC	Continuum of Care
ECR	Expanded Comprehensive Response
EWC	East-West Center (of University of Hawaii)
FASID	Foundation for Advanced Studies on International Development (Japan)
FHI	Family Health International
GIPA	Greater Involvement of People Living with HIV/AIDS
GMS	Greater Mekong Sub-region
GTZ	German Society for Technical Cooperation
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Surveillance
ICAAP	International Conference on AIDS in Asia and the Pacific
ICMR	Indian Council of Medical Research
IDU	Injection Drug User
IEC	Information, Education and Communication
IHRC	International Conference on Reduction of Drug Related Harm
IMRB	Indian Market Research Bureau
IMPACT	Implementing AIDS Prevention and Care Project (of USAID/FHI)
INP+	Indian Network of People Living with HIV/AIDS
IR	Intermediate Result
ITM	Institute of Tropical Medicine (Belgium)
KABP	Knowledge, Attitudes, Beliefs and Practices
MARP	Most-at-Risk Population
MOH	Ministry of Health
MOIC	Ministry of Information and Culture (Lao PDR)

MOPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSF	Médecins Sans Frontières
MSH	Management Sciences for Health
MSM	Men Who Have Sex with Men
MTCT	Mother-to-Child Transmission
MVU	Mobile Video Unit
M&E	Monitoring and Evaluation
NACO	National AIDS Control Organization (India)
NACP	National AIDS Control Program (Lao PDR)
NCCA	National Committee for the Control of AIDS (Lao PDR)
NCHADS	National Center of HIV/AIDS, Dermatology and STI (Cambodia)
NFI	Naz Foundation International (London and India)
NGO	Nongovernmental Organization
NIHE	National Institute of Hygiene and Epidemiology (Vietnam)
NNAGT	Nepal National Network Against Girl Trafficking
NTP	National TB Program
NWGHA	National Working Group on HIV/AIDS
OI	Opportunistic Infection
OPTA	Office for Population and Technical Assistance (Thailand)
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Committee
PATH	Program for Appropriate Technology in Health
PCCA	Provincial Committee for the Control of AIDS
PEPFAR	The US President's Emergency Plan for AIDS Relief
PHSC	Protection of Human Subjects Committee (of FHI)
PLHA	People Living with HIV/AIDS
PNG	Papua New Guinea
PPST	Pre-Packaged STI Treatment
PROMDAN	Prey Veng–Rayong Operation on Migration Dynamics and AIDS Interventions
PSI	Population Services International
PVO	Private Voluntary Organization
QA/QI	Quality Assurance/Quality Improvement
QR	Qualitative Research
RDM/A	Regional Development Mission for Asia (of USAID)
RFP	Request for Proposals
RHP	Reproductive Health Program
RNA	Ribonucleic Acid
RTI	Reproductive Tract Infection
SARS	Severe Acute Respiratory Syndrome
SCF	Save the Children
SEADO	Social, Environment, Agricultural and Development Organization (Cambodia)
SGS	Second Generation Surveillance
SO	Strategic Objective
SPPS	STI Periodic Prevalence Survey
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SW	Sex Worker

TAG	Technical Advisory Group
TB	Tuberculosis
TISS	Tata Institute of Social Sciences
TNP+	Thai Network of People Living with HIV/AIDS
TWG	Technical Working Group
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNC	University of North Carolina
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Strategies and Program Areas

Family Health International's Asia Regional Program (ARP), funded by the United States Agency for International Development (USAID) Bureau for Asia and the Near East (ANE), began implementation of regional multi-country initiatives in 1993. From 1997, USAID provided a Cooperative Agreement to Family Health International (FHI) to implement its global HIV/AIDS project, the Implementing AIDS Prevention and Care (IMPACT) project. In addition to country-specific HIV programs, IMPACT provided critically important assistance to Asia and the Pacific region through its ARP, with funding from the ANE Bureau and USAID's Regional Development Mission/Asia (USAID/RDM/A).

The strategy for the regional program evolved from initiating HIV programs in selected countries to providing strategic country-level and regional activities including:

- A regional leadership role to promote understanding of the changing dynamics of the epidemics;
- State-of-the-art capacity development in key technical and program areas;
- Leadership in meeting the needs of most-at-risk populations, such as cross-border mobile and migrant populations, injection drug users, female sex workers and men who have sex with men; and
- New country program initiation and management of programs supported by USAID in "non-presence" countries (e.g., Lao PDR and Vietnam).

The reopening of USAID's RDM/A in 2003 resulted in the development of USAID's HIV/AIDS Strategic Plan for the Greater Mekong Region (GMR) with an objective to *increase use of effective responses to HIV/AIDS in the GMR*. The four intermediate results supported by FHI were:

1. Access increased to prevention interventions for most-at-risk populations (MARPs);
2. Access increased to care, support and treatment for people living with HIV/AIDS (PLHA) and their families;
3. Access increased to strategic information; and
4. Enabling environment strengthened.

Accomplishments

Access increased to prevention interventions for MARPs

The ARP provided financial and technical support to several model projects focused on *mobile and migrant populations* across the region. These projects promoted safer sex practices and improved access to quality STI services. Intervention models implemented included *the twin-city model, the source-destination community linkage model and the comprehensive prevention and care model*.

The ARP also assisted in developing *A Manual for Reducing Drug Related Harm in Asia* and introduced new behavioral surveillance survey (BSS) guidelines to monitor behavioral trends among *injection drug users (IDUs)*. The regional project provided training workshops related

to strengthening HIV prevention programs among IDUs. In addition, the ARP developed a strategy for comprehensive prevention and care interventions targeting IDUs.

The ARP's assessment of the dynamics, needs and sexual health of *men who have sex with men (MSM)* provided strategies for HIV prevention among these populations. The findings informed the development of large interventions among MSM in Bangladesh and India. The ARP developed guidelines and training programs for improving the capacity of healthcare personnel providing prevention and care services for MSM in the Asia-Pacific region.

Access increased to care, support and treatment for PLHA and their families

The ARP helped establish a national network of PLHA in India and supported other *networks of PLHA* in the Asia-Pacific region. These networks are now leaders in de-stigmatizing HIV and building the capacity of PLHA to be involved in formulating policies for prevention and care. The ARP's support also helped initiate and expand access to HIV-related treatment, including antiretroviral therapy. Several capacity building activities related to care and treatment, particularly HIV Clinical Management Training, were provided on a regular basis.

Access increased to strategic information

The ARP has been one of the leaders in advancing availability of strategic information including *HIV/STI Second Generation Surveillance* through the development and implementation of the BSS methodology. The ARP's provision of capacity building for national surveillance programs contributed greatly to this success. In addition to carrying out training related to BSS, FHI provided technical assistance to Cambodia, Lao PDR, Vietnam and Nepal in designing and upgrading their surveillance systems. These countries now use strategic information in national planning and evaluation.

In collaboration with the East-West Center, the ARP supported improvement of the *integrated analysis of surveillance data and the use of empirical evidence*, which can be linked to strong advocacy efforts. Use of these data can help overcome the lack of political will and the stigma and discrimination associated with the current inadequate responses to HIV in Asian settings.

Innovations: New technologies, methodologies, model development and evaluation for HIV prevention, care and treatment programs

The ARP initiated, funded and tested new *technologies* (e.g., detecting acute HIV infection through RNA testing), *methodologies* (e.g., BSS, the Asian Epidemic Model and population size estimation) and *model development for HIV prevention* (e.g., twin-city and source-destination community linkage models for mobile population programs).

The ARP was not tailored toward a single country, but served as a bridging agent to fill areas where country-specific activities were not in place and/or country-based organizations were not well placed to implement programs, and to act as a helping hand for technical assistance. The ARP brought synergy by forging the coordination of FHI/IMPACT country programs and securing multipartite collaboration. As a result, the ARP involved many activities and countries in the region and played a leadership role in several technical areas related to HIV and STIs. IMPACT/ARP supported new approaches that better responded to the needs of the region. As evidence of their trust in FHI's ARP, many countries, such as Lao PDR, Cambodia, China, Vietnam, India, Nepal, Burma and Sri Lanka, requested FHI to build and/or strengthen their national surveillance systems. Some cross-border implementation models, such as the twin-city and source-destination community linkage models, evolved

from the initiative and support of the ARP. Through south-south learning, the ARP coordinated and supported the establishment and strengthening of local and national networks of PLHA, particularly in Thailand, India and Cambodia. Several technical publications produced by the ARP, such as the *Guidelines for Behavioral Surveillance Surveys*, *Pre-Surveillance Assessment Guidelines* and *Self-Care Series*, are widely used not only in Asia and the Pacific but also in other regions across the globe.

At the request of the ANE Bureau and the local missions of USAID, the ARP provided support to USAID in conducting assessments and/or establishing new country programs in the region, in Thailand, Lao PDR, East Timor, China, Papua New Guinea and Sri Lanka. In addition, the ARP and the POLICY Project of the Futures Group (now Constella Futures) jointly implemented activities under the USAID Cooperation with ASEAN through the Operational Framework for the ASEAN Work Programme on HIV/AIDS II (2002–2005). These activities aimed at strengthening human capacity in 10 ASEAN member countries in the areas of advocacy for increasing access to affordable drugs and test reagents, conducting a policy study on the socioeconomic impact of HIV in the ASEAN region, improving surveillance systems, enhancing care providers in providing HIV care and treatment to general PLHA and PLHA who are injection drug users, and supporting the ASEAN Secretariat. These activities represented the two-fold success of IMPACT/ARP. First was the successful situation analysis and provision of recommendations for USAID's HIV programming in these countries. Second was the opportunity to expand FHI's technical expertise to support quality programming in new geographical areas.

During the project period, IMPACT/ARP occasionally confronted situations and challenges beyond its control. Current world affairs and the pandemic of emerging infectious diseases obstructed planned activities of the ARP that required extensive international travel. Nonetheless, IMPACT/ARP continued to provide HIV/STI prevention, care, support and treatment services to most-at-risk populations (MARPs), namely sex workers (SWs), men who have sex with men (MSM), injection drug users (IDUs), mobile and migrant populations (MMPs) and PLHA, and trained a large number of individuals working in service delivery, surveillance, strategic planning and program management across the entire region.

II. PROGRAM STRATEGIES, IMPLEMENTATION AND RESULTS

A. INTRODUCTION

In 1997, the Global Bureau of USAID awarded the IMPACT project to FHI to implement HIV/STI prevention, care, support and treatment programs at community, country and regional levels worldwide. The initial five-year Cooperative Agreement (# HRN-A-00-97-00017-00) was signed on September 27, 1997, to support the USAID Global Bureau's Strategic Objective # 4: *to promote the increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic*. In 2002, USAID extended the project for another five years, until FY2007, subsequent to progressive and successful program operations and implementations across the globe. This allowed the IMPACT project to continue its effort without interruption of funding.

To support USAID's strategies, IMPACT/ARP operated and implemented its program during the first half of the project under two principal goals:

1. To advance the technical knowledge, capacity and use of second generation surveillance systems in Asia; and
2. To develop, replicate and build the capacity for expansion of quality prevention, care and support services for those most vulnerable to transmission of HIV, especially MMPs of regional significance, IDUs and PLHA.

The focus of the ARP was on the development and strengthening of several countries' capacity to monitor the epidemic and evaluate responses, as well as strengthening regional responses to the epidemic. In addition, the ARP supported the development of USAID's HIV/STI programs in selected countries, including countries where USAID has a "presence" as well as "non-presence" countries.

Vietnam

Vietnam was one of the first "non-presence" countries to which the ARP provided support. With the concentrated HIV epidemic primarily affecting IDUs and SWs, funding decisions for programming in Vietnam were based on a series of assessments in 1997–1998 by USAID and FHI/ARP as requested by the government of Vietnam. The assessment results led to the establishment of an IMPACT/Vietnam program under which the local and national surveillance systems were strengthened and prevention and care and support services were provided to selected sites to complement the national AIDS program.

Lao PDR

Lao PDR is a "non-presence" country in a unique situation of low HIV prevalence despite being surrounded by countries with serious HIV epidemics, such as Thailand, Cambodia and Burma. Based on the 1999 national assessment jointly conducted by FHI/ARP and the National Committee for the Control of AIDS (NCCA) of Lao PDR, it was clear that the country urgently needed a system to monitor the HIV/STI situation, one that would link strategic information to prevention programs. This assessment led to the funding of key assistance in the areas of surveillance, condom social marketing and local capacity building for HIV/STI program implementation. All ARP-supported activities were managed by IMPACT/ARP out of FHI's regional office in Bangkok until the establishment of the FHI/Lao PDR program in 2003.

Cambodia

Despite the generalized HIV epidemic in Cambodia, IMPACT/Cambodia was considered to be underfunded by the USAID mission until the early 2000s. IMPACT/ARP supplemented the country program in a number of areas to augment the overall response. These included surveillance strengthening, cross-border area programs, a pilot tuberculosis-HIV project, and building the capacity of PLHA in protecting their rights and supporting their livelihoods. With the existing team in Cambodia, these activities were managed day-to-day by the IMPACT/Cambodia office, with the exception of cross-border programming, which the ARP was better positioned to coordinate and manage. The ARP withdrew from Cambodia after 2002 when the country was designated as USAID's only "Rapid Scale-up Country" in Asia, which doubled the annual budget from USAID (approximately US\$5 million per annum).

Thailand

Dealing with one of the first generalized HIV epidemics in the region, the Thai government and NGOs responded aggressively during the first half of the 1990s. Although the number of new infections in Thailand has decreased, there are still considerable new infections occurring. Along with the continuing challenges of prevention, access to care and treatment has become a major issue, particularly following the 1997 economic crisis, the associated reduction in the government's overall health budget, and the relatively higher costs for care, support and treatment associated with the sharply reduced value of the Thai currency. Moreover, USAID's support to Thailand was discontinued when the Regional Support Mission of USAID closed its office in Bangkok in 1996. From 1997-2002, the focus of the program was on cross-border programs targeting migrants from neighboring countries and surrounding host communities in a few provinces of Thailand. In 2000-2001, the ANE Bureau agreed that the ARP could extend its support to the Thai Network of People Living with HIV/AIDS (TNP+) to strengthen its PLHA networks. In 2003, USAID's Regional Development Mission/Asia (RDM/A) was established in Bangkok and the FHI/Thailand program was relaunched with RDM/A funds.

Nepal

There is accumulating evidence that Nepal has transitioned from a low prevalence country to one with a concentrated epidemic. Historically, before the IMPACT project was launched, the USAID mission in Nepal had requested support from the ARP in conjunction with discussions with ANE. The mission gave priority to technical and financial assistance in surveillance, cross-border mobility, HIV vulnerability reduction, and activities against the trafficking of girls and women from Nepal to India and elsewhere. During the first half of IMPACT's project life, the ARP supported activities in Nepal by providing technical and financial assistance to surveillance strengthening, STI/HIV surveys, cross-border programs and a small anti-trafficking project managed by the FHI/Nepal office. With a rapid increase in USAID funding to FHI/Nepal, the ARP gradually reduced its support to activities in Nepal and in 2002, discontinued its support to program implementation.

India

India has one of the longest histories of responding to HIV in Asia. The epidemic has shifted from the highest risk group, SWs, to bridging populations (clients of SWs) and their wives and other partners. IMPACT/ARP funds in India focused on the development of model programs including the India/Nepal cross-border program, support for the India Network of PLHA (INP+) and HIV/STI prevention in the Govindpuri slums of Delhi. This support was provided during the first half of IMPACT/ARP and until FHI/India received more support from the bilateral mission as well as funding sources other than US government funds. From

2002 to 2004, there was a gap of approximately three years during which ARP funds provided a bridge of support in India. In 2005, following a request from FHI/India, the ARP provided an 11-month sub-grant to the Tata Institute of Social Sciences (TISS) to continue its cross-border HIV prevention, care and support for Nepali migrants in Mumbai. The project was managed day-to-day by FHI/India. This sub-grant was critically important for bridging the funding gap while FHI offices in India and Nepal were in discussions with their USAID missions and the UK Department for International Development (DFID) over support to this source-destination community intervention in Nepal and India. The sub-grant to TISS in 2005 became the last IMPACT/ARP support to India prior to DFID's support of this cross-border project, which commenced in January 2006.

Until the end of the project's life, IMPACT/ARP coordinated, linked and contributed to the success of programs in the 13 countries in which FHI implemented programs under USAID funding, through both local mission buy-ins to the IMPACT project and bilateral agreements. These countries were Bangladesh, Cambodia, East Timor, India, Indonesia, Lao PDR, Nepal, Pakistan, Papua New Guinea, the Philippines, Thailand, Vietnam, and the Yunnan and Guangxi provinces of China. The total obligation of USAID to IMPACT/ARP from September 1997 to September 2007 reached US\$20,551,088. [Note: This report was written prior to the completion of IMPACT/ARP. Funding for FY98–FY06 are actual expenditures while the funding for FY07 is an estimate. See FY breakdown on Attachment C.]

This report provides descriptions of key accomplishments of IMPACT/ARP in different program areas related to the continuum of prevention to care interventions, strategic information, program planning including monitoring and evaluation, and advocacy for an enabling environment for effective HIV interventions. The report also provides an analysis of lessons learned and recommendations for future programming. Further details of ARP support to country-specific activities can be found in the separate country reports.

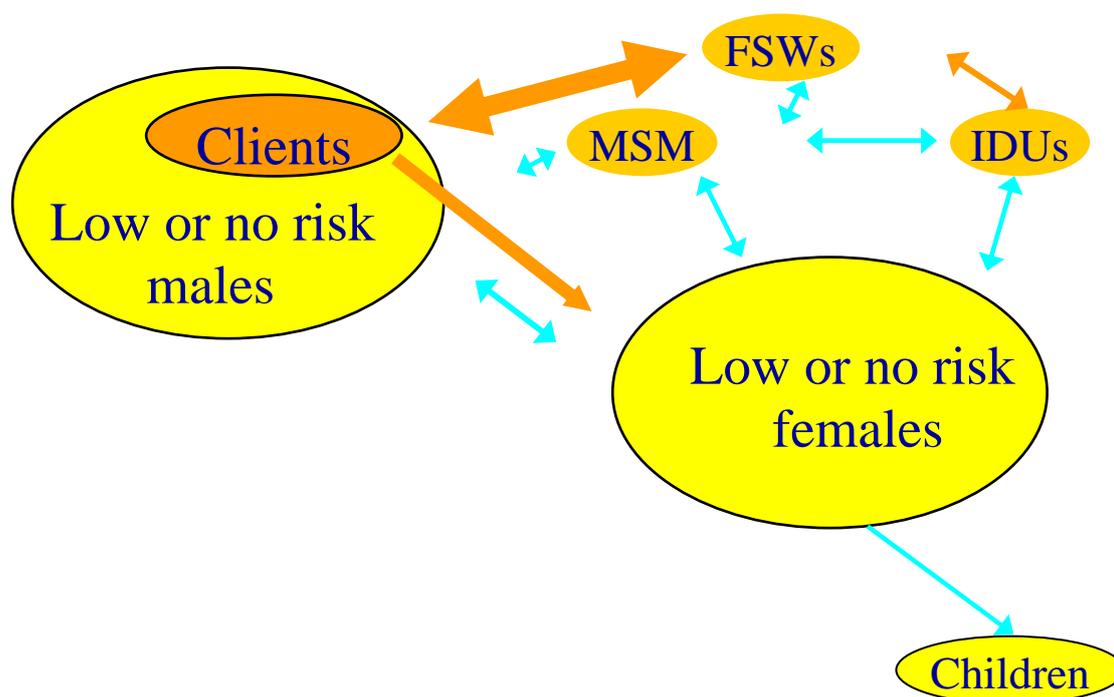
B. ASIA REGIONAL CONTEXT

The Asia and Pacific region accounts for 60 percent of the world's population. In the 1990s, the HIV epidemic in the region spread significantly. With three of the world's five most populous countries in the region, including China, Indonesia and India, even a low prevalence of HIV translates to large numbers of people living with HIV. UNAIDS/WHO estimated that 8.6 million people in Asia were living with HIV in 2006, including 960,000 who became newly infected in the past year.

HIV prevalence in Asia and the Pacific arises from multiple risks associated with HIV infection such as sharing of injecting equipment among IDUs; heterosexual transmission, mainly between SWs and their male clients; and male-to-male sex with lack of consistent condom use. The individuals within these populations and their networks often overlap, both socially and through their sexual, injecting and other risk behaviors (see Figure 1).

The vast majority of Asian populations still lack accurate information about HIV. With advances in technology and economic development, mobility within and between countries is easier than ever. High mobility combined with risk behaviors facilitates the rapid spread of HIV among different population groups. In 1997, the Asia and Pacific region confronted an economic crisis that aggravated the HIV situation in several countries.

Figure 1. Pattern of HIV epidemic in majority of Asian countries



The Asia and Pacific region is vast and diverse, and so is its HIV epidemic. The region can be divided into five broad categories according to the epidemics each area is facing.

1. Recent rapid increase in HIV prevalence among people with risk behaviors

In some countries, HIV prevalence remained low into the last decade of the 20th century. With the turn of the century, prevalence began to rise dramatically among people whose behaviors carry a high risk of exposure to HIV, namely IDUs, MSM, transgenders, and male and female SWs and their clients. There is strong evidence that many Asians engage in more than one risk behavior and that these behaviors enable HIV to move across and within subpopulations. This “concentrated epidemic” status can be seen in Indonesia, Nepal, Vietnam and southern parts of China, where HIV prevalence among IDUs and SWs has acted as a catalyst for the epidemic.

2. Epidemic transition from continuing high prevalence among MARPs to lower-risk populations

In Burma, India and southwestern China, the HIV epidemic has been well established for many years among MARPs, and prevention efforts do not seem to have been successful. The epidemic has filtered gradually from MARPs to their regular partners, the majority of whom are low-risk populations, resulting in increased HIV infection among regular female partners and the possibility of a third wave of the epidemic among their children.

3. Stabilized epidemic due to aggressive and effective prevention efforts

Thailand and Cambodia, countries where the epidemic had already reached “generalized epidemic” status, with more than 1 percent of HIV infection among the general population, provided the world with some of the best examples of large-scale HIV prevention, care, support and treatment programs. Although recent studies in

Thailand suggest an alarming increase in HIV prevalence among MSM and transgenders, including male SWs, both government and non-government bodies have begun immediate collaborative efforts to respond to the situation. In 2006, the government announced its goal to reduce new infections by half by 2010.

4. Low HIV prevalence in all population groups (i.e., nascent epidemic)

A large number of countries in Asia have been able to maintain their low prevalence status with relatively little HIV infection measured in any sub-group of the population. Bangladesh and the Philippines have provided prevention services in an active effort to reduce risk behaviors before an epidemic becomes firmly established. It is important that their prevention efforts are sustained and expanded to ensure that prevalence remains low. In Pakistan, IDUs and MSM have received very limited prevention services, though numerous risk behaviors have been reported. Transactional and male-to-male sex in East Timor is neglected in prevention programs despite reports indicating very low condom use rates. To date, these countries have often been protected by nothing more than geography and time. They now have a critical opportunity to prevent an epidemic by expanding prevention services to those in need of them.

5. Generalized epidemic

In Papua New Guinea and the far eastern region of Indonesia, the HIV epidemic appears to be following a course more commonly seen in sub-Saharan Africa. Although limited, studies suggest that sex among concurrent non-marital partners is more common in this sub-region than in other parts of Asia. This behavior can transmit HIV into the sexually active general population, forcing this sub-region to confront potentially more serious problems. A large-scale prevention, care, support and treatment service is urgently needed.

C. PROGRAM STRATEGIES

Since the beginning of the IMPACT project, FHI/ARP has supported the ANE Strategic Objective for *increased use of effective responses to the HIV/AIDS pandemic in Asia and the Near East*. The initial ARP workplans were developed in consultation with USAID missions and country programs and were seen to augment and be augmented by USAID country programs in India, Cambodia, Nepal and Bangladesh, as well as USAID bilateral programs managed by FHI in Indonesia and Nepal.

In June 2000, the ANE Bureau released its new *Strategy for Addressing HIV/AIDS and Infectious Disease in Asia and the Near East*. The specific Intermediate Results (IRs) for ANE's new Strategic Objective were:

- IR 1: Quality of Information on Infectious Diseases (ID) Produced and Disseminated to Regional/National/Local Policymakers, NGOs, Partners or Communities Improved
- IR 2: Availability of Quality ID Prevention, Care and Support Services for Vulnerable Populations Increased
- IR 3: Quality Program Models for ID Prevention, Care and Support Increased
- IR 4: ID Model Programs Expanded and Best Practices Strengthened

The new strategy authorized a seven-year (FY00–FY06) regional HIV/AIDS and ID program under ANE, representing a more regional and strategic approach to implementing both HIV and other ID interventions. The critical areas addressed under the new strategy were 1) support to multi-country linkages in data collection and use and 2) development and expansion of disease-control responses that extend beyond national borders.

In November 2000, USAID's Global Bureau released a draft strategy, *Expanded Response to the Global HIV/AIDS Pandemic, Tuberculosis and Malaria*. This strategy was linked to expanded resources for USAID to achieve newly articulated goals, including reducing HIV prevalence; ensuring that mothers in high prevalence countries have access to interventions to reduce transmission to infants; enabling countries to improve care and support services, including to orphans and vulnerable children; and mitigating the impact of the epidemic on key sectors. USAID prioritized its country and regional HIV programs and allocated resources according to the severity, magnitude and impact of the epidemic. This prioritization defined three categories: Basic Country/Program, Intensive Focus Country/Program and Rapid Scale-up Country/Program. Cambodia was chosen as the only Asian Rapid Scale-up Country. ANE's unique placement as an Intensive Focus Region has allowed the Bureau to begin to articulate its role in regional capacity building to expand the responses to HIV across Asia and the Pacific.

According to USAID's *HIV/AIDS Strategic Plan for the Greater Mekong Sub-region (GMS), FY2003–2006*, prepared for its reinstated Regional Development Mission/Asia (RDM/A) in Bangkok, Thailand, in early 2004, needs for prevention interventions in the GMS must be addressed. While applicable to ANE's Strategic Objective *increased use of effective responses to HIV/AIDS in Asia and the Near East*, the RDM/A's strategy focuses on MARPs who are bridges for the spread of HIV to general populations in the GMS. The area of the GMS covers Burma, Thailand, Lao PDR, Cambodia, Vietnam and the Yunnan and Guangxi provinces of southern China, and has been described as the epicenter of the HIV epidemic in Asia. This most recent strategy from RDM/A has been a reference for the design and implementation of IMPACT/ARP in the last few years of the project life, as well as for FHI's country and regional programs in the GMS. The strategy consists of the following four IRs, all of which harmonize the role and expertise of IMPACT/ARP and country programs in the region:

- IR 1: Access increased to prevention interventions for MARPs;
- IR 2: Access increased to care, support and treatment for PLHA and their families;
- IR 3: Access increased to strategic information; and
- IR 4: Enabling environment strengthened.

To implement USAID strategies, the overall goal of IMPACT/ARP was to provide leadership to promote quality prevention, care, support and treatment services for better response to the HIV epidemic in the region, based on empirical evidence-based programming. The efforts of IMPACT/ARP provided added value to the region beyond country borders. To complement USAID local mission funding, the ARP acted as a catalyst for activities that country-specific interventions did not cover or were unable to conduct alone. The ARP brought synergy by forging the coordination of IMPACT country programs and securing multipartite collaboration. Implementation included initiating HIV programs in selected countries; playing a broad regional leadership role to promote understanding of the changing dynamics of the epidemic; playing a state-of-the-art capacity development role to address regional learning in key technical areas; initiating new program models and methodologies;

supporting the development of a program to address cross-border mobile and migrant populations; and developing and implementing HIV programs for USAID’s “non-presence” countries. Despite several changes in donor strategies and policies during the project period, IMPACT/ARP was able to continue to prioritize its geographical areas to implement programs where:

- Incidence rates and burden of HIV/STI were high;
- Health systems had some existing capacity to deliver services and conduct surveillance;
- Mobile populations contributed to the spread of the disease; and
- Regional or sub-regional activities were able to support or complement country-level activities.

D. KEY ACTIVITIES

During the course of the project’s life, IMPACT/ARP managed and implemented sub-projects/activities in collaboration with local, national, regional and international organizations. Key IMPACT/ARP activities and achievements are highlighted below. Please refer to country-specific reports for details of country-specific activities supported with IMPACT/ARP funds.

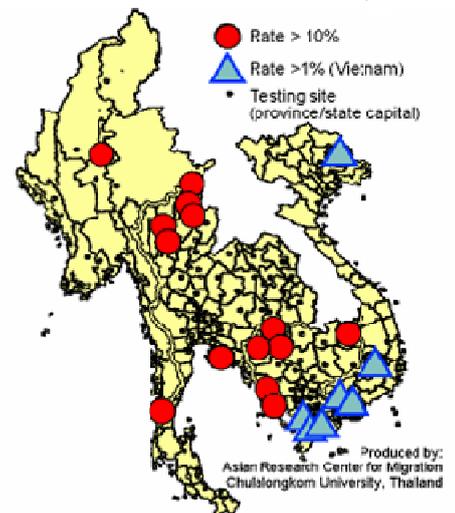
1. Model interventions for HIV prevention, care, support and treatment

1.1. Program addressing mobile and migrant populations (MMP)

Developing model interventions for MMP has been part of the ARP since 1995, before the commencement of IMPACT. Early cross-border programming started in 1996 with the development of the Bhoruka-Raxaul project, using the twin-city model, between the busy border areas of Nepal and India.

In 1996, FHI’s global AIDSCAP project, funded by the USAID/ANE Bureau, held a workshop in Thailand on regional cross-border issues and HIV prevention to review the epidemiological, behavioral and migration data for HIV in Thailand, Cambodia, Vietnam and Burma, the sub-region that can be considered the epicenter for HIV transmission in Southeast Asia. The data review provided strong evidence that provinces with a combination of land and sea borders had a higher HIV prevalence than those elsewhere in the sub-region. Accordingly, IMPACT/ARP, USAID and other partners agreed to develop models for HIV programming among high-risk MMP.

HIV Prevalence in Myanmar, Thailand, Cambodia and Vietnam for Selected Sentinel Population



1.1.1. Twin-City Model

As a result of the 1996 partner consultation meeting in Thailand, IMPACT/ARP agreed to support CARE International to implement the Border Area HIV/AIDS Prevention Project (BAHAP) in four cross-border sites between Thailand, Lao PDR, Cambodia and Vietnam. The sites included:

- Svay Rieng–Godau between Cambodia and Vietnam.
- Sepon–Lao Bao between Lao PDR and Vietnam
- Chiang Kong–Huay Xai between Thailand and Lao PDR
- Klong Yai–Koh Kong between Thailand and Cambodia



The twin-city model of BAHAP (October 1997–October 2000) was inspired by the cross-border intervention between Nepal and India. The rationale in pairing the sites is that HIV prevention messages and services could have greater impact if they were implemented on both sides of the border. In this model, cross-border coordination of activities is important to develop a consistent approach and materials. The project covered three main target groups: direct and indirect SWs; mobile men such as fishermen, construction workers, truck/motor taxi/boat drivers and uniformed services; and gatekeepers such as policemen and immigration officers at the borders. Key project activities were:



- Capacity building for project staff, volunteers, local pharmacies and local care providers in activities such as behavior change communication (BCC), STI treatment and basic healthcare and condom social marketing.
- BCC at many levels through outreach workers, peer educators, gatekeepers, condom cafes, information boards, targeted campaigns, life skills training and special events such as World AIDS Day. Where appropriate, the project employed the participatory learning and action (PLA) method to improve HIV knowledge and to promote safer sex and health-seeking behaviors. All the information, education and communication (IEC) materials used were

pretested with a target audience prior to mass production.

- Condom social marketing and free distribution to promote condom use through increased access to low-cost, high-quality condoms.
- Increased access to quality STI services at all sites.



By the end of BAHAP, the project had conducted assessments to improve understanding of the project site environment and the knowledge, attitudes and behaviors of the target beneficiaries and to help inform appropriate project strategies and activities. The project distributed 940,000 condoms and disseminated 135,000 pieces of IEC material to more than 43,000 target individuals. At the close of the project, IMPACT/ARP supported an external review of project design, progress and management. The review addressed several key lessons learned from implementing this model, described in the lessons learned section below. After IMPACT/ARP funds for this project ran out, some of the sites were picked up by other donors and by local governments. The model continues to be implemented to date.

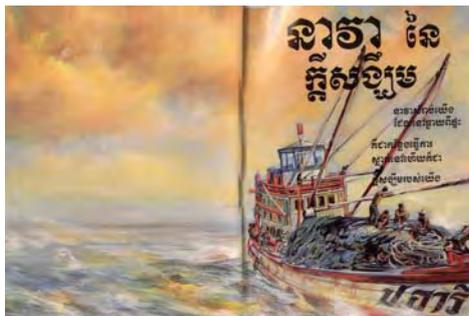
1.1.2. Source-Destination Community Linkage Model

One key finding from BAHAP was that not all border areas are vulnerable to HIV. Some people may live and move between borders on a daily basis to find jobs and business opportunities without engaging in risk behaviors. More people cross the border to find job opportunities in larger inner urban cities within host countries and tend to stay in the host countries for a long time, mostly without legal status. As the international travel and migration hub of the GMS, Thailand faces difficulties both as the destination for migrants from neighboring countries and as the transit point for migrants from neighboring countries to migrate to a third country. In addition, Thailand is a source for a tremendous number of Thais migrating to wealthier countries for job opportunities. Considering the complex situation of mobility and the HIV epidemic in Thailand, many organizations conducted studies in the late 1990s and early 2000s to describe the mobility patterns and the associated risks of HIV among potential Thai migrants and migrants from neighboring countries in Thailand. The studies reported several sites where cross-border migrants concentrated and provided critical information for HIV programming for MMP.

Out of the several studies conducted during the turn of the last decade, a monthly household survey in Cambodia in 2000 showed that more than 3,300 men from Prey Veng province were currently working in Thailand. More than one-quarter of them worked in the fisheries industry in Rayong province of Thailand, and there was potential for more Cambodians from Prey Veng to follow their neighbors to enter this industry. After a series of discussions with the Mekong Regional Office of the Program for Appropriate Technology in Health (PATH), IMPACT/ARP, with funding from the USAID/ANE Bureau, provided support to PATH/Mekong to manage the Prey Veng–Rayong Operation on Migration Dynamics and AIDS Interventions (PROMDAN) from July 2000 to March 2003. This source-destination community linkage model aimed to address the lifestyles of Cambodian fishermen and their associated HIV risk and vulnerability by working with them in the destination community of Rayong and with their families in Prey Veng. The activities in Thailand were implemented by

a local NGO, the Center for AIDS Rights (CAR), while the activities in Cambodia were implemented by Cambodian Women for Peace and Development (CWPD) with management support from PATH/Mekong and PATH/Cambodia.

Project activities included integrated interventions to increase HIV/STI knowledge; reduce risk behaviors by teaching skills for condom use; and facilitate increased access to STI treatment among migrants in Thailand and their families in Cambodia. Several meetings were also held among the key stakeholders in Rayong and Prey Veng, including cross-border meetings among key implementers and gatekeepers of the project to sensitize them to migration and migrant health-related problems as well as to seek collaboration from different partners from both government and non-government organizations. The project also focused on promoting the “linkage” between the migrants in Rayong and their families in Prey Veng through channels such as a private mailing system through PATH offices in Thailand and Cambodia, songs and a movie that addressed safe mobility and HIV issues, and provision of assistance for savings plans and/or income generation for migrants and their families. By strengthening communication and bonding between the migrants and their families across the borders, the project anticipated that migrants and families would have a strong intention to protect themselves from HIV and work hazards and to achieve their life goals sooner, thus leading to a shorter period of migration.



Boat of Hope, a Khmer cartoon book produced and distributed to seafarers under the PROMDAN project

During almost three years of implementation, PROMDAN conducted three mappings and assessments to promote understanding of the project site environment and the knowledge, attitudes and behaviors of the target beneficiaries to help inform appropriate project strategies and activities. The project distributed more than 50,000 condoms (freely provided by the Thai MOPH on the Thai side, and purchased at

bulk price from PSI on the Cambodian side) and disseminated about 36,200 pieces of IEC material (500 *No Home Too Far* VCDs, 300 *No Home Too*

Far karaoke VCDs, 30,000 *Boat of Hope* cartoon books, 400 PROMDAN T-shirts, 2,000 HIV/STI facts leaflets, 3 series of 1,000 pieces each of the CWPD magazine with main feature on HIV and STI stories). The project used *No Home Too Far*, a 40-minute film on safe migration and HIV, as a major behavior change communication mode throughout the second half of the project life. The film was also broadcast on Cambodian Television Channel 3. Through one-on-one and group discussions, the project reached more than 8,000 Cambodian seafarers in Rayong and 13,000 men, women and children in Prey Veng who are family members of the migrants to Thailand. The project provided health consultations to 600 clients and referred 420 clients to seven partner hospitals and clinics at both of the project sites. IMPACT/ARP supported a midterm review of the project in early 2002; interventions were modified based on the review findings and recommendations. At the end of the project, the ARP supported a joint external review of project design, achievements and management. The review addressed several key lessons learned from implementing this model, which are described in the lessons learned section below.

1.1.3. Comprehensive HIV Prevention, Care and Support Model

Between 1999 and 2001, the ARP fully or partly supported several Behavioral Surveillance Surveys (BSS) conducted in GMS countries and the border areas. Results from these surveys substantiated earlier claims of decreased commercial sex and relatively high levels of consistent (i.e., “always”) condom use in commercial sex among Thai men but still pointed to the need for strong interventions in these groups, particularly the Cambodian mobile men who reported a higher level of commercial sex with less consistent condom use with SWs. Toward the end of BAHAP, IMPACT/ARP identified sub-regional epicenters of the epidemic in the GMS by triangulating results from national BSS conducted in GMS countries and BSS in the border areas, as well as information on responses to the epidemic between the late 1990s and early 2000s. The ARP was able to select two hot spots for implementing a comprehensive HIV prevention, care and support model for MMP. These were Koh Kong province of Cambodia, bordering Trat province of Thailand, and Poi Pet town of Banteay Meanchey province of Cambodia, bordering Srakaew province of Thailand.

Koh Kong was the former BAHAP project site, with high levels of HIV prevalence at the time (24 percent among border police) affecting both sides of the border. In addition to the traditional land border, many people crossed the border through seaports. IMPACT/ARP funded CARE/Cambodia to implement a comprehensive approach addressing prevention, care and support to internal and cross-border migrants, including migrants returned from Thailand to three major districts in Koh Kong province. During its life from January 2000 to June 2002, the project reached more than 900 people from seven target groups including motor taxi drivers, female SWs, married women, fishermen and their wives, military and police. The project staff and volunteers respectively distributed and sold 26,100 and 11,600 condoms. More than 1,200 pieces of IEC material including T-shirts, caps, leaflets and posters were produced. The project’s home care team conducted a village mapping and assessment to identify village caregivers to be trained to provide home-based care to chronically ill patients. During the project period of 30 months, the home care team provided care and support to more than 220 clients at their homes. IMPACT/ARP provided a BCC specialist to assist CARE/Cambodia in improving its BCC strategies. Throughout the life of the project, CARE/Cambodia and the ARP worked closely with local government offices and involved them in the planning and monitoring of project progress.

In September 2000, IMPACT/ARP conducted a joint assessment in Poi Pet town of Banteay Meanchey province, Cambodia, with the National Center for HIV/AIDS, Dermatology and STI (NCHADS) and IMPACT/Cambodia, and agreed that a comprehensive intervention was essential at this location, the largest Thailand-Cambodia border crossing. As an entry point to the world-famous Angkor Wat and many large-scale casinos right at the border, the busy town of Poi Pet is full of young Cambodian male and female internal migrants from other provinces seeking a better income, as well as a large number of Thai and international tourists. The town is also one of the country’s largest trade nexus, with eight large-scale import/export companies. IMPACT/ARP provided a 20-month sub-grant to a local NGO, the Social, Environment, Agricultural and Development Organization (SEADO) and provided extensive technical assistance and capacity building opportunities to project staff, volunteers and healthcare providers in the Poi Pet area to implement comprehensive prevention, care and support services to migrant workers, their families and those infected with and affected by HIV. During the course of the project, the ARP trained 15 outreach workers, peer educators, care providers and public health officers in planning and delivering prevention, care and support services to at-risk populations, STI patients and chronically ill patients. The project

conducted peer education and workplace interventions in seven of eight large-scale import/export companies that covered approximately 3,000 migrant laborers or their family members. The outreach team worked closely with peer educators, established three condom outlets in company dormitories and distributed 15,000 condoms. To save costs, the project produced only small numbers of IEC materials and mobilized resources by requesting free leaflets and brochures from the government and international NGOs such as FHI/Cambodia and CARE/Cambodia. IMPACT/ARP conducted a joint project end review with representatives from SEADO and Banteay Meanchey provincial health officers that provided feedback on the project design and implementation and recommendations for improving future services.

When the comprehensive HIV prevention-to-care model was being implemented, voluntary counseling and testing (VCT) and antiretroviral treatment (ART) were not yet available in either Koh Kong or Poi Pet. However, the home care teams of both projects were able to provide basic counseling and referral services to their clients. Shortly after the projects ended, the government of Cambodia rapidly scaled up VCT and HIV treatment to the whole nation. The support and assistance that the ARP provided to both partners helped form the groundwork for the projects to integrate services and become even more comprehensive in terms of HIV prevention, care, support and treatment interventions. With the change of status to a USAID “rapid scale-up” country and the change in the USAID/Cambodia strategy, the ARP withdrew in 2002 and both projects were picked up by CARE/Cambodia, with financial support from USAID/Cambodia.

1.2. Networking, advocacy and care and support for PLHA

Under USAID/ANE funding, IMPACT/ARP provided support to the Indian Network of People with HIV/AIDS (INP+), a national PLHA organization in India, for strengthening their network, advocacy and care activities. INP+ had been recognized since 1997 as a leading organization and voice for PLHA by the India National AIDS Control Organization (NACO), NGOs and the public. The organization had successfully mobilized PLHA in several major cities in India. Other organizations involved INP+ members as trainers for HIV workshops and trainings. In October 1999, IMPACT/ARP awarded a two-year sub-grant to INP+ to strengthen its network, advocacy efforts and skills building, and to restructure the organization. INP+ proceeded with formalization of state-level networks of PLHA in six states and the signing of a memorandum of understanding among the networks. The organization conducted a needs assessment among PLHA and disseminated the results for strategic planning in April 2000. With this initial support from the ARP, INP+ was able to build a platform for its future resource mobilization and further strengthen its own and its networks’ capacity in advocating for reduction of stigma and discrimination, care for PLHA and their families and greater PLHA involvement in HIV policy, planning and decision making.



As the number of PLHA in Cambodia rose, the need for developing and implementing a human rights–based response to HIV became increasingly apparent. IMPACT/ARP supported the Asia Pacific Council of AIDS Services Organizations (APCASO) in

conducting a two-month field consultation in late 1999. The purpose of the consultation was to assess the viability of a project that would build the capacity of HIV and human rights NGOs and community-based organizations (CBOs) to enable them to contribute to program design and national policy development. The field assessment explored the local context in which the project would develop and the current scope for partnerships between HIV NGOs, human rights NGOs, the government and other stakeholders. In addition, the ARP supported APCASO for another six months in 2001 to work with and build the capacity of NGOs and CBOs in Cambodia and introduced the human rights dimension of HIV through a training workshop modified and pretested for the Cambodian context. With technical assistance from the United Nations Office of the Commission of Human Rights in Cambodia, the training helped 35 participants from 19 HIV and human rights NGOs and PLHA groups to gain knowledge in integrating a human rights framework into existing and planned organizational activities and strategies. Major issues discussed were the rights and needs of PLHA in relation to family and community, workplace and employment, and healthcare.

Simultaneously, the ARP supported the Asia Pacific Network of PLHA (APN+) to find ways for this regional network to provide support to its counterpart in Cambodia. APN+ recommended a step-by-step approach for building the capacity of Cambodian PLHA, starting with exchange visits with Thai PLHA groups to build linkages and share ideas and followed by developing plans and identifying priorities. In mid-2001, the ARP supported a field visit of six Cambodian PLHA and two staff from the NGOs that worked with them to successful HIV and care programs run by PLHA and CBOs in the North of Thailand and in Bangkok. The exchange visit helped the Cambodian staff learn from the Thai experience and gain knowledge on how to implement similar projects in their country. Following the exchange visit, a debriefing and strategic planning workshop was conducted in Phnom Penh to develop a workplan for local PLHA based on the priorities and areas where their skills and capacity would allow them to contribute. Possible areas included strengthening existing structures of PLHA in Phnom Penh and clarifying their objectives and goals, prioritizing the needs of PLHA and working toward beginning care and support projects involving PLHA in Phnom Penh, and advocacy work and partnership with NGOs and government agencies. Four prioritized issues of PLHA were access to treatment; support from home-based care services; economic hardship; and capacity building and involvement of PLHA in policymaking and service delivery. Specific projects for the Cambodian PLHA were developed subsequent to a two-year workplan. The Cambodian PLHA selected their country representative on the APN+ Board to formalize their relationship with APN+ and allow for the regional participation of Cambodian PLHA in future APN+ projects and activities. The ARP's role was to help link the regional network to the in-country PLHA groups. As IMPACT/Cambodia funding became available, the ARP discontinued this activity from its portfolio, following which APN+ continued to work through UNAIDS, the POLICY Project and other donors and partners.

After a process of consultation and discussion with the ANE Bureau, the ARP provided a sub-grant to the Thai Network of PLHA (TNP+) in April 2001 for strengthening its networks in six regions of Thailand (the Upper and Lower North, the Northeast, the East, the Central and the South) due to the rapidly increased need for more information and services on ART and opportunistic infections (OIs). A working team in each regional network was selected from PLHA and/or volunteers to support PLHA and their families by providing information on HIV, ART and OIs, and issues related to human and patient rights. The project aimed to portray a positive image to combat stigma and discrimination; provide self-care information through networking and public media channels; increase access to prophylaxis for OIs; and

contribute to a more constructive dialogue with health authorities at the national, provincial and district levels. The project involved 465 PLHA groups, 55 HIV NGOs, 882 government and 852 private hospitals and clinics, 913 health centers, 12 offices of the regional Communicable Disease Control Department of the Ministry of Public Health, and an uncounted number of the general public. TNP+ produced and distributed 40,000 posters providing information about self-care and access to OI treatment and prophylaxis to PLHA and their families, HIV NGOs, government and private hospitals, healthcare centers, and the general public. A total of 20,000 booklets on *Living together with and care for HIV/AIDS positive persons* and *Self-care and access to ARV* were distributed via networks throughout the country. Two radio spots to communicate messages on HIV prevention, living together with PLHA, and PLHA access to healthcare and treatment were aired. With the groundwork supported by the ARP and other partners such as Médecins Sans Frontières/Belgium, UNAIDS and the local government, TNP+ was able to continue its care and support activities with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria after the ARP-supported project ended in late 2002.

To improve the quality of counseling in national HIV programs, IMPACT/ARP conducted assessments and provided financial and technical assistance to several countries to ascertain the quality of current counseling practices and learn how they could be improved. In 1999, under the sponsorship of the Ho Chi Minh Provincial AIDS Committee, a team of counseling professionals conducted an assessment through interviews and focus groups with counselors in Vietnam. IMPACT/ARP provided technical support to the Provincial AIDS Committee in reviewing the final report to determine next steps and identify the most appropriate agencies to implement these steps. In Cambodia, IMPACT/ARP cosponsored a workshop with UNAIDS in Phnom Penh that brought together NGOs and government agencies involved in counseling. Participants decided to form a technical working group (TWG) to be convened by NCHADS with support from UNAIDS/Cambodia. IMPACT/ARP was asked to support an audit of counseling activities to assure that the TWG had appropriate support from both public and private sectors involved in counseling. As a result, IMPACT/ARP supported the development of a background paper on HIV/STI counseling in Cambodia and assisted in the development of a national strategy in 2000. Following the consultation with the USAID missions in Nepal, Bangladesh and Sri Lanka, the ARP provided a small sub-grant to TISS to conduct counseling assessments in the countries concerned in January 2000. TISS conducted rapid appraisals and identified country consultants affiliated with schools of social work and ran a workshop in Mumbai, India, for project leaders to discuss the individual country assessments. The assessments were completed at the end of 2000 and were used as references for planning and implementing counseling in these countries.

1.3. Tuberculosis-HIV in Cambodia

During 2000–2002, the ARP, in collaboration with the Gorgas Memorial Institute of the University of Alabama, provided financial and technical support to FHI/Cambodia in implementing the first tuberculosis-HIV linkage intervention in the country. The project aimed to assess the level of tuberculosis (TB) prevalence and health-seeking behaviors and perceptions related to TB and HIV, and to increase access of appropriate target groups to National Tuberculosis Program (NTP) services in Phnom Penh by linking public TB health services with selected groups using innovative approaches among PLHA. Through its research activities, the project provided valuable information to the institutions and agencies working in TB and HIV in Cambodia. It raised critical awareness and understanding of HIV and TB co-infection among HIV-positive individuals, which is

important for HIV treatment and ART programs. Funding from the ARP contributed to strengthening the behavior change communication strategy and to the development and production of IEC materials of the NTP. The project performed needs assessments in three locations to identify a site for piloting Isoniazid Preventive Therapy, and the findings suggested implementation in Battambang province. However, 2002 was a transition year for USAID health strategy in Cambodia, and funding commitment from USAID to FHI was uncertain until late 2002. Therefore, FHI was not able to start activities in Battambang at that time and began this intervention in 2003.

1.4. Continuum of Care in China

Since December 2004, IMPACT/ARP provided financial and technical assistance to the newly established FHI/China program and its government counterpart in Guangxi province to establish a Continuum of Care (CoC) model in Pingxiang City of Guangxi province, the first model of its kind in China. Preparation for the establishment of the CoC involved HIV clinical management training, including ART training, for medical and paramedical personnel; a workshop to identify/clarify roles and responsibilities for each key stakeholder involved in the networked services; and development of several sub-grants with local implementers. Additional technical assistance for implementing BCC, VCT, home-based care, TB and OI treatment/prophylaxis and ART were provided over the years. The model was fully implemented at the end of FY 2005. The program has received numerous visits from both Guangxi and national-level decision makers and implementers, and was aired on national television. It was the first program in China to recognize the important contributor role of PLHA in care and treatment programs. More importantly it has shown how different HIV-related services from VCT, OI, ART and home-based care can be developed and linked and can work together to form a continuum of care for HIV-positive persons.

1.5. Supporting India-Nepal cross-border interventions

As funds for specific country interventions could not be used to support interventions with cross-border migrants from other countries, IMPACT/ARP provided financial support during July 2004 to December 2005 to the Tata Institute of Social Sciences (TISS) to support its prevention interventions with linkage to STI management and VCT services among Nepali migrants in Mumbai, India, prior to DFID's provision of support to cross-border interventions in South Asia. During the period of IMPACT/ARP support, the project provided VCT services through 5 VCT sites and reached approximately 19,800 migrants.

2. Strategic information for program design and planning

To achieve program goals and support ANE's strategy, IMPACT/ARP developed and implemented a range of activities to make available strategic information for program design and planning. Below are selected key activities related to strategic information that the ARP implemented and/or supported throughout the life of IMPACT.

2.1. Surveillance support to selected Asian countries and the region

Second generation surveillance (SGS) is a methodology that promotes the collection, use and linkage of HIV, STI and behavioral surveillance at the national level based on guidelines related to the stage and severity of the epidemic. These data are critical in monitoring progress and trends of the epidemic and allow national programs and their partners to make informed

decisions about appropriate strategies and efforts of program interventions. HIV surveillance can provide strategic information on risk and vulnerability to HIV and information regarding future needs to respond to the epidemic. STI prevalence levels are indicative of levels of sexual risk behavior and increased risk of HIV transmission. They are also a good proxy indicator for measuring the success of BCC and HIV/STI interventions. Behavioral surveillance surveys (BSS) have been shown to make an important and useful contribution to informing the national response to HIV. BSS uses standardized methods to track HIV risk behaviors over time as part of an integrated surveillance system that monitors various aspects of the epidemic, particularly among MARPs who may be difficult to reach through traditional household surveys. The ARP directly supported methodological advancement in BSS and integrated the application of these methodologies into the development of SGS as well as the strengthened surveillance capacity of the National AIDS Program and Ministry of Health in Cambodia, Nepal, Lao PDR and Vietnam. This was accomplished in collaboration with global, regional and local partners. In addition, USAID country programs have been able to access technical assistance in SGS because of the technical expertise developed by the ARP throughout the last decade. Financial support to conduct SGS, along with extensive technical assistance, was determined on the basis of HIV/STI/behavioral data gaps that are significant in most Asian countries.

IMPACT/ARP began its support for BSS in Vietnam in 1998 by providing both funding and technical support in the design and analysis of Vietnam's BSS system. Despite a series of discussions and trainings for the surveillance team on the design and implementation of BSS, the first round of BSS among five subpopulations (direct and indirect SWs, IDUs, truck drivers and construction workers) in five provinces in Vietnam (Hanoi, Hai Phong, Can Tho, Danang and Ho Chi Minh City) was not completed until the beginning of 2001. The efforts of UNAIDS to strengthen SGS in Vietnam allowed the ARP to discontinue providing direct support of SGS in Vietnam.

Laos is a small country with low HIV prevalence, but there is high concern in border areas connecting with Thailand and Vietnam. Despite several previous attempts to set up a national sentinel surveillance system in Lao PDR, efforts were incomplete and had not provided an accurate picture of the HIV situation in the country. There was also no information available on the prevalence of STIs among MARPs. When IMPACT/ARP became involved in surveillance in Lao PDR in the fall of 1999, a clear opportunity presented itself for the country to develop comprehensive SGS suitable to the characteristics of the country. This was particularly timely given Lao PDR's geographical location (surrounded by high-prevalence countries) and the increasing reports in some parts of the country of HIV infections among service women who sell sex. The ARP began building the capacity of local officers in implementing SGS in early 2000, in partnership with NCCA, WHO, EU, CHASPPAR (Control of HIV/AIDS/STD Partnership Project in the Asia Region) and a Thai local research NGO, the Office for Population and Technical Assistance (OPTA). The actual data collection of the first round of SGS in Lao PDR was conducted in 2000 among seasonal migrants, truck drivers and service women who were considered to have higher risks for HIV; the results were disseminated in 2001. Following this data collection, all the partners agreed that the most immediate need was to further inform the findings of the first round of the national surveillance with additional qualitative research. Based on the surveillance and qualitative research results, proposed interventions focused on: 1) modifying STI management algorithms for service women including presumptive treatment to be provided at obstetrics and gynecology outpatient departments in the hospitals of four major provinces; 2) improving clinical services for service women; 3) providing prepackaged treatment for

urethritis in male clients of service women; and 4) promoting female condoms among service women.

The ARP had been supporting HIV surveillance activities in Cambodia for nearly as long as the surveillance system had been in existence. In the mid-1990s, when little was known about the HIV epidemic in Cambodia, the ARP began providing funding and technical assistance for urgently needed epidemiological research. In 1995, the ARP began funding international surveillance specialists to help the National AIDS Program, now NCHADS, to interpret existing HIV data and set up enhanced systems for surveillance. In 1996, the ARP added financial support for HIV and STI surveillance surveys among high-risk women and male clients in reproductive health clinics. In continuing support for the design and analysis of surveillance data, the ARP also contributed to the development and implementation of Cambodia's national BSS, one of the first in Asia. As always, the emphasis of ARP support was not only to help the country to set up a national SGS system but also to strengthen local capacity and enable ownership of the surveillance system. Accordingly, NCHADS is now able to implement SGS by itself with minor technical assistance from FHI.

From mid-1999 until the beginning of 2001, the ARP provided a sub-grant to OPTA to conduct BSS in five border areas including one Thai/Lao border, two Thai/Cambodian borders, one Vietnamese/Cambodian border and one Vietnam/Lao border. Since the border area BSS was conducted at the same time that the ARP was working with NCCA to implement the first round of National BSS in Lao, the Lao sites selected for the border area BSS study were integrated into the Lao National BSS, which the ARP also supported. The study results helped inform cross-border interventions that were being implemented and planned at the time, including BAHAP, PROMDAN, and the comprehensive interventions in Koh Kong, Poi Pet and elsewhere.

In Nepal, in collaboration with the National Center for AIDS and STD Control of the Ministry of Health, the ARP designed an HIV/STI and BSS survey among truckers and female SWs in the Terai region in 1998. The objectives of the survey were: 1) to provide supplemental information to the country's existing sentinel surveillance system, which was potentially not capturing HIV trends in these groups; 2) to provide baseline biological markers for STI interventions from which to measure progress and success in the future; and 3) to provide USAID with biological data in the area of concentrated USAID-funded interventions. Several local organizations implemented the surveys with technical assistance from IMPACT/ARP and the University of North Carolina. The survey results led to the development of a syphilis intervention program for truckers and SWs along the highway route where most of the target population reside and work. This program was evaluated by a similar follow-up study of HIV/STI prevalence after two years, providing the Ministry of Health, USAID and all partners with biological markers showing the success of the interventions in reducing the overall prevalence of syphilis. The results further highlighted the linkage of trafficking to HIV infection. In addition, IMPACT/ARP supported an HIV/STI prevalence survey among Nepali migrants living in India in 2002. The Indian Market Research Bureau (IMRB) was chosen on the basis of a Request for Proposals to conduct a feasibility and mapping study for an HIV/STI prevalence and behavioral survey of Nepali migrants in greater Mumbai and Pune, India.

Given the lack of information and inconsistent coverage of IDUs in the region, IMPACT/ARP helped develop a system to track the potential for the spread of HIV among IDUs and their sexual partners. SGS guidelines recommended that both HIV and behavioral surveillance be ongoing activities. BSS among IDUs can be a strong advocacy tool to

generate support for IDU interventions. Although attempts at BSS had begun in parts of Bangladesh, Indonesia, the Philippines and Vietnam, few countries had endeavored to conduct BSS, mainly due to the lack of guidance and experience in implementing BSS among IDUs. Thus, IMPACT/ARP developed a list of indicators and data collection instruments for BSS among IDUs and circulated them to a working group of international and regional experts for their review and comments. The indicators and tools were finalized in 2000, after field tests in Indonesia and Vietnam; they make up parts of the *BSS Guidelines* described in the regional capacity building section below.

2.2. Mobilizing an effective HIV response

Despite millions of dollars spent annually on data collection, program evaluation and advocacy, responses to HIV in Asia and the Pacific remain weak and limited in coverage and scope. Coverage of the key populations affected by HIV in Asia, such as SWs and their clients, IDUs and MSM, remains exceedingly low on a regional basis. The political will and resources to carry out urgently needed programs for these populations remain limited, and HIV continues its inexorable spread throughout the region. The problem is not that data do not exist, but that existing information is not being systematically collected and analyzed on a country-specific basis to build an overall picture of where new infections are occurring, where the epidemic is going in the future, and what impact current and future national responses can have on the spread of HIV and the care of those affected. Despite discussions on the importance and need for evidence-based programming, not enough of the interventions implemented are done on the basis of a thorough analysis of the available evidence.

Since the early 2000s, IMPACT/ARP has provided support and worked with the East-West Center (EWC) of the University of Hawaii to further develop the Asian Epidemic Model (AEM), a tool for projecting future epidemic trends based on in-depth analysis and interpretation of existing behavioral and biological data. The AEM focuses on at-risk populations, such as SWs, IDUs, MSM and their partners, and takes into account the impact of increasingly available treatment for HIV. The ARP provided training opportunities on *in-depth integrated analysis for HIV epidemics* through AEM modeling to key surveillance specialists from FHI, implementing partners and national and local governments. In 2004, in addition to continued support to the EWC to further develop the AEM software to make the model more user-friendly, the ARP brought an additional valued partner, the Futures Group/POLICY Project, to form a new Integrated Analysis and Advocacy (A²) project, in which AEM continued to play a key role in promoting better understanding of the epidemic.

This joint regional project of IMPACT/ARP, EWC and the POLICY Project was developed at a time when international funding support for Asia had been in decline. In responding to this situation, the A² project was designed to merge the strengths of country-specific analysis of epidemic dynamics and innovative advocacy approaches to improve the prevention and care responses of resource-constrained countries. The acronym of this initiative, A², highlights the synergy of joining two traditionally separate fields to promote the following:

- increased political commitment and improved decision making through expanded use of local evidence;
- improved quality and design of national surveillance systems;
- better monitoring and understanding of epidemic dynamics;
- improved evaluation and direction of national responses;
- increased resource allocation; and

- reduced stigma and discrimination.

While HIV prevention in Asia was considered to be effective at some sites, the regional effort was not as effective as it could have been because existing information was not systematically analyzed; its quality was not improved over time; and it was not applied to inform advocacy or guide responses in appropriate directions. The overall objective of the A² project was therefore to develop a clear understanding of the HIV epidemic in the countries of the region and to translate that understanding into effective national policies and appropriately targeted and resourced programs. To achieve this, A² applied a four-stage approach of:

- (1) collecting and synthesizing local HIV-related data to build a picture of the current state of the epidemic;
- (2) developing a local model of the epidemic and projecting its future course using AEM;
- (3) exploring the impact of different program choices and resource allocations using linked AEM and GOALS modeling tools; and
- (4) turning available strategic information into action through targeted advocacy efforts and initiatives.

In this way, it was hoped that the project would enable countries and donors to move decision making to a stronger, more logical, empirically informed base, use this empirical base to strengthen political commitment, and ensure that resources dedicated to HIV truly make a difference.

The A² project was launched in Bangladesh, Thailand, Vietnam and the Yunnan and Guangxi provinces of China in 2004–2005 with financial support from IMPACT/ARP, FHI's country programs and the POLICY Project. Since A² is a locally driven process, the A² teams established in each participating country/province mainly consisted of representatives from FHI, the POLICY Project and national/local governments. FHI, EWC and the POLICY Project provided technical assistance to the country/provincial teams on a regular basis. The A² project continued with IMPACT/ARP funds until 2005, when ARP funds through IMPACT started to phase out. Fortunately, the ARP received additional funding from USAID/RDM/A to continue some of its core activities, including A². The A² project, ongoing in 2007 with RDM/A funds, has the potential to expand to other Asian countries and has started to show results at many participating sites. In Thailand, for instance, the A² team works closely with the Ministry of Health and line ministries in providing strategic information that has been introduced into national HIV strategic planning processes and has provided direct support to the setting of the government of Thailand's goal to reduce new HIV infections by half by 2010.

2.3 Analysis of sexual and needle-sharing networks among MSM and IDUs

In 1999–2000, IMPACT/ARP entered into an agreement with the Naz Foundation International to conduct a 10-month assessment of sexual health needs among MSM and their sexual partners in Hyderabad, Bangalore and Pondicherry in India and Sylhet in Bangladesh. The estimated figures at all sites indicated a minimum of 210,000 MSM, with anecdotal evidence that the total could be higher. Project leaders established cooperative relationships with stakeholders and other NGOs and were able to interview 200 MSM. The assessment revealed a considerable amount of MSM activity in all the selected cities. Sexual activity took place with TGs or young males and adolescents. Both TGs and unmarried men in the

study stated that they planned to get married. Among married men, there was no significant evidence that marriage decreased the level of MSM activity. Police harassment of MSM sexual activity in some cities of India had produced intimidation and fear, restricted access and made MSM behavior less visible. Nonetheless, the assessment showed significant STI symptoms and a high level of unprotected anal sex and sex with multiple partners. Due to stigmatization and lack of understanding of MSM and TG issues on the side of care providers, most TGs sought care from friends and “quacks,” or sought antibiotics from pharmacies to treat their symptoms. One local NGO at each site was recommended to receive funds to carry out a male HIV prevention project, which led to the current MSM/TG programming in India and Bangladesh.

In 2002, USAID/ANE allocated funds to examine important policy questions related to the impact of IDU and MSM sexual networks on the heterosexual spread of HIV in Asia. Both IDUs and MSM are marginalized groups who face stigma and discrimination due to moral and cultural forces. The stigma and discrimination not only hinder these groups from accessing the appropriate services but also inhibit research on their sexual networks that would improve the effectiveness of activities targeting them. The ARP therefore developed this project in 2002 and supported La Trobe University in Australia in conducting a literature review of MSM sexual network studies in Bangladesh, India, Indonesia and Thailand. The ARP also supported the Burnet Institute’s Center for Harm Reduction (CHR) to review literature related to sexual networks among IDUs in Indonesia, Nepal and Vietnam. The collected data were added to the AEM work developed by the EWC, also with support from the ARP. The ARP shared the data collected with country programs for their use in future interventions among the target groups.

From the desk reviews in 2002–2003, it was clear that very few studies were focusing on MSM sexual networks and IDU needle-sharing and sexual networks. The majority of studies reported on HIV/STI prevalence, risk behaviors, and social and cultural aspects of MSM and IDUs. MSM and IDUs are considered more hidden and harder to reach than other risk groups such as SWs and their clients, but they contribute greatly to the epidemic because of their risk behaviors of sharing injection equipment and engaging in unprotected penetrative sex. In addition, there is clear evidence that many of the MARPs engage in multiple risk behaviors. To gain a better understanding of their social, sexual and injecting networks, which could inform a more effective HIV program intervention, the ARP further developed qualitative studies on sexual and injecting networks among MSM and IDUs in selected Asian countries. During 2004–2005, the ARP supported the study of IDU sexual networks in Bangladesh and Indonesia and provided the study results to country programs for their application to relevant interventions. Through the collaboration with La Trobe University, the ARP supported qualitative studies on the social contexts and dynamics of male-to-male sex in Indonesia and Thailand. This research and the associated programmatic implications were provided to country programs and made available on the website of the Australian Centre in Sex, Health and Society.

3. Regional capacity building

The efforts of IMPACT/ARP added value to the region beyond its borders, providing state-of-the-art human capacity development opportunities throughout the region via the development of curricula, guidelines and manuals and the provision of training in key technical areas. In 2002, the USAID/ANE Bureau provided the ARP with funds to undertake an assessment to identify capacity development needs in Asia associated with improving the

design, development, implementation and evaluation of HIV programs and to assess potential regional institutions that could serve as “Centers of Excellence” in providing capacity building activities. Through consultations with USAID missions in the region, the ARP identified seven key areas of need that were most compatible with the region and had been among the areas of expertise and interest of IMPACT/ARP. The following key regional capacity building activities were accomplished.

3.1. Regional trainings and workshops

During 2002–2007, IMPACT/ARP implemented a large number of regional trainings and workshops in areas related to HIV programming. The ARP conducted both on-site trainings and workshops to enhance the capacity of implementing partners and formal regional trainings and workshops. The numbers of trainings and individuals trained through on-site trainings were much larger than those of the regional trainings, and it is difficult to display all the trainings conducted at the field level. Only key activities are highlighted below.

3.1.1 Surveillance and data use

In Asia, there is no regional institution that can be considered a “Center of Excellence” on SGS. The ARP plays a leadership role in surveillance in the region and has not only provided technical assistance to establish and/or strengthen the national surveillance system in several countries but also has either conducted or supported relevant participants to attend regional trainings and workshops related to surveillance and the use of data. Key activities with IMPACT funding included:

- Two rounds of *BSS from Start to Finish* training for 66 surveillance officers in the region. This training instructed participants in the BSS concept and a step-by-step process for implementing BSS.
- A training of eight trainers, integral to the provision of technical assistance in analysis of BSS data in the region, on the use of Stata, powerful statistical software appropriate for analysis of BSS data using cluster sampling methodologies.
- A regional training of 30 participants in *Sampling and Data Analysis for Cluster Surveys*, in collaboration with the US/CDC. Individuals trained included participants from Afghanistan and Sri Lanka, where FHI does not have programs. The training focused on cluster sampling and analysis of data obtained from cluster surveys using Stata statistical software. This sampling methodology, i.e. time-location sampling, is commonly used in surveillance among MARPs.
- *Understanding HIV/AIDS Surveillance*, a workshop for 20 program managers, designed to improve their understanding of HIV surveillance, how it is implemented, what kinds of results it can provide, and how the results can be used for informed decision making for HIV programming.
- Four regional workshops on *Estimates and Projections of HIV Infection*, in collaboration with UNAIDS and US/CDC. The workshops focused on the use of the updated Estimation and Projection Package developed by UNAIDS/WHO and the AEM model developed by the EWC with support from IMPACT/ARP under ANE funds.

- Three regional workshops on *In-Depth Analysis and Modeling of Behavioral and Biological Data Related to the Spread of HIV*, in collaboration with the EWC. This activity consisted of a combination of several training sessions and support to help participants from various countries make better use of surveillance and other data, both to improve understanding of the dynamics of HIV transmission and to inform policy and program development. This type of work is an integral part of the ARP and helps develop capacity and strengthen surveillance and data use in the region.
- One *Policy Scenario Training* conducted as part of the A² project in collaboration with the EWC and the POLICY Project. This activity trained members of A² country/provincial teams in the use of linked AEM and GOALS models to generate and analyze alternative policy scenarios, as well as in advocacy skills to improve the use of modeling outputs and other HIV-related data to effect policy or programmatic change.

3.1.2. Sexually Transmitted Infections (STIs)

During the second half of IMPACT/ARP, the ARP provided scholarships to nine clinicians and nurses to attend STI/AIDS Diploma Courses organized by the Center of Excellence on STIs of the Consortium of Thai Training Institutes for STI and AIDS (COTTISA) through Bangrak Hospital in Bangkok. The training helped increase knowledge of HIV/STI and build skills for STI case management among participants who provide STI treatment and management services in field clinics.

In addition, the ARP collaborated with Bangrak Hospital in 2004 to organize a regional training on *Clinical Management of Sexual Health Issues Among MSM and Transgenders* to 22 clinicians, nurses and field workers who provide sexual health care to MSM and transgenders. This activity was a pilot training for the region that led to further collaboration between FHI and US/CDC in developing a regional training curriculum on this topic.

3.1.3. Behavior Change Communications (BCC)

Since communications are most effective when conducted in the local language and with consideration of the local cultural context, all ARP-supported interventions received technical assistance on BCC to promote an area-specific agenda. A regional BCC summit was conducted in January 2002 to help refine the needs for BCC capacity development and strategy in Asia. Countries participating in the summit included Bangladesh, Nepal, Vietnam, Indonesia, Cambodia and China. Participants discussed new and frequently used behavior change theories and models and brainstormed a list of institutions and organizations working on BCC in the region for future collaboration and learning. The team also drafted a concept paper for communication in HIV prevention, care and support to expand the operational vision of BCC in the region.

3.1.4. Monitoring and Evaluation (M&E)

In collaboration with FHI/Arlington, the ARP organized five trainings/workshops related to M&E of HIV/STI projects and programs to assist selected implementing partners and FHI staff in the design of M&E plans and activities. A total of 100 HIV project staff were trained. Besides reviewing general concepts and methodologies for M&E at both the project and

program levels, the workshops provided opportunities for participants to discuss and gain mutual understanding of different M&E report requirements, especially in light of the changes in donor strategies and program monitoring indicators. In addition, the ARP supported senior technical staff to participate in several global M&E fora organized by the world's leading technical organizations, including UNAIDS, WHO and US/CDC, to contribute to the establishment of standardized M&E systems and an understanding of ways to strengthen these systems.

3.1.5. Clinical Management of HIV

IMPACT/ARP provided scholarships to 26 clinicians and nurses from the region to attend WHO Regional Training Courses on HIV Clinical Management (including ART) organized by Bamrasnaradura Institute in Bangkok, Thailand, from 2002–2003. As the WHO Collaborating Center for Training on HIV Clinical Management and VCT, the Institute is considered the regional Center of Excellence for HIV clinical management training. In 2004, the ARP took another step in advancing WHO training by contracting the Institute and working with their key staff to integrate the concept of Continuum of Care (CoC) and a session on BCC for care and treatment (including BCC for treatment adherence) into the existing WHO curriculum. At the conclusion of IMPACT, the ARP provided support to 37 clinicians and nurses from countries in the region to attend the regional trainings conducted by Bamrasnaradura Institute.

3.1.6. Voluntary Counseling and Testing (VCT)

In a program similar to the HIV Clinical Management Training, the ARP modified the existing VCT training curriculum and contracted Bamrasnaradura Institute to provide a regional training on VCT and nursing and ambulatory care to 16 nurses and counselors from Asian countries. Since counseling training is more effective if it is conducted locally, after the first round the ARP transferred responsibility for training in VCT to country programs to develop their own country-specific trainings.

3.1.7. Program Management

Program systems and operational management are critically important in achieving program goals. Since the late 1990s, IMPACT/ARP has provided several program management capacity building opportunities to HIV field program managers from across the region. Some examples of program management trainings are listed below.

- *Basic Training Course on the Design and Management of HIV Projects*

This training course was organized in collaboration with Management Sciences for Health (MSH) and the Foundation for Advanced Studies on International Development (FASID) from 1998–2002 in response to USAID's request for support in the HIV capacity building aspect of the US–Japan Common Agenda. The ARP supported two rounds of training. At least half of those trained in each round were Japanese participants working on HIV in relevant sectors, locally and internationally. At the end of this sub-project, 102 HIV workers (including Japanese participants) had been trained. In addition to learning how to apply project cycle management in HIV work, Japanese participants learned about the HIV situation and responses in several Asian countries.

- *Development of Reproductive Health Training and Distance Master of Public Health (MPH) Programs*

The ARP contributed to the development of The Asia Reproductive Health Graduate Education and Training (TARGET) program at the Faculty of Public Health of Mahidol University in Bangkok, Thailand, in late 1999. The program is a collaboration of IMPACT/ARP, the Kenan Institute Asia, the University of North Carolina, UNFPA, WHO and Mahidol University, offering a master's degree in public health (MPH) to working health professionals in Asia through a combination of distance and classroom learning that does not require participants to take long leaves from work. The students are from NGOs, CBOs and government organizations throughout the region. The ARP's support to the development of this program enabled Mahidol University to develop it further into a joint MPH program between Mahidol University and the University of North Carolina, which is ongoing.

- *MSM Project Management Training*

With the rapid increase in HIV prevalence among MSM in Southeast Asia and the GMS and limited capacity in managing HIV projects among MSM groups working on HIV activities, IMPACT/ARP organized an MSM Project Management Training in 2003 for partner agencies from Cambodia, China, East Timor, Indonesia, Papua New Guinea, the Philippines, Vietnam and Thailand. At the end of the training, IMPACT/ARP assessed further needs for future capacity building and the needs and feasibility of establishing an MSM organization network for the GMS. The top priority for future capacity building activity was identified as advocacy for greater involvement of MSM in program design and planning as well as for mitigation of stigma and discrimination against MSM to support an enabling environment for HIV activities. Advocacy training was conducted in collaboration with the USAID/Health Policy Initiative in May 2007 for staff from NGOs and governments working with MSM in GMS countries.

3.2. Capacity building for the Association of Southeast Asian Nations (ASEAN) and its member countries

In 2004, IMPACT/ARP received funds from USAID/RDM/A to implement capacity building for ASEAN member countries as part of the *USAID Cooperation with ASEAN Through the Operational Framework for ASEAN Programme on HIV and AIDS II (2002–2005)*, in collaboration with the POLICY Project, the ASEAN Secretariat and other local and regional partners. Under this ASEAN-USAID Cooperation, FHI and the POLICY Project were responsible for implementing capacity building activities for 10 ASEAN member countries—Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Burma, the Philippines, Singapore, Thailand and Vietnam—and the ASEAN Secretariat in six key areas:

- 1) Increasing access to affordable drugs and test reagents
- 2) Socioeconomic impact of HIV
- 3) Improving HIV/STI surveillance systems and BSS
- 4) Improving HIV treatment, care and support

- 5) HIV prevention, treatment and care for injection drug users
- 6) Support to the ASEAN Secretariat

At the end of project implementation, FHI and the POLICY Project had built the capacity of more than 300 HIV workers, including healthcare providers and policy/decision makers, from both government and non-government sectors of the 10 ASEAN member countries, through a series of regional dialogues, consultation meetings and regional and in-country trainings.

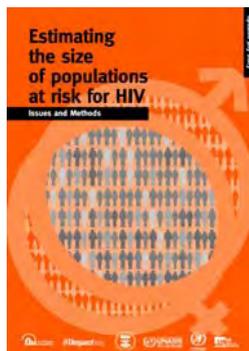
3.3. Regional collaboration and technical leadership

Even prior to IMPACT, FHI's Asia Regional Office had been providing technical leadership on HIV/STI issues in the region. Under IMPACT, the ARP continued to provide technical leadership through different forms of partnership. Selected activities demonstrating the ARP's technical leadership are listed below.

- *Regional and Global Summit on Behavioral Surveillance Surveys (BSS)*

In the mid-1990s, the ARP took the lead in introducing BSS to the region as part of the SGS by working collaboratively with national governments in Asia to initiate the first round of BSS and SGS in certain countries and to strengthen the surveillance system and its implementation in others. In 2002, the ARP continued its leadership role by organizing a Global Summit on BSS held in Bangkok in collaboration with UNAIDS and WHO. Several national and international partners participated and discussed the status of BSS as an integral component of SGS and as a tool for planning and evaluating HIV prevention programs. The ARP also provided a two-day pre-summit training on the Stata statistical software package to key surveillance leaders as described under the regional capacity building section above. In addition, the ARP supported Senior Surveillance Officers to participate in global meetings related to surveillance and M&E, convened by organizations including UNAIDS, WHO, the World Bank and the CDC, to work on the further development of surveillance methodologies and indicators for M&E of national AIDS programs.

- *Estimating the Size of Populations at Risk for HIV Infection*



The ARP, in collaboration with UNAIDS, sponsored *The Population Size Estimation Workshop* in 2002 to explore the feasibility and appropriateness of existing methods for estimating the size of high-risk and hidden populations in the Asian context. The workshop brought in international experts who had applied various methodologies in different parts of the world and Asian researchers who had attempted mapping and size estimates in the region. As a result, the ARP developed the guidelines for *Estimating the Size of Populations at Risk for HIV*, which described existing methodologies and their pros and cons.

- *Participation in regional task forces and technical working groups related to HIV issues*

IMPACT/ARP provided regional technical leadership through its participation on the UN Task Force on Drugs and HIV (convened by the UNODC), WHO Bi-regional Meetings on Drugs and HIV, and the UN Task Force on Mobility and HIV Vulnerability Reduction (convened by the UNDP). At semi-annual meetings of the UN Task Force on Drugs and HIV and WHO Bi-regional Meetings on Drugs and HIV, the ARP supported the participation of two Senior Technical Staff to share the updated situation and visions for future programming for HIV vulnerability reduction among injection drug users. The ARP also supported 30 regional participants to attend the Methadone Treatment Training conducted by the Red Ribbon Society in Hong Kong as part of the UN Task Force's activities.

Regarding technical leadership in mobility and HIV vulnerability reduction, the ARP held a workshop on mobile populations with UNDP, WHO, GTZ, the Thai Ministry of Public Health and ASEAN member countries in 1999 to build collaboration among ASEAN countries on interventions with mobile populations in the region. The workshop successfully identified areas of intervention for mobile workers, seafarers and sex workers in the context of each country. Participants also developed concrete proposals and action plans based on the workshop's findings. In 2001, the ARP held another regional workshop on mobility and HIV with several regional partners to discuss effective and innovative ways to implement HIV programs for MMP in the region. The ARP also supported a staff member to participate in the UN Task Force Meeting on Mobility and HIV Vulnerability Reduction on a semi-annual basis to share information on the updated situation and responses for reducing HIV vulnerability among MMP.

- *Regional meeting on advocacy for evidence-based HIV programming*

As part of the A² project, IMPACT/ARP co-organized the first two regional meetings on the Integrated Analysis and Advocacy process for more appropriate responses to HIV issues in the region. Representatives from several key regional and national stakeholders such as USAID/RDM/A, US/CDC, UNAIDS, national governments and provincial HIV authorities attended these meetings, which

informed participants about the A² process and associated HIV data analysis and advocacy issues.

3.4. South-south learning for exchanges of experiences and lessons learned

IMPACT considered skills/capacity building essential for FHI/IMPACT staff, implementing agencies and other stakeholders. Consequently, IMPACT/ARP regularly supported capacity building activities in the form of sponsorship to international conferences, meetings, workshops, trainings, and other gatherings for the sharing of experiences and lessons learned.

The ARP supported and/or chaired sessions such as satellite meetings, symposiums and booth displays at select international conferences including the 12th–15th International AIDS Conferences held in 1998, 2000, 2002 and 2004; the 5th–7th International Conferences on AIDS in Asia and the Pacific (ICAAP) held in 1999, 2001 and 2005; the 13th–14th International Conferences on Reduction of Drug Related Harm in 2003; and the 5th International Conference on Home and Community Care for People Living with HIV and AIDS in 2001. In association with these meetings and conferences, the ARP organized/co-organized eight technical sessions, supported 107 participants from implementing partners and FHI, and distributed more than 17,000 copies of technical publications.

3.5. Regional coordination for MSM interventions in the GMS

In 2005, the ARP supported two regional meetings to map and identify minimum intervention packages among MSM in the GMS. As a result, a two-year vision plan and country implementation plans for interventions among MSM in six countries of the GMS were developed. In 2006, the ARP contracted The American Foundation for AIDS Research (amfAR) to perform a secretariat role, involving coordination of the MSM network in the region and provision of technical assistance in the formation and strengthening of in-country working groups. As a result of this coordination support, The Purple Sky Network was established and became a channel through which organizations involved in MSM-related programming in GMS countries could share information and exchange experiences.

3.6. Development of technical publications

In addition to state-of-the-art capacity development opportunities through formal training in key technical areas, IMPACT/ARP provided regional coordination and linkages to address the epidemic through the development of technical guidelines, manuals and training curricula in selected technical areas. These included the following:

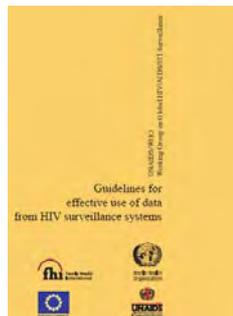
- *Guidelines for the Implementation of BSS (2000 and 2002)*



As a new methodology and tool for better understanding of epidemic trends, BSS created a great need for guidelines on its implementation. The ARP developed the first guidelines and distributed them globally in 2000. These guidelines represented the cumulative experience and lessons learned from multiple BSS projects, most of which had been conducted in Asia. They were designed to give researchers and program managers guidance on methodological issues related to elements such as sampling, questionnaire design

and indicators. The guidelines are essential for implementing quality BSS, which seeks reliable monitoring of behavioral trends. In 2002, the ARP released the second edition of *Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV* to provide additional updated BSS tools and indicators for IDUs.

- *Development of BSS Modules (2004–2006)*



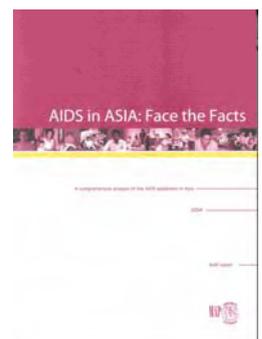
In 2003, IMPACT/ARP, in collaboration with UNAIDS and WHO, reached agreement on terms of reference under the UNAIDS/WHO Working Group on Global HIV/STI Surveillance for developing three BSS modules to provide step-by-step guidance on implementing surveillance and the use of surveillance data for better understanding epidemic dynamics. With financial support from WHO, UNAIDS and the EC, the ARP supported its Senior Technical Officer to conceptualize and write the first module of this series,

Guidelines for effective use of data from HIV surveillance systems, in 2004. In 2005, the ARP supported two Senior Technical Officers to conceptualize and write the second module, *The Pre-surveillance Assessment: Guidelines for planning serosurveillance of HIV, prevalence of sexually transmitted infections and the behavioral components of second generation surveillance of HIV*. The third module, *First Things First: Guidelines on management and coding of behavioral surveillance data*, was written by the ARP's Senior Technical Officer and was published in 2006 with IMPACT funding.



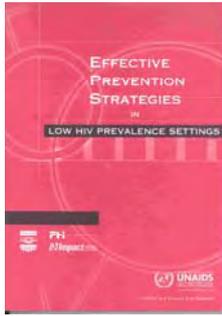
- *What Drives HIV in Asia?(2000) and the MAP reports (2004–2005)*

In 2004, the ARP had planned to update *What Drives HIV in Asia? A summary of trends in sexual and drug-taking behaviors* with UNAIDS. This collaboration led to the publication of the Monitoring AIDS Pandemic (MAP) Network's annual MAP Report, which was usually launched prior to the regional International AIDS Conferences. With support from members of the MAP Network, the ARP produced an updated version of *What Drives HIV in Asia?* in the form of the MAP 2004 report *AIDS in Asia: Face the Facts*, which was launched at the 15th International Conference in Bangkok in 2004. This report has



become one of the most used and quoted among reports of its kind. In 2005, with endorsement and support from the MAP Network, the ARP updated the 2004 MAP Report and divided it into three MAP 2005 reports, each focusing on one of three high-risk groups: IDUs, MSM and SWs. These documents, disseminated at the ICAAP Conference in Japan in 2005, have been very important in improving understanding of the HIV epidemic among most-at-risk and marginalized populations, serving as key information sources and providing guidance for strategic planning to contain the spread of HIV among vulnerable populations.

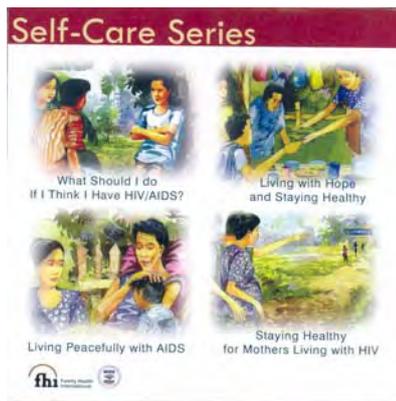
- *Effective Prevention Strategies in Low HIV Prevalence Settings (2001)*



While several countries in sub-Saharan Africa continue to experience high HIV prevalence levels, available epidemiological data suggest that most countries in the world have epidemics that are more concentrated, are limited in scope and receive little or no attention from national and international societies. This is particularly true for Asian countries. To help identify challenges and propose a prevention strategy that might help many countries maintain their low HIV prevalence in the general population while

reducing or preventing potential or existing HIV sub-epidemics in high-risk populations, UNAIDS provided IMPACT/ARP with funds to organize a consultation workshop on *Effective Prevention Strategies in Low HIV Prevalence Settings* in 2000. As a result of this consultation, guidelines were developed in partnership with USAID and formed part of UNAIDS’ best practice key materials in 2001.

- *Self-Care Series Books One–Five (2004–2005)*

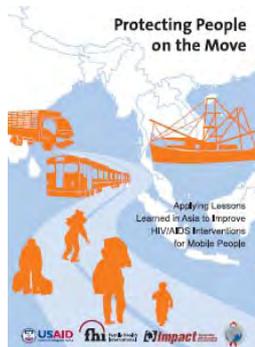


In 2004, IMPACT/Cambodia produced a series of self-care books targeting: 1) people worried that they might have contracted HIV; 2) people infected with HIV; 3) HIV positive mothers; and 4) home-based care for terminally ill AIDS patients. The series was developed through qualitative assessments among the target audience and presented with simple Khmer language and lively graphics. The ARP translated and printed the books in English. Within a year of publication, the ARP had received numerous requests for the books from across the globe and had to print more for further distribution. Many countries use the books as a reference, adapting content to their own purposes in their local languages. In 2005, in collaboration with UNICEF, IMPACT/Cambodia produced Book Five of the series, targeting children infected with and affected by HIV. The ARP added an English



version to the series in the same year. The Self-Care Series is a good example of how IMPACT/ARP has helped share and leverage available resources within the region and across the globe.

- *Protecting People on the Move: Applying lessons learned in Asia to improve HIV/AIDS interventions for mobile people (2006)*



With rich experience from FHI/IMPACT's management and implementation of HIV/STI interventions for MMP, the ARP developed a document describing experiences and lessons learned in Asia in 2002–2003. FHI/ARP leveraged funds from the Canadian International Development Agency through the Canadian Southeast Asia Regional HIV/AIDS Program to publish the document *Protecting People on the Move*, which presented key lessons learned from the regional experience in this area.

- *Toolkit for Continuum of Care (CoC) in Asia*

During 2006–2007, IMPACT/ARP and FHI/APRO collaborated with WHO/Southeast Asia Regional Office, WHO/Vietnam, ANP+, TNP+ and Cambodia's CHAS to develop the first regional toolkit for CoC in Asia. The toolkit provides information on establishing, maintaining and expanding CoC systems, networks and services at both local and national levels based on collective experiences and lessons learned from CoC implementation in Asian countries. The toolkit was made available for dissemination as a CD-ROM and printed publication.

- *A² project synthesis and technical reports*

As part of A² activities at project sites, local HIV-related epidemic, behavioral and response data were collated and synthesized in the form of synthesis reports. Technical reports were also developed to document modeling process, methodology and data inputs at each project site.

4. Support to USAID for establishment and implementation of programs in non-presence countries

Until the mid-1990s, official USAID HIV programs existed only in countries where USAID had a presence with funding earmarked for health and HIV issues. Since the late 1980s/early 1990s, FHI has received USAID funding to implement its country HIV program in selected countries: Bangladesh, India, Nepal, the Philippines, Indonesia, Cambodia and Thailand. As HIV epidemics in the region grew in the 1990s, USAID missions and the ANE Bureau increased their efforts to respond. FHI, through the missions' buy-in to the global IMPACT mechanism and bilateral agreements, received more funding to expand its HIV programs throughout the region. Through IMPACT, the ARP received ANE funds to implement model interventions and cross-border activities and to strengthen surveillance systems throughout the region as described above. In addition, the ARP received funding to implement HIV programs and activities in USAID's non-presence countries, helped initiate new USAID HIV programs in Vietnam, Lao PDR, East Timor, China and Papua New Guinea, and helped

conduct a joint USAID-FHI assessment in Sri Lanka. Key accomplishments of FHI's support to USAID are described below.

4.1. Vietnam

IMPACT/ARP provided support in managing the first technical assessment for USAID's planned HIV program in Vietnam in 1997. This was followed by key support for national and policy-level activities, such as the Vietnam BSS.

4.2. Lao PDR

With technical and financial assistance from IMPACT/ARP and funding from ANE and other partners, the Lao National Committee for the Control of AIDS was able to establish the first round of national behavioral and biological surveillance surveys in 1999–2001.

IMPACT/ARP provided sub-grants to IMPACT global partner PSI to implement activities to promote safer sex practices and social marketing of quality condoms in high-risk groups, such as service women who sell sex and their clients. The project promoted HIV knowledge and broader access to low-cost, high-quality condoms among those engaged in high-risk behaviors. Behavior change and condom promotion campaigns were implemented through a variety of media campaigns, interpersonal skills training and traditional arts.

Before the project began, an independent market research study estimated total condom use in the Lao PDR to be 1.6 million per year. The PSI project alone distributed condoms to a cumulative total of 3.8 million condoms in three years. The "Number One" brand condom was successfully launched in three major towns in the south and north of the country, and was later available in all provinces and "special zones." Sales and distribution records exceeded the planned target through pharmacies and nontraditional outlets. Condoms were distributed through NGO networks (in hard-to-reach areas), government programs run by the national and provincial committees for control of AIDS, and private or commercial markets. Annual distribution through nontraditional outlets, such as beer shops, guest houses, barbershops, and night clubs and bars, increased substantially. Condoms were distributed through a total of 1,295 active outlets in the country.

PSI brought HIV outreach activities to night clubs, beer shops and other "hot spots" throughout the city through interpersonal communication with service women and their clients. In collaboration with the Ministries of Defense and Information and Culture, the Lao Trade Union and academic institutions, PSI promoted activities for HIV awareness raising through participatory approaches. A range of HIV and condom education activities were designed for workshops with female factory workers, police and military. Educational concerts and debate sessions with university students were also included in the workshops. PSI produced 67,500 pieces of IEC material that included hats, T-shirts, pens, posters, stickers and pamphlets distributed to and discussed at nontraditional outlets including guest houses, bars and NGOs. PSI also focused on strengthening the research and M&E components of the project. In expanding condom distribution and behavior change activities, special attention was given to high-risk groups, such as service women, to ensure that they had easy access to condoms.

FHI/ARP managed these activities and local capacity building out of the regional office in Bangkok until the establishment of the FHI/Lao program in 2003.

IMPACT/ARP worked with the Lao Ministry of Information and Culture, UNICEF and PSI in supporting a series of training events and follow-on workshops on media coverage of HIV, with a total of 55 participants from 13 provinces. The training provided factual information on HIV for the purpose of accurate and nonjudgmental reporting to increase public understanding of HIV and reduce stigma and discrimination against those infected or affected. The ARP contracted with PATH to work with a team of Thai HIV media experts to provide technical assistance in training and media production. The ARP also funded some participants to develop media products, followed by workshops in each country to review and comment on products such as TV/radio spots, radio programs, documentaries, dramas, and articles for newspaper and journals. PSI provided in-country support and monitoring in Lao PDR until December 2000.

4.3. East Timor

In September 2001, the ANE Bureau allocated economic support funds of US\$997,000 to IMPACT to develop a strategy for HIV prevention in East Timor. Joined by the HIV/AIDS Technical Advisor of the ANE Bureau, the IMPACT/ARP team conducted an assessment at the end of 2001. The team collected information related to previous and current responses to HIV/STIs in the country through meetings and discussions with various governmental/nongovernmental and local/international organizations involved in HIV programs, as well as through the review of relevant documents. Following the assessment, IMPACT/ARP helped develop an annual workplan for IMPACT/East Timor and supported the establishment of a country program and field office for launch in mid-2002.

For four years, IMPACT/East Timor assisted the national government in setting up systems for health services delivery and health infrastructure, which were not well developed due to the newly independent status of the country. At the close of IMPACT/East Timor in 2006, the project was able to build the groundwork for future HIV programming that the government can continue to implement with support from the Global Fund.

4.4. People's Republic of China

In 2002, USAID and IMPACT/ARP undertook a preliminary visit to select sites in China to determine the feasibility of implementing USAID's HIV program in the country. The visit was well received by the national and local governments and other implementers in China, a non-presence country with an epicenter of HIV infection among MARPs in the southern border provinces of Yunnan and Guangxi. ANE and RDM/A provided funding to IMPACT/ARP to start up USAID's HIV program in China from 2003–2005. Since then, FHI has functioned as USAID's "lead agency" to coordinate the HIV response among all of USAID's Cooperating Agencies implementing programs in southern China, including the Futures Group, PSI and the International HIV/AIDS Alliance. The ARP assisted in establishing FHI's field offices in China and in the design and development of implementation programs in 2003. In 2004, when FHI/China was fully established with adequate field staff, the program received direct funding from RDM/A. However, the ARP continued to provide assistance to the newly established program through technical and financial support to select model activities such as CoC in Guangxi, MSM interventions in Yunnan and the A² project in both Yunnan and Guangxi. This support was deemed necessary as direct funding to China has been extremely limited in consideration of the epidemic potential and population size in project sites.

4.5. Papua New Guinea

As requested by USAID's ANE, IMPACT/ARP supported the time and travel of a Senior Technical Officer to Papua New Guinea (PNG) at the end of 2002 as a member of the review team of the Mid-Term Plan of the National AIDS Program in Papua New Guinea. Both the national government and the ANE Bureau valued the contributions and inputs the ARP provided. Accordingly, in 2003 the ARP received additional funding from USAID/ANE to conduct a joint assessment with the ANE team to identify potential partners and plan for USAID's HIV/AIDS Framework in Papua New Guinea. The assessment revealed an urgent need for HIV programming in the country in view of the fact that the epidemic had reached a generalized level. It was clear that there was a lack of funding and a lack of serious attention to the problem from the government and external donors. As FHI was equipped with specialists in the fields of behavioral research, behavior change strategy and interventions, and STIs (the most urgent areas of need in Papua New Guinea), ANE selected FHI to serve as its cooperating agency for HIV work in the country through IMPACT. The ARP assisted in the establishment of the IMPACT/PNG program and field office as well as the design and development of the country workplan and activities in 2003–2004. These activities consisted mainly of the following:

- (1) BCC for FSWs and MSM;
- (2) linkages to quality STIs services in the capital of Port Moresby and in Goroka;
and
- (3) behavioral surveillance surveys at the implementation sites and beyond.

Starting in 2005, the FHI/PNG program continued its activities with USAID/RDM/A funds directly provided to Papua New Guinea through a regional cooperative agreement for the GMS with FHI, as well as from another donor, AusAID.

4.6. Sri Lanka

IMPACT/ARP joined USAID's ANE team to conduct an assessment in Sri Lanka in December 2003 per a request from the USAID mission in Sri Lanka. The assessment report submitted to USAID in January 2004 emphasized the following recommendations for USAID's HIV program in Sri Lanka:

- Strengthen national monitoring systems, including surveillance.
- Increase NGO capacity development and networking.
- Contribute to the improved scope and quality of STI services.
- Assess and potentially introduce care and treatment options.
- Develop appropriate behavior change interventions.

After the assessment, IMPACT/ARP had several discussions with ANE on the potential for establishment of USAID's HIV program in Sri Lanka. However, since USAID's health funds, including those for HIV interventions, could not be made available for Sri Lanka, the plan to establish the country program was put on hold. Limited HIV activities in Sri Lanka were continued with development and humanitarian funding managed by the local mission.

E. IMPLEMENTATION AND MANAGEMENT

During the course of the IMPACT/ARP lifespan there were several changes in donor strategies. In addition, FHI's structure and IMPACT/ARP were managed by a number of different managers and staff over different periods. At the beginning of the project, IMPACT/ARP was managed by the Technical Unit of the Bangkok-based FHI/Asia Regional Office. It was not until April 1999 that the IMPACT/ARP team was set up to manage the regional program. In the final five years of the project, IMPACT was managed by a range of one to four program staff. IMPACT/ARP also benefited from support from a pool of staff in different units at the FHI/Asia Pacific Regional Office. In implementing a wide range of activities, the ARP drew upon the technical expertise of staff from the Technical Unit and operation support from the Program Management, Finance and Administrative Units at the Bangkok office. Several staff at FHI's Arlington office also provided support to the ARP, particularly on contractual and administrative issues. In addition, the ARP received excellent cooperation from FHI country programs in the Asia region.

The ARP implemented its tasks through two major channels:

1. Direct management of program activities, particularly for those requiring technical leadership (including regional capacity building activities such as providing training and developing technical guidelines and manuals). These were implemented by FHI staff and/or qualified regional and international consultants specializing in different areas relating to HIV.
2. Provision of sub-awards to a large number of local, regional and international organizations, institutes and firms to assist in services delivery and data collection at the field level. This external assistance was carefully administered, and the ARP provided regular technical assistance and mentoring to the sub-grantees to ensure that they delivered the best quality services possible.

Communications for IMPACT/ARP management were shared by IMPACT/ARP through the FHI/Asia Pacific Regional Office in Bangkok and/or FHI/Arlington office and the USAID/ANE Bureau. On a yearly basis, the ARP submitted its workplan and budget through the global IMPACT workplan to USAID in Washington for approval.

Activity/Program	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
2. Mobilizing an effective HIV response through the A² project											
2.1 Partnership formation, mobilization and project launch								X			
2.2 Data gathering, analysis and modeling								X	X	X	X
2.3 Targeted advocacy activities for effecting policy or programmatic change										X	X
3. Determination of strategic information											
3.1 Analysis of sexual and needle-sharing networks among IDUs								X	X		
3.2 Analysis of social and sexual networks among MSM										X	
3.3 Enhanced evaluation model for MSM programming										X	
Regional capacity building											
1. Regional trainings and workshops											
1.1 Surveillance and data use											
1.2 Sexually transmitted infections						X					
1.3 Behavior change communication						X					
1.4 IDU programming								X			
1.5 Monitoring & evaluation						X	X	X	X	X	
1.6 HIV clinical management						X	X	X			
1.7 Voluntary counseling and testing						X					
1.8 Program management				X	X	X					
2. Capacity building for ASEAN											
2.1 Increasing access to affordable drugs and test reagents									X	X	
2.2 Analyzing the socioeconomic impact of HIV									X	X	

Activity/Program	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
2.3 Improving HIV/STI surveillance systems and BSS									X	X	
2.4 Improving HIV treatment, care and support									X	X	
2.5 HIV prevention, treatment and care services for injection drug users										X	
2.6 Organizational support to the ASEAN Secretariat										X	
3. Regional coordination for MSM interventions in the GMS											
3.1 Mapping exercise meeting									X		
3.2 Regional strategic planning meeting									X		
3.3 Regional network meeting: HIV interventions for MSM in the GMS										X	
3.4 Setting up a secretariat and providing regional coordination support for MSM networking										X	X
3.5 Forming and strengthening in-country working groups										X	X
Support to USAID in situation assessments and establishment of new USAID HIV programs											
1. Vietnam			X	X	X						
2. Lao PDR		X	X	X	X	X					
3. East Timor					X	X					
4. People's Republic of China						X	X				
5. Papua New Guinea							X	X			
6. Sri Lanka							X				

G. PROGRAM RESULTS

1. Program outputs:

Model interventions for HIV prevention, care, support and treatment:

- Twin-city model established as the first model in Asia for cross-border intervention in HIV prevention
- Six state-level networks of PLHA formalized in India through the implementation of INP+
- APN+ built the capacity of PLHA groups in Phnom Penh and strengthened its network by facilitating experience learning with Thai PLHA groups

Strategic information for program design and planning:

- National surveillance systems in Nepal, Vietnam and Cambodia strengthened
- First national surveillance systems in Lao PDR established in 2000
- Input into HIV strategic planning processes provided in Yunnan, Guangxi, Thailand, Ho Chi Minh City and Bangladesh under the A² project

Regional capacity building:

- 18 series of technical publications produced (see list of publications in Attachment B) and more than 25,000 copies of these publications disseminated
- 35 representatives from 19 NGOs and PLHA groups trained in integrating a human rights framework into their existing implementation plans and organizational activities
- 102 HIV workers in the Asia region trained in the design and management of HIV projects
- 151 HIV workers in the Asia region trained in surveillance
- 131 HIV workers' capacity built in integrated analysis to improve HIV response (including size estimations and data use for policy planning)
- 100 HIV workers trained in HIV program monitoring and evaluation through a series of five yearly trainings
- 18 HIV workers trained in integrating cost measurement and analysis in monitoring and evaluation systems
- 37 HIV workers and healthcare providers trained in HIV clinical management
- 23 clinicians trained in WHO HIV clinical management
- 34 HIV workers trained in methadone treatment
- 16 HIV workers trained in voluntary counseling and testing
- 30 HIV workers trained in HIV programming for IDUs in the GMS
- 25 HIV workers trained in HIV project management targeting MSM
- 22 healthcare providers trained in STI/AIDS clinical management for MSM and transgenders (number includes the training in June 2007)
- 58 HIV workers trained in data management, analysis and software (Stata and RDS)
- 51 delegates from ASEAN countries trained in surveillance (data use and designing surveillance systems)
- 135 healthcare providers/health workers in ASEAN countries trained in HIV clinical management (through regional and in-country trainings)
- First curriculum in Asia on HIV prevention, treatment and care for IDUs developed through the USAID-ASEAN Cooperation on HIV/AIDS
- 19 healthcare providers in ASEAN countries trained in HIV prevention, treatment and care for IDUs

- First regional *Toolkit for Continuum of HIV Prevention to Care (CoC) in Asia* developed
- Secretariat for network of HIV interventions for MSM in the Greater Mekong Sub-region developed
- In-country working groups for MSM networking in Cambodia, Lao PDR, China and Burma formed and/or strengthened

Support to USAID for establishment and implementation of programs in non-presence countries:

- USAID-funded HIV programs established in USAID non-presence countries: Lao PDR, Thailand, East Timor, China and Papua New Guinea

2. Services outputs

- BAHAP project reached about 43,000 members of mobile and migrant populations through BCC intervention.
- PROMDAN project reached about 8,000 Cambodian seafarers in Rayong province of Thailand and 13,000 men, women and children in Pre Veng who were families/relatives of the migrants to Thailand through one-on-one and group discussions. Project staff provided health consultation to 600 individuals. The project referred 420 individuals to hospitals and clinics at both project sites and distributed more than 36,200 pieces of IEC material in various forms to provide knowledge on HIV.
- TISS cross-border intervention reached 19,785 Nepali migrants with BCC messages through three drop-in centers and HIV counseling and testing services delivered through TISS' five VCT sites.

3. Outcomes and impact

The range and scope of ARP activities was far-reaching. ARP activities contributed to improved understanding of HIV epidemics and increased support from national and donor resources. Capacity building and direct support to services has contributed to efforts in prevention and care for thousands of individuals at risk of HIV or already infected.

III. LESSONS LEARNED AND RECOMMENDATIONS

Model Interventions

Cross-border Interventions

- The duration of multi-country intervention projects should be at least four to five years in order to fully develop cross-border relationships and allow measurement of the impact of project activities in the participating country.
- Joint activities, such as development of IEC materials and/or linkage through regular meetings to share prevention efforts, are useful to support the desire of stakeholders in border areas to work together and ensure that cross-border programming is possible. NGOs should play the facilitating role for such processes.
- Adequate training must be provided to cross-border project (field) staff to ensure that they understand their roles and that cooperation is promoted.
- Project staff and local partners must be familiar not only with the context of their particular site but also the overall picture of the project, so that they understand the impact of their roles, responsibilities and tasks on the entire border intervention.
- Projects targeting migrants and illegal workers inevitably face legal restrictions, particularly in terms of accessibility of services for target groups. It is important that articulated strategies/approaches be identified and planned earlier in implementation to provide/create access to STI/HIV treatment services for the target groups.
- It is important to understand how nationalism affects working relationships between project partners from both sides of a border. There is often long-standing animosity between two countries and feelings of superiority from the more developed of the twin cities. Such attitudes must be taken into consideration while allowing “twin” partners to become familiar with one another.
- It is crucial to develop strong local relations with partners in the early stages of project design and implementation to reduce the negative impact of high staff turnover, which is due in part to the remote or insecure settings of many project sites.
- Condom and lubricant availability and the development of distribution systems that fit identified target groups must be assured as early as possible in project implementation to ensure adequate amounts of condoms to distribute. Passive distribution systems, such as condom boxes placed at a stop-point of travel routes, proved to be popular distribution methods.
- The issue of STIs and their relationship to HIV infection provides a good entry point for HIV-related outreach activities with a focus on prevention and increased understanding, as STIs were often perceived by the target populations to be less threatening than HIV or AIDS because most are curable.
- In planning a project, sensitive issues such as human rights should be considered from the beginning so they will not cause unanticipated delays in project implementation.
- Local authorities should be involved as volunteers or peer educators as one strategy to positively influence contextual risk factors common to border areas. This was perceived as especially successful when the authorities recruited as volunteers or peers were targeted as “at-risk” groups themselves. It is also important to consider meaningful involvement of mobile and migrant populations (MIMP).
- The best approach for disseminating information among seafarers/sailors is face-to-face communication with outreach workers or peer educators. Group discussions were

often difficult to organize because sailors valued their limited leisure time and preferred to be on their own.

- Supplying a stock of appropriate printed materials in the appropriate languages onboard ships and acquiring the cooperation of ship's officers to make sure materials are distributed among crews was found to be an effective alternative method for information distribution.
- Local doctors found a multilingual referral card, listing key questions and symptoms, to be a useful tool in communicating with fishermen.
- IEC materials for mobile and migrant populations should be designed in multiple languages. Jointly developed IEC materials help reduce feelings that HIV/STI infections are originally transmitted from the other side of the border and reduce "finger pointing" attitudes by promoting an understanding that people in both countries face much the same problems. Identical materials in two languages are important for establishing an identity for a twin-city area.
- It is essential that project indicators, measures and guidelines are clearly articulated at an early stage of implementation as quality monitoring and evaluation was very difficult to plan and conduct for interventions with mobile and hard-to-reach populations. The project should develop specific site-level indicators in addition to project-level indicators to increase involvement of local teams and better empower them to monitor and evaluate success and impact.

TB-HIV

- INH preventive therapy should be introduced in countries with high TB prevalence. Though the number of PLHA with latent TB in Cambodia was not large, the TB screening associated with Isoniazid Preventive Therapy (IPT) uncovered high numbers of PLHA with active TB, who were then able to receive timely treatment.

Continuum of Care (CoC)

- Experience has shown that when HIV care and treatment (OI and ART) are available and accessible, they serve as an incentive for most-at-risk populations to undertake HIV testing, which can support prevention implementation and encourage people to access care and treatment.
- For a new country to start CoC, it should begin with a situation analysis that includes assessment of existing services. This should be followed by developing any missing services and then linking all services. Proper referral and coordination among services are key factors for the successful implementation of an effective CoC.

Strategic Information

- To ensure that available information effects policy or program change within complicated or restricted policy environments, early and thorough policy analyses of key institutions, individuals and processes is beneficial to identify and account for opportunities and obstacles related to policy change.
- In initiatives that combine analysis and advocacy elements, it is important to address the tendency to devote excessive time and resources to producing and refining analysis outputs, as this significantly retards advocacy progress and impact.

- Data ownership and dissemination issues must be routinely discussed, addressed and resolved early in project design and implementation as these are common barriers to data use and policy or programmatic impact of data.
- The application of outputs of qualitative research or evaluations on programs or policies must be considered early in their design or implementation so that they can be used to maximum effect.

Regional Capacity Building

- Lack of language ability, particularly in English, was a barrier to carrying out productive and interactive regional meetings, trainings and workshops. In-country trainings should be conducted following a regional training to ensure that the participants have gained knowledge and capacity, even though this would consume more time and financial resources.
- Although it is widely accepted that regional trainings and workshops are a stage for sharing experiences and lessons learned and provide opportunities for capacity building in particular program and/or technical areas, measurement and evaluation of the impact or outcomes of regional training activities has not been efficient.
- Through its coordination of the dissemination of information and publications that can be used broadly by many countries in the region—for example, tools, self-care series and guidelines for BSS—the ARP provides important opportunities for country programs to link and learn from the experiences of other countries.

IV. HIGHLIGHTS OF IMPLEMENTING PARTNERS' ACTIVITIES

A. Implementing Partners

Under the sub-contract mechanism supported by IMPACT, a full range of programs to help support the region was implemented through both local and international implementing agencies. FHI's key collaborating partners under IMPACT included Population Services International (PSI), Management Sciences for Health (MSH), the Program for Appropriate Technology in Health (PATH), the Institute of Tropical Medicine (ITM) and the University of North Carolina at Chapel Hill (UNC-CH). IMPACT programs also included collaboration with international organizations such as UNAIDS, UNDP, UNICEF, UNODC, WHO and governmental and nongovernmental organizations, national organizations and international institutions. Over time, FHI/IMPACT provided technical assistance directly or through external consultancy services, where and when appropriate.

In addition to IMPACT partners, the ARP implemented its program through the following partners:

- Asia Pacific Council of AIDS Services Organizations (APCASO)
- Asia Pacific Network of People Living with HIV/AIDS (APN+)
- Asian Harm Reduction Network (AHRN)
- Bamrasnaradura Infectious Diseases Institute
- CARE International
- Center for Harm Reduction (CHR)
- East-West Center (EWC)
- Indian Network of People Living with HIV/AIDS (INP+)
- Institution for Population and Social Research (IPSR), Mahidol University, Thailand
- La Trobe University, Australia
- Naz Foundation International
- Office for Population and Technical Assistance (OPTA)
- Social, Environment, Agricultural and Development Organization (SEADO)
- Tata Institute of Social Sciences (TISS)
- Thai Network of People Living with HIV/AIDS (TNP+)
- The American Foundation for AIDS Research (amfAR)

B. Sub-project Highlights by Program Area

Highlights of key sub-projects/activities implemented by IMPACT/ARP partners can be found in Attachment A.

V. ATTACHMENT A: *Implementing Partners' Activities*

NAME	TYPE OF ORGANIZATION	GEOGRAPHIC LOCATION	TARGET POPULATION	INTERVENTION	PROJECT DATES
<i>Surveillance and Research</i>					
OPTA	NGO	Indochina border areas: Cambodia, Lao PDR, Thailand and Vietnam	MARPs	Behavioral surveillance surveys in BAHAP target populations	06/01/99–06/30/01
<i>Program Addressing Most-At-Risk Populations</i>					
PATH	IMPACT partner	Indonesia	Thai seafarers to Indonesia	Cross-border intervention in Indonesia's port cities: coordinating/education and prevention, health networking of local NGOs and local authorities	01/10/00–04/15/01
PATH	IMPACT partner	Cambodia-Thailand	Cambodian fishermen working in Rayong province of Thailand	Prey Veng–Rayong Operation on Migration Dynamics and AIDS Interventions (PROMDAN)	07/01/00–03/31/03
CARE International	NGO	Borders of Cambodia-Vietnam, Lao PDR-Vietnam, Thailand-Laos and Thailand-Cambodia	Mobile and migrant populations	Border Area HIV/AIDS Prevention Project (BAHAP)—cross-border interventions	11/01/98–10/31/00

NAME	TYPE OF ORGANIZATION	GEOGRAPHIC LOCATION	TARGET POPULATION	INTERVENTION	PROJECT DATES
CARE/Cambodia	NGO	Cambodia	Internal and cross-border migrants (including motor taxi drivers, female SWs, fishermen and their wives) in Koh Kong province, Cambodia	Comprehensive intervention addressing prevention, care and support for internal and cross-border migrants (including motor taxi drivers, female SWs, fishermen and their wives)	11/01/00–06/30/02
SEADO	NGO	Poi Pet, Cambodia	Migrant workers, transport drivers, PLHA and family affected in the community	Comprehensive HIV prevention, care and support services for Cambodian migrant workers and families and those affected by HIV in Poi Pet	02/01/01–09/30/02
Naz Foundation International	NGO	Sylhet in Bangladesh and Bangalore, Hyderabad and Pondicherry in India	MSM and their sexual partners	Needs assessment among MSM and their sexual partners	12/01/99–10/31/00
TISS	NGO	Mumbai, India	Nepali migrants	HIV prevention intervention for Nepali migrants in Mumbai, India, with BCC, VCT and STI services provided at drop-in centers	07/01/04–12/31/05

NAME	TYPE OF ORGANIZATION	GEOGRAPHIC LOCATION	TARGET POPULATION	INTERVENTION	PROJECT DATES
<i>Regional Capacity Development</i>					
MSH FASID	IMPACT partner Foundation	Vietnam	Staff of NGOs working on HIV programs in Southeast Asia	Two training courses on program management of HIV prevention	06/15/99–04/30/00 and 06/01/00–10/31/01
EWC	Institute	Asia region and Hawaii, USA	A ² Advocacy and Analysis	In-depth analysis of existing information for better responses and advocacy	10/01/04–09/30/06
UNC	IMPACT partner	Guangxi, China	Government's healthcare providers	Capacity building/strengthening in HIV clinical management	05/01/05–03/31/06
PATH	IMPACT partner	Lao PDR	Lao media personnel	Media training in HIV reporting, materials production	10/15/99–07/31/00
Bamrasnaradura Institute	Institute	Asia region	Healthcare providers	Providing expertise in HIV clinical management training for healthcare providers in ASEAN countries and/or mentoring at sites	01/16/06–06/30/07
<i>Best Practices/Model</i>					
PSI	IMPACT partner	Lao PDR	MARPs	HIV prevention through condom promotion/social marketing, outreach for behavior change/safer sex practice, public awareness through mass media campaign	06/07/99–09/30/02

NAME	TYPE OF ORGANIZATION	GEOGRAPHIC LOCATION	TARGET POPULATION	INTERVENTION	PROJECT DATES
<i>Rights and Greater Involvement of PLHA (GIPA)</i>					
APCASO	NGO	Phnom Penh, Cambodia	Cambodian CBOs/NGOs	<ul style="list-style-type: none"> ▪ Assessment of viability of potential project that would build capacity for HIV and human rights programs ▪ Providing technical assistance and training staff of CBOs and NGOs in addressing HIV issues relating to human rights 	12/01/99–02/15/00 (assessment) 03/01/01–08/31/01 (training)
APN+	NGO	Phnom Penh, Cambodia	Cambodian NGOs and selected PLHA groups	Capacity and skill building/strengthening of NGOs/PLHA groups	03/01/01–06/30/01
INP+	NGO	India	PLHA, public and government	Capacity building, network strengthening for PLHA, advocacy for stigma and discrimination reduction	10/15/99–10/14/01
TNP+	NGO	Thailand	PLHA and PLHA organizations	Strengthening networks of PLHA in Thailand to increase access to ART and OI services	2001

VI. ATTACHMENT B: *List of Publications Produced*

1. Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV (originally produced in 2000 and updated in 2002)
2. Manual for Reducing Drug Related Harm in Asia
3. What Drives HIV in Asia: A Summary of Trends in Sexual and Drug-Taking Behaviors (2001)
4. Effective Prevention Strategies in Low HIV Prevalence Settings
5. Estimating the Size of Populations at Risk for HIV: Issues and Methods (originally produced in 2002 and updated in 2003)
6. HIV Surveillance Survey and Sexually Transmitted Infection Periodic Prevalence Survey in Lao People's Democratic Republic, 2001
7. Self Care Series
 - Book 1: What Should I Do If I Think I Have AIDS?
 - Book 2: Living with Hope and Staying Healthy
 - Book 3: Living Peacefully with AIDS
 - Book 4: Staying Healthy for Mothers Living with HIV/AIDS
 - Book 5: You Are Special
8. Fact Sheets providing a brief of FHI Asia Regional Program and FHI programs in the following countries: Thailand, Laos, China, Papua New Guinea, East Timor, Vietnam, Bangladesh, Cambodia, India, Nepal, Pakistan, the Philippines and Indonesia
9. Fact Sheets providing technical briefs of the areas listed below:
 - Strategic Information
 - HIV Care, Support and Treatment
 - Interventions for Sexually Transmitted Infections
 - Interventions with Sex Workers and Their Clients
 - Interventions with High-Risk Men
 - Interventions with Uniformed Services
 - Drug Use-Related HIV/AIDS Interventions
 - HIV Prevention and Care for Injection Drug Users
 - Using Behavioral Surveillance to Impact HIV Prevention Among Injection Drug Users
10. Guidelines for Effective Use of Data from HIV Surveillance Systems (2004)
11. AIDS in Asia: Face the Facts—A comprehensive analysis of the AIDS epidemics in Asia 2004 (a full report produced in English and a summary report produced in six languages: Bahasa Indonesia, Chinese, French, Spanish, Thai and Vietnamese)
12. Summary of AIDS in Asia: Face the Facts (printed in Bahasa Indonesia, Chinese, French, Spanish, Thai and Vietnamese)
13. MAP Report 2005: Male-Male Sex and HIV/AIDS in Asia
14. MAP Report 2005: Sex Work and HIV/AIDS in Asia
15. MAP Report 2005: Drug Injection and HIV/AIDS in Asia
16. The Pre-Surveillance Assessment: Guidelines for planning serosurveillance of HIV, prevalence of sexually transmitted infections and the behavioral components of second generation surveillance of HIV
17. First Things First: Guidelines on Management and Coding of Behavioral Surveillance Data
18. Protecting People on the Move: Applying Lessons Learned in Asia to Improve HIV/AIDS Interventions for Mobile People

VII. ATTACHMENT C: Asia Regional Program Financial Summary

Fiscal Year	Funding Source			FY Total
	USAID/ANE	ANE/PEPFAR	USAID/RDM/A	
1998	\$6,191	\$0	\$0	\$6,191
1999	\$1,999,414	\$0	\$0	\$1,999,414
2000	\$3,099,982	\$0	\$0	\$3,099,982
2001	\$3,172,035	\$0	\$0	\$3,172,035
2002	\$2,845,305	\$0	\$0	\$2,845,305
2003	\$1,384,984	\$0	\$0	\$1,384,984
2004	\$1,181,061	\$0	\$0	\$1,181,061
2005	\$1,633,308	\$697,407	\$715	\$2,331,430
2006	\$1,054,420	\$70,101	\$1,501,463	\$2,625,984
2007	\$505,970	\$82,492	\$1,316,240	\$1,904,702
TOTAL IMPACT LIFE				\$20,551,088

Note: Funding amounts for FY07 are projected expenditures.