



Semi-annual Report 20
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Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
TEL 703-516-9779
FAX 703-516-9781

In partnership with

**Institute of Tropical Medicine
Management Sciences for Health
Population Services International
PATH
University of North Carolina at Chapel Hill**

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Acronyms

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

MARP	Most At-Risk Populations
MERG	Monitoring and Evaluation Reference Group
MCH	Maternal and Child Health
MIS	Management Information System
MOE	Ministry of Education
MOH	Ministry of Health
MOHP	Ministry of Health and Population
MNCV	Medical Netherlands Committee Vietnam
MSH	Management Sciences for Health
MSF	<i>Medecins Sans Frontieres</i> (Doctors Without Borders)
MSM	Men who have Sex with Men
NACO	National AIDS Control Organization
NAP	National AIDS Program
NAP+N	National Association of People Living with HIV/AIDS in Nepal
NASCOP	National AIDS/STI Control Program
NBTS	National Blood Transfusion Services
NCD	National Capital District
NDOH	National Department of Health
NGO	Non-Governmental Organization
NIHE	National Institute for Hygiene and Epidemiology
OFDA	Office of U.S. Foreign Disaster Assistance
OGAC	Office of the U.S. Global AIDS Coordinator
OI	Opportunistic Infection
OPC	Out-Patient Clinic
OVC	Orphans and other Vulnerable Children
PC	Palliative Care
PEPFAR	President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
POS	Program Operations Support
QA/QI	Quality Assurance/Quality Improvement
RDM	Regional Development Mission
REDSO	Regional Economic Development Services Office
RHAP	Regional HIV/AIDS Program
SBC	Strategic behavior change
SI	Strategic Information
SNNPR	Southern Nations Nationalities and Peoples Region
SOP	Standard Operational Procedures
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TOT	Training of Trainers
USG	United States Government
UN	United Nations
UNAIDS	United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WPP	Workplace Programs



Semi-annual Report 20

Introduction

IMPACT Background and Synopsis

The IMPACT project was designed to promote the global technical leadership of USAID and was the agency's flagship field-implementation program for HIV/AIDS prevention, care and support programs of USAID's Global Health Bureau from 1997 to 2007. The success of this project speaks for itself with over \$441 million in obligations from over 70 countries and regional programs. IMPACT provided a platform for USAID's mandated scale-up of HIV interventions in PEPFAR priority-focus countries and was the Agency's primary engine for implementing a wide variety of prevention, care, and support and treatment programs worldwide. IMPACT became a major mechanism for track 1.5 during the initial PEPFAR program phases.

Having worked through a network of 1,500 partners since the inception of the project, including international NGOs, FBOs, CBOs and members of the public and private sectors, IMPACT played a pivotal role in global leadership by developing tools, strategies and technical expertise in the areas of ART, PMTCT, counseling and testing (CT), strategic behavioral communication (SBC), care and support, HIV/TB integration, M&E - including behavioral surveillance, OVC and other related fields. IMPACT's approach was innovative in that it strengthened the response to the pandemic and improved capacity by focusing on country level capabilities. To that end, the IMPACT project had a vast reach with a strong field presence where it managed comprehensive programs through the provision of sub-grants to local organizations and provided the technical and management support necessary for those programs to succeed. As of the project's end in September 2007, the total number of subagreements executed by FHI with IMPACT funding slightly exceeded 1,800. Perhaps the most far-reaching accomplishment of IMPACT was to serve USAID field missions in a time of rapid HIV/AIDS program expansion. At one time, IMPACT was operating programs in more than 70 countries worldwide.

This Semi-annual Report 20 describes activities accomplished during the final six months of this 10-year project. The IMPACT Final Report is completed and available on FHI's website, as well as in print. Individual IMPACT country and regional program final reports are also available in print and on FHI's website.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

PREVENTION OF MOTHER TO CHILD TRANSMISSION PROGRAMS: In the context of Prevention of Mother to Child Transmission (PMTCT), IMPACT staff played a key role in the Global Inter-agency Task Team (IATT) on PMTCT and pediatric AIDS's finalization of the *Guidance for Global Scale-up of the Prevention of Mother-to-Child Transmission of HIV*. This guidance was a direct result of the lessons learned from the last 7 years of IMPACT PMTCT program implementation. IMPACT staff was also involved in preparations for the upcoming 2nd Global Partners Forum that will be held November 26-27, 2007 in Johannesburg, South Africa.

For pediatric HIV prevention, clinical care, treatment and support, IMPACT staff developed a strategy and gave guidance to IMPACT country offices in order to optimize entry points for testing and care and treatment for children and to provide capacity building across all levels. Originally envisaged to be an IMPACT strategy similar to other QA/QI tools, the Pediatric AIDS strategy became a major initiative with a wide external

audience and various collaborators. The high visibility of this strategy required that a global technical leadership team be formed of nine individuals across Africa, Asia and the US. In addition to the formation of this team, IMPACT staff was involved in capacity building and pulling together baseline information about pediatric activities going on in IMPACT supported countries.

STRATEGIC BEHAVIORAL COMMUNICATION: IMPACT-supported SBC staff continued to compile IMPACT Lessons Learned from SBC field staff and, during this period, videotaped interviews with 13 different staff and partners from several IMPACT countries. A DVD/CD is currently in post-production and will include stories, materials, best practices, and lessons learned from the field. The final product will be made available both in hard copy and on-line.

ORPHANS AND VULNERABLE CHILDREN: IMPACT contributed to the field development and dissemination of several key global technical leadership tools including the Child Status Vulnerability Index (PEPFAR) and the Guide to the Development of Quality Standards for OVC Programs (USAID Africa Bureau). For the latter activity, IMPACT supported the pilot testing of the methodology in Zimbabwe and subsequently co-facilitated an Africa wide workshop in Tanzania in September.

In May, IMPACT-supported OVC staff, through the auspices of the OVC Policy Group and the OVC Task Force, led an effort to synthesize NGO recommendations to the O/GAC guidelines on OVC programming. In coordination with the International HIV/AIDS Alliance, OVC Support.net, a website featuring tools for frontline OVC programmers, was updated with new publications and tools. Additionally, a new CD containing tools for working with OVC was disseminated at global and regional OVC and HIV related events.

During the reporting period, IMPACT also supported the Better Care Network's FBO and Media Committee's activities to improve the approaches of US faith based groups working with OVC. IMPACT continued to support the work of the Inter Agency Task Team (IATT) on Children Affected by AIDS (CAA) subcommittee related to M&E for OVC programs and the IATT CAA subcommittee on strengthening the Communities' Role in the Response. In July, IMPACT-supported OVC staff participated in a special one day session organized by the World Food Program on "Food and nutrition support for children affected by AIDS" in Rome, Italy.

Pending the closure of the IMPACT project, OVC lessons learned from the past 10 years have been documented and synthesized, and will be published shortly. In addition, IMPACT staff from Namibia, Tanzania and Arlington, VA presented a session highlighting lessons learned and new and innovative practices for OVC at the IMPACT End-of-Project Event held in June.

GLOBAL MONITORING AND EVALUATION: The Global M&E meeting was held in South Africa in May to update M&E staff working on IMPACT and PEPFAR programs in the field on such topics as: new M&E and SI tools and methodologies; QA/QI; designing and conducting evaluations; analysis and use of evaluation findings for program improvement; and surveillance and size estimation methodologies. IMPACT supported the participation of representatives from FHI Country Offices and implementing agencies in Africa and Asia.

In collaboration with USAID, IMPACT finalized the M&E Guide for OVC at the program level, which will be used to fill the gap between program level and national level M&E for OVC programs. The final M&E guide has been submitted to OGAC and USAID for final review and sign off.

IMPACT-supported SI staff worked with Klett Consulting Group (KCG) to develop a concept paper proposing the scale up of Geographic Information Systems (GIS), based on the pilot-test in Rwanda, Zambia, and Kenya which took place in early 2007. IMPACT also hosted a training workshop on GIS, conducted by KCG. A total of three IMPACT-supported staff members received in-depth training on GIS.

GLOBAL LEADERSHIP THROUGH INFORMATION SHARING: IMPACT supported production of several videos, including *My Husband's Denial*, a 20-minute video which offers a skillfully made and fascinating look at participatory performances by a grassroots theatre troupe that encourages SBC - in this case,

to persuade men to go for HIV counseling and testing. Throughout the video, one views people and scenes in the city of Quelimane, Mozambique, and learns about the vital work IMPACT did to reduce the high rates of HIV infection in Zambézia Province. With IMPACT funding, FHI also completed work on training materials for adherence support workers, training for nurses, a toolkit for assessing the readiness of health facilities to provide ART, and a lessons-learned report on IMPACT's work with FBOs.

ORGANIZATIONAL AND HUMAN CAPACITY DEVELOPMENT: IMPACT funding continued to support efforts to further develop QA/QI guidelines and tools for IAs and IMPACT country programs. Proxy indicators, checklists and other tools that were developed to assess and improve the design and implementation of programs continued to be pre-tested in the field and fine-tuned.

ACTIVITIES RELATED TO IMPACT CLOSEOUT: During the reporting period, IMPACT staff, both in Arlington and the field, participated in an array of project closeout activities. In some cases, as in East Timor and the Philippines, IMPACT offices and subagreements were closed entirely, and IMPACT staff repatriated. Other IMPACT activities were continued under new funding, and financial closeout and reconciliation were completed and offices were transitioned to the new projects. In all cases, IMPACT-supported staff worked to assist with IMPACT closeout activities including both the documentation of program performance and the drafting of program specific Final Reports. TA was provided, IMPACT Final Reports were reviewed, and much time was put into planning for the IMPACT Closeout Event held in June, which included the preparation of various presentations, the creation of interactive booths for the Program Fair, and the facilitation of presentations and breakout sessions.

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

Care and Treatment

Key Achievements in this Reporting Period (April 1, 2007– September 30, 2007)

Development of Strategies and Guidelines

During the reporting period, IMPACT-supported staff finalized two documents. The first, *HIV Counseling and Testing in Resource-Constrained Settings: Global Lessons from FHI programs 1999–2000*, is intended for development partners, donors, governments and public and private health facilities seeking to increase their knowledge base of CT practices across a range of countries and regions. The document highlights the lessons and continued challenges in CT service implementation and delivery in the hope that other agencies may learn from the document and optimize the success of their planned CT projects. The second document is a subset of the first but contains a more in-depth analysis of field operations in four regions where CT programs, including VCT programs, were documented as models.

IMPACT designated certain programs as model programs in order more effectively disseminate lessons learned. The definition of a “model” program is a program that serves as a learning, innovative and demonstration site for expansion of /or replication by other organizations and/or programs. Models are well managed, provide excellent services, have a strong M&E component, and provide clear examples of achievement and capabilities for use, reporting, networking or resource mobilization. IMPACT selected to document models in Egypt, Nepal, Nigeria and Ethiopia.

Global Leadership in Care and Treatment

IMPACT supported the completion of a toolkit for the assessment of health facilities that aim to develop or strengthen HIV-related services. The kit was developed based on experiences in Zambia and includes a manual to guide the assessment process and help facilitate the development of an implementation plan based on assessment outcomes. The kit consists of thirteen modules focusing on facility-based services and staff, including detailed assessment tools for such services as CT, PMTCT and ART, as well as questionnaires for Patient Interviews and HIV Clinical Staff.

IMPACT staff also contributed to the finalization of a document that provides a succinct summary of the close interrelationship between nutrition and HIV throughout the course of the disease for various populations, including children and pregnant women. The document also included aides for clinical staff on assessing the nutritional status of individual patients.

Strategic Information

(previously referred to as Evaluation, Surveillance and Research)

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Technical Support to IMPACT Country Programs and USAID

IMPACT supported a QI expert to strengthen the QA/QI for IMPACT programs and provide technical support to other agencies as appropriate. A core working group of QA/QI was established and tools and guidelines were reviewed and are being packaged for dissemination and use. To ensure sustainability and build capacity of staff and government, IMPACT helped support the development of a QA/QI training course. In addition, IMPACT supported FHI staff attend various USG and global level initiatives and meetings on QA/QI.

With the objective of improving the quality of its data across countries, IMPACT supported internal audits in Nigeria, Zambia and India to look into the quality and accuracy of program data. The data quality audit teams comprised mainly of Strategic Information Officers from IMPACT countries trained to perform Data Quality Assessments (DQA). The recommendations have been shared by audited countries and results are being compiled to be shared across countries.

Global Leadership in Capacity Building on M&E and Surveillance

IMPACT provided guidance and TA on surveillance at the global level, and M&E capacity building to IMPACT Country Offices, CAs, local stakeholders, MOH, and USAID missions in the area of surveillance and strategic information data collection. IMPACT SI core funds also supported FHI's ongoing contribution to the USG training network database based out of the CDC

Information Programs

Key Achievements in This Reporting Period (April 1, 2007 – September 30, 2007)

Global Leadership in Information Programs

IMPACT continued to produce and disseminate a variety of print and electronic materials to address the most pressing HIV/AIDS needs in developing countries. These materials focus on technical topics, programs, training, best practices, and lessons learned. IMPACT sought to explore topics that will benefit the greatest number of people and about which there is relatively less information available.

IP completed work on training materials for adherence support workers and nurses, a toolkit for assessing the readiness of health facilities to provide ART, materials on the integration of prevention into care settings, and a lessons-learned report on work with FBOs. IP continued collaboration with other organizations to disseminate, repackage, and translate IMPACT-funded material, including the Spanish edition of IMPACT's private-sector workplace guide. Other materials were adapted and translated into Chinese and important M&E materials were translated into French. IP also funded a printing of *HIV/AIDS and the Public Sector Workforce: An Action Guide for Managers* in Spanish.

During this final reporting period, IP continued to use FHI's website to present IMPACT activities. About one dozen IMPACT-funded publications, manuals, and tools in English, French, and Arabic were made available to online visitors. IP also worked with staff in Arlington and the field to greatly expand USAID content on the country pages, including the increased use of photos and images as well as short clips of streaming video. In addition, IP condensed and streamed content, such as the training slides from the adherence support worker training materials.

Homepage stories on IMPACT's work in Egypt, Ethiopia, Laos, and Namibia, among others, also drew attention to USAID's technical and programmatic leadership. These stories were occasionally picked up by USAID for use in print and electronic media products. In addition, Development Gateway, GTZ News, HIPNET, NAM, SAFAIDS, and others reported on, extracted, reproduced, or otherwise repurposed IMPACT materials.

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

- *Adherence Support Worker Training: Facilitator's Guide* (800 copies)
- *Adherence Support Worker Training: Participant's Guide* (2200 copies)
- *HIV/AIDS Care and Treatment: A Clinical Course for PLHA* (2000)
- *Workplace HIV/AIDS Programs: An Action Guide For Manager* (3000 copies)
- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers* (7000 copies)
- *Handbook on Paediatric AIDS in Africa* (1300 English, 600 French)

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

- *Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV*
- *Delivering Antiretroviral Therapy in Resource-Constrained Settings*
- *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries*
- *Handbook on Paediatric AIDS in Africa* (in French and English)

Prevention and Mitigation

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Development of Strategies and Guidelines

In an effort to further strengthen the quality of IMPACT programs, work continued on tools and strategies under FHI's Quality Improvement (QI) system. IMPACT supported the development of criteria for evaluating both SBC products and the SBC process. These criteria were shared with Senior Technical Officers at the Global Technical Leadership meetings in Cairo and Bangkok (April & May, 2007), as well as at the Regional SBC Meeting in Accra, Ghana.

Technical Support to IMPACT Country Programs and USAID

During this period, IMPACT continued to provide TA in Strategic Behavioral Communication (SBC), STIs, IDU, Workplace programs (WPP), uniformed services and OVC to IMPACT country programs.

Global Leadership in Prevention and Mitigation

During the period, IMPACT supported the participation of FHI staff in several Global/Task Force Meetings. At the Male Circumcision Working Group convened by OGAC, FHI staff joined potential implementers to discuss strengths, weaknesses and possible areas of focus as national scale up of male circumcision begins. At the AfriComNet Practicum on Substance Abuse, Gender-Based Violence, and their Relationship to HIV/AIDS held in Addis Ababa in August, a SBC Technical Advisor presented a session entitled "Linking Behaviors: A Challenge for Communication Professionals." Additionally, IMPACT staff chaired a panel session at the Joint Learning Initiative on Children and HIV (JLICA) Symposium on Meeting Children's Needs in a World with HIV/AIDS.

The IMPACT supported Guide to Prevention in the Care Setting is currently in the process of publication. In addition, a training module to update health care workers on the provision of prevention support to PLHA, which includes a facilitator's guide and power point slides, was completed for field review. IMPACT-supported prevention staff disseminated the Guide for Integrating Prevention in the Care Setting and the Positive Prevention Update at a series of three regional technical leadership and management workshops held in Cairo, Bangkok and Washington, D.C during the reporting period.

IMPACT Project Management

Key Achievements in this Reporting Period (April 1, 2007– September 30, 2007)

IMPACT Project Closeout

The closeout process was an opportunity to document and promote programmatic successes that demonstrate IMPACT's expertise and effectiveness. In addition, it was a process through which exit strategies and sustainability plans for implementing agencies (IAs) were addressed. IMPACT project activities terminated at the end of June, and staff focused on financial and administrative closeout through the end of September.

The IMPACT End-of-Project event, entitled "IMPACT: A Decade of Global Leadership and Innovation," was held on June 28, 2007. The event publicly commemorated the end of the IMPACT project, and brought together close to 200 participants from USAID, FHI, partner organizations and other global health colleagues. The purpose of the event was to discuss lessons learned and innovative practices implemented through IMPACT, as well as promote dialogue about the way forward in addressing the HIV/AIDS epidemic. Presentations covered such topics as: CT, ART, PC, OVC, prevention for high-risk groups, M&E, BSS, program management and capacity building. Information Programs (IP) produced the IMPACT Final Report, entitled *IMPACT: A Decade of Global Leadership and Innovation*, which summarized the project's highlights and suggested possible future directions. A CD tabbed onto the report's back cover compiled key publications and tools produced under IMPACT. This global closeout report was also translated to French and printed.

Additional IMPACT closeout activities included, but were not limited to, the following: notifying appropriate parties of the closeout (donor, IAs, etc.), completing pipeline analysis and financial reporting, conducting audits and closing bank accounts, inventorying non-expendable property (NEP), computers, vehicles, etc, holding final lessons learned/closeout workshops, disseminating lessons learned and best practices, writing final reports, documenting evidence-based programming and results, and ensuring that all deliverables are submitted to donors.

During this reporting period, the following IMPACT country offices had no program activities but were involved in the aforementioned closeout activities: The Baltics Regional Program, Bolivia, Burundi, Jordan, Kenya, Mexico, Pakistan, the Philippines, the Southern Africa/Regional HIV/AIDS Program (RHAP), Senegal and Tanzania.

AFRICA

Cote D'Ivoire

Brief Background

Since the program's inception in October of 2003, FHI/Cote d'Ivoire received a total of \$1,250,000 in IMPACT funds. In collaboration with local IAs, IMPACT provided services for Highly Vulnerable Populations (HVP) in SBC, prevention and treatment of STIs and OI, and VCT. In addition, IMPACT also supported capacity building and other/policy analysis and systems strengthening (OHPS) in the following three technical areas: OVC, PC/HBC and continuum of care/referral networks. IMPACT programming also included workplace public-private partnership. In FY04 and FY05, IMPACT supported the three OHPS components; however, since the CDC-FHI bilateral began in October 2005, IMPACT funds were used to complement and support bilateral activities. IMPACT/CI fully closed in September 2007.

Key Achievements in this Reporting Period (April 1, 2007 - September 30, 2007)

Care and Support

IMPACT supported the Ministry of Health (MHSP) by providing TA to the National Care and Support Program for PLHA (PNPEC/PVVIH). In May, a pool of 27 community workers were trained to implement approved PC activities at the community level for the Referral Network for the Continuum of Care project (IRIS SP) pilot site in the department of San Pedro. Nationally approved training manuals and modules were used as references during the training.

IMPACT also offered TA to PNPEC/PVVIH by organizing a training for health professionals. A training of trainers was held in May for 23 health workers coming from university and public hospitals, as well as local NGOs. The goal of this training was to establish a national pool of trainers that are competent in planning, conducting, and monitoring future trainings in PC/HBC.

Global Leadership in HIV/AIDS

IMPACT participated in the 2007 HIV/AIDS Implementers' Meeting in Kigali, Rwanda, from June 16-19, 2007. This meeting gathered 1500 participants from around the world who learned about best practices implemented in the global fight against HIV/AIDS. Accomplishments of the meeting include:

- The sharing of lessons learned during the implementation of multisectoral HIV/AIDS programs with a focus on the scale-up of prevention, treatment and care programs, building local capacity, quality and coordination among partners;
- An open dialogue about future directions of HIV/AIDS programs with a strong emphasis on implementation; and
- The possibility to directly impact HIV/AIDS program implementation in the future through the diffusion of lessons learned and best practices.

IMPACT/Cote d'Ivoire gave a presentation on palliative care and activities conducted over the life of the IMPACT project at the IMPACT End of Project event in Washington, DC on June 28, 2007. The presentation was part of a panel session entitled "From Policy Change to Practice: Improving Palliative Care services in Asia, Africa and Latin America and the Caribbean under IMPACT."

East and Central Africa HIV/AIDS Project (REDSO)

Brief Background

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

Key Achievements during this Reporting Period (April, 1 2007 – September 30, 2007)

IMPACT Closeout Activities

During the reporting period IMPACT funds provided support to the Burundi country office for the month of April. IMPACT funds were also used to write both the Burundi final report and the final report for IMPACT/ECA.

Egypt

Brief Background

USAID/Egypt committed \$4,135,000 in field support funds to the IMPACT Project in order to strengthen HIV/AIDS prevention and care. IMPACT activities in Egypt began in 1999 and have involved close collaboration with the MOH. In FY07, IMPACT continued to support programs that build capacity at national and local levels to implement effective HIV/AIDS prevention and care strategies. The IMPACT project in Egypt closed on September 30, 2007 and the final report has been printed and disseminated.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

As part of IMPACT's on-going efforts to provide HIV/AIDS prevention and awareness-raising activities, IMPACT supported religious leaders in conducting four promotional sessions on HIV/AIDS. In Alexandria, a local Sheikh conducted a session among 104 members of the local Muslim congregation, and a Christian leader conducted an HIV/AIDS educational session among 83 members of the local Christian population. Further sessions were also supported in the area of Minya. At these sessions, a local Sheikh educated 132 Muslims on the importance of HIV/AIDS prevention and the modes of transmission, while a local Christian held a similar session among 95 members of the local Christian community.

During this reporting period, IMPACT also used the previously produced National STI Guidelines to train El-Houd El-Marsoud STI clinicians to provide detection and treatment for STIs. A meeting with STI clinicians from the Alexandria STI clinic was conducted to discuss methods for enhancing STI services and promoting pilot STI sites. Additionally, a meeting was conducted with MOHP (Ministry of Health and Population) officials to discuss priority areas to be included in the Strategic Action Plan for Increasing Utilization of STI/VCT Services developed by IMPACT. IMPACT also created a Strategy for Working with High Risk Groups (HRG) to guide the MOHP and National AIDS Program (NAP) in developing, implementing and overseeing effective programs for the prevention, care, treatment and mitigation of HIV/AIDS and STIs for HRG. In order to ensure that this strategy could be effectively implemented by the NAP, IMPACT also developed a 'Reference Guide of the Institutions and Organizations Working with HRG on HIV/AIDS.' These three documents were finalized during the reporting period. IMPACT also provided TA to STI clinics in Cairo, Alexandria and Sharm El-Sheikh.

Care and Support

With the launch of the Dakahliya VCT site during this reporting period, IMPACT supported nine out of the 15 VCT sites in Egypt, including Egypt's first integrated STI/VCT site. IMPACT provided TA to all USAID-supported VCT sites including those in Cairo, Alexandria, Ismailia, Aswan, Tanta, Behaira, Menoufia and Sharm El Sheikh. FHI, under the new UNFPA project, will continue to provide TA to all of the VCT sites in Egypt now that IMPACT has closed out.

Treatment

IMPACT has completed the development of Egypt's National HIV/AIDS Clinical Care Guidelines for Nurses in Arabic. The Nurses' Guidelines have been disseminated among health care providers working in the fields of HIV/AIDS and STIs.

Global Leadership in HIV/AIDS

IMPACT continues to play an active role in the Expanded Theme Group on HIV/AIDS and provides technical assistance to numerous NGOs and international agencies, as requested. IMPACT supported the participation of staff in various international conferences, including a conference conducted by Save the Children on Infant and Maternal Health in Egypt.

Ethiopia

Brief Background

The IMPACT program was established in Ethiopia in September 2001 and total obligations, including PEPFAR contributions, amounted to \$20,600,700. Focused on community level and health center level programmatic support, IMPACT/Ethiopia supported services such as HCBC and also worked to ensure expanded quality CT services, OI management including TB/HIV and Provider Initiated Counseling and Testing (PICT), and the preparation of health centers for their role in ART. All services provided by IMPACT were linked by referral systems ensuring that CT served as an entry point to both HIV prevention and care and treatment and that HCBC programs effectively contributed to identifying patients who were eligible for ART treatment. In preparation for closeout, IMPACT held a Lessons Learned Dissemination meeting on March 28, 2007 in Addis Ababa to highlight the project's challenges and successes in Ethiopia.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

IMPACT/Ethiopia worked with prevention partners to further distribute outcome evaluations of campaigns to both reduce stigma and discrimination and to promote IMPACT supported VCT. The reports of these outcome assessments were first distributed at the IMPACT/Ethiopia lessons learned dissemination meeting.

Care and Support

IMPACT/Ethiopia staff worked with partners to further distribute reports of outcome evaluations of the VCT and HCBC programs supported through IMPACT. The reports of these outcome assessments were first distributed at the IMPACT/Ethiopia lessons learned dissemination meeting.

Treatment

IMPACT/Ethiopia worked with the Ethiopian MOH and with Regional Health Bureaus to finalize transfer of TA for TB/HIV, chronic care and ART services in health centers to the USAID/FHI follow on contract to support and maintain health center HIV/AIDS treatment and care services in Ethiopia. IMPACT/Ethiopia assisted the mission in providing complementary material support for the rapid decentralization of ART services from hospital to the health center level in Ethiopia.

Strategic Information

M&E was the backbone of all IMPACT work, and has been used by IMPACT/Ethiopia staff and partners since the initiation of IMPACT in Ethiopia to inform and support continuous program quality assurance and quality improvement. Between April and September, IMPACT/Ethiopia worked with partners to further distribute reports of outcome assessments for IMPACT programs initially distributed at the IMPACT/Ethiopia lessons learned dissemination meeting.

Global Leadership in HIV/AIDS

To build global leadership in HIV/AIDS, IMPACT/Ethiopia has given considerable attention to building the organizational management capacity of partner organizations including Ethiopian NGOs and local government offices.

Guinea

Brief Background

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

Key Achievements during this Reporting Period (April 1, 2007 - September 30, 2007)

Surveillance

During the last few months of the project, IMPACT conducted a feasibility survey on “Care and Support of PLHA” in the Forest Region and towns that border Cote d’Ivoire in order to determine readiness for care, treatment and support services in these areas. This survey was commissioned by USAID/Guinea in order to design and plan for potential activities in the region, which features the highest levels of HIV/AIDS and instability in the country.

In addition to the feasibility survey, IMPACT supported some discrete activities related to the second round of BBSS that FHI is conducting with World Bank funds in collaboration with the National AIDS Control Body (CNLS) and Stat View International (SVI). IMPACT supported the training of lab technicians and counselors for HIV CT related to the BBSS, and a consultant to monitor the activities that took place locally after the office closed.

Closeout Activities

As the IMPACT project has ended, this period was marked by the full closure of the FHI/Guinea offices from which IMPACT activities were conducted, with the N’Zerekore office shutting down in April and the Conakry main office closing in May. Project equipment was transferred to local partners and the USAID follow-on project, “Faisons Ensemble,” and expatriate personnel were repatriated.

Malawi

Brief Background

IMPACT received \$5,728,740 in field support and \$300,000 in nutrition funds for activities in Malawi. The FY07 budget totaled \$171,852 in field support funds and \$66,860 in nutrition funds. IMPACT activities focused on comprehensive programming for OVC and HBC with a nutrition component. All IMPACT programming has now ended.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Care and Support

During the reporting period, IMPACT provided support to the Ministry of Women and Child Development in the development and revision of an OVC training manual for service providers in OVC activities. After revision of the document, IMPACT assisted the Ministry print and distribute copies of the manual to various stakeholders. IMPACT also assisted the Ministry develop the national HBC/OVC integrated manual, which has been finalized and is currently awaiting internal review prior to printing and dissemination.

IMPACT procured and distributed community radios to all 20 implementing partners to disseminate IMPACT's best practices and success stories on HBC and OVC activities, including demand-creation and anti-stigmatization messages concerning HIV/AIDS.

Nutrition

During the period under review, IMPACT procured and distributed weighing scales to its implementing partners for use by caregivers at community-based child care centers to monitor the growth of children.

Strategic Information

IMPACT is conducting the second BSS for Malawi. During the reporting period, data for the survey was collected and preliminary results were shared with stakeholders. A draft report of the survey will be available at the end of October, 2007.

Namibia

Brief Background

The USAID-supported Implementing HIV/AIDS Prevention and Care Project (IMPACT) started in September 2000 with an initial obligation to IMPACT/Namibia of \$1.25 million to manage a multi-year program. The program was greatly expanded under PEPFAR to include VCT, PMTCT and ARV treatment services, with a total amount of \$19,315,960 obligated over the life of the project. During this reporting period, IMPACT concentrated its support to the National OVC Program's quality of standards for OVC services in Namibia. All IMPACT/Namibia activities were closed as of the end of September.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Care and Support

During this reporting period, IMPACT supported mini-assessments of ten partners involved in OVC work in order to both test and refine the standards of care for relevance and applicability as well as to assess how well selected partners conform to the proposed standards. Results of the mini-assessments were summarized in a report, which included narratives on each of the partners. The mini-assessments and recommendations led to some minor revisions to the standards and proved very useful for partners as they developed their COP08 plans. Subsequently, the draft standards were used as a part of a quality improvement exercise with four partners that focus on after-school programs for OVC.

IMPACT supported two workshops to finalize the standards of care with key stakeholders. The first was a day-and-a-half workshop attended by 36 youths (ages 13-18) and their chaperones. The children both outlined the minimum standards for the quality of services they should receive and recommended outcomes, activities, and indicators within PEPFAR's seven core services: health, education, psycho-social support, shelter and care, protection, economic strengthening, and food and nutrition. The second workshop was designed for key stakeholders to finalize the standards and guidelines for Namibian programs in support of OVC. The two-day workshop was attended by 39 participants from the Ministry of Gender Equality and Child Welfare, the Ministry of Education, UNICEF, USAID, AED, Project HOPE, Pact Namibia, local NGOS and FBOs. Two-thirds of the participants had been previously involved in developing or testing the standards of care. Following the workshops, standards are to be revised based on feedback from participants at both workshops.

IMPACT supported printing of the final four modules of the LifeLine/ChildLine community counselors training curricula. These modules and counseling for PMTCT were printed and provided to LifeLine/ChildLine for use in their training program. Additionally, the Standards for Home-based Care booklets developed by Catholic AIDS Action (CAA) with assistance from IMPACT were printed in six languages and distributed to partners providing HBC in Namibia. The Namibia Standards of Care for OVC Services booklet was finalized and 500 copies were printed for distribution among stakeholders.

Global Leadership in HIV/AIDS

IMPACT Namibia worked at the regional level to assist PEPFAR in developing, adapting and refining Standards of Care for selected countries in the region. In May, the IMPACT Namibia team, together with USAID, facilitated a three-day workshop in Harare, Zimbabwe on developing quality standards in four service areas. In September, the IMPACT Namibia team co-facilitated the US Government-sponsored training "Improving and Assuring Quality Services for OVC" in Dar Es Salaam, Tanzania. The training focused on teaching participants how to apply a standards-based approach to quality improvement in services.

Nigeria

Brief Background

IMPACT activities in Nigeria began in 2002 and were designed to help the USAID/Nigeria mission implement effective interventions and increase the capacity of local organizations to assume responsibility for their own HIV/AIDS programs. IMPACT/Nigeria received \$29,388,800 for its activities and has provided technical support to national level bodies like the National Action Committee on AIDS (NACA) and the National HIV/AIDS/STI Control Program (NASCP) for the effective integration of HIV/AIDS programming into key national structures. IMPACT also enabled the development, implementation and evaluation of programming that: reduced risk behaviors among targeted populations; improved the capacity of governmental committees, NGOs, CBOs, and FBOs to implement quality STI/HIV/AIDS prevention activities; and facilitated access to and utilization of quality STI and support services for youth and other high-risk groups in target areas. Although it was previously expected that all funds would be expended before the end of the last semi-annual period, a remaining balance enabled IMPACT to continue implementing some new and ongoing activities during the current reporting period before fully closing out in September 2007.

Key Achievements in this Reporting Period (April 1, 2007 - September 30, 2007)

Prevention

IMPACT supported the BBC World Service Trust host a youth awareness campaign, themed 'Da Mix', which targeted youth audience within the Federal Capital Territory of Nigeria with HIV/AIDS information using an inter-educational approach. An estimated 4,000 youth attended the campaign as well as various musical artists and role models. The campaign addressed issues of both ignorance and misinformation, and encouraged positive sexual behaviours in order to reduce the spread of HIV. CT was promoted at the event, mobile CT services were provided and youth-directed SBC materials were also distributed.

Care and Support

Implementing routine early infant testing is an important component to initiating care and treatment for HIV-infected children in Nigeria, including providing co-trimoxazole prophylaxis, regular clinical follow-up, infant feeding/nutrition support and provision of ART for eligible children. This testing is presently available only at tertiary level health facilities in Nigeria, so IMPACT supported the assessment of technical, managerial and operational issues involved in extending that capability to the secondary level. Following site assessments, IMPACT procured laboratory equipment for the establishment of three strategically-selected Early Infant Diagnosis (EID) laboratories. This will provide the facilities with much-needed equipment and develop the requisite skills to perform Dried Blood Spot (DBS) polymerase chain reaction (PCR) DNA testing on HIV-exposed infants under 18 months of age.

Strategic Information

IMPACT supported NASCP in finalizing Nigeria's first Integrated Biological and Behavioral Surveillance Survey (IBBSS) for high risk populations (e.g., brothel and non-brothel female sex workers, transportation workers, police, armed forces, MSM and IDUs) in six Nigerian states. This included field work, data entry and preliminary analysis. A total of 11,151 respondents participated in the survey, and the preliminary analysis of survey data was disseminated among members of the scientific committee during this period.

Rwanda

Brief Background

Since 1998, USAID provided a total of approximately \$16 million in bilateral, field support, and PEPFAR funds to IMPACT/Rwanda for the implementation of programs focusing on decentralized clinic-based services including VCT, PMTCT services, and the prevention and treatment of OIs. All programs were supported by community-based prevention and support interventions. The FY07 budget totaled about \$20,000 and was completely spent by the end of the fiscal year.

Key Achievements in this Reporting Period (April 1, 2007 - September 30, 2007)

Prevention

IMPACT supported a consultant to assist with the “Prevention for Positives” project, a qualitative study that will help develop a prevention approach for PLHA in Rwanda, especially those receiving care and treatment.

Closeout Activities

In the last quarters of FY07, IMPACT/Rwanda focused the majority of its efforts on closeout activities. As of the end of September 2007, there were no IMPACT funds remaining for Rwanda.

South Africa

Brief Background

USAID committed \$4,438,000 in CAA, PPI, Field Support and PEPFAR funds to the IMPACT program in South Africa (SA). The principal mandate of IMPACT/SA was to support the South African government, in particular the National Department of Health (NDoH), the National Department of Social Development (NDoSD) and partners. Over the life of the project, activities included the provision of technical and programmatic assistance to local organizations in the areas of OVC, PMTCT, VCT, STI, PC, CHBC, and M&E. IMPACT also supported a study of presumptive periodic STI treatment in mining communities, a BSS, and other strategic information activities at the national level. Since FY2006, at the request of USAID/SA and the NDoH, the focus shifted to supporting PC and CHBC interventions in Limpopo and Northern Cape provinces as well as the Johannesburg Hospital Palliative Care Team (JHPCT) in Gauteng province. During this reporting period, all activities under IMPACT transitioned into a different USAID-funded mechanism (CRTU) and the IMPACT project officially closed out.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Care and Support

During this reporting period, implementation of the Integrated Community Palliative Care (ICPC) pilot model continued in four pilot districts. The Hospice Palliative Care Association (HPCA) of South Africa continued to conduct trainings in PC for health professionals and CHBC care-givers in all ICPC sites until July. Through IMPACT, family members were equipped with the knowledge and skills to confidently care for their ill members in the absence of the professional care-givers. In addition, the results from the mapping exercise previously conducted by the Project Support Group South Africa (PSG/SA) were distributed to all of the ICPC sites to inform the process of strengthening the referral networks and resource directories that were established in each site. IMPACT also continued to support the JHPCT through a subagreement with *Parents for AIDS Action*, involving the provision of facility-based PC and capacity building of health professionals.

At the national level, TA was provided to the National Department of Health and Social Development (NDoHSD) for the revision of the national CHBC framework. IMPACT supported the facilitation of the workshop to develop the framework, after which the draft was submitted to the NDoHSD. In addition, IMPACT brought the development of the National CHBC Guidelines to its final stages, and they will soon be submitted for approval.

Strategic Information

PSG resubmitted the final, revised report on the ICPC baseline evaluation that was conducted in FY06.

Uganda

Brief Background

In Uganda, IMPACT supported projects in HIV/AIDS prevention, care, mitigation and treatment activities along transport corridor sites at the border towns of Busia and Malaba. Since FY06, USAID/Uganda has committed \$300,000 to the IMPACT project in Uganda. During this reporting period, IMPACT supported six community based local partners at the two sites. The six subagreements were given a no-cost extension until June 30, 2007. This extension allowed the local partners to complete all activities in their respective work plans and to continue ongoing collaborations with local and regional networks.

Key Achievements in this Reporting Period (April 1, 2007 – September -30, 2007)

Prevention

During this reporting period a total 9,642 people were reached by 420 peer educators and 548 people were trained to promote HIV/AIDS prevention through A/B. IMPACT also reached an additional 10,320 people through other prevention interventions (OP). A total of 186 people were trained to promote HIV/AIDS prevention through OP, including 52 performers drawn from the youth and low income women clusters in Malaba and Busia who received training in HIV/AIDS prevention through Magnet Theatre community outreaches. The PLHA clusters also used BCC interventions such as public testimonies given by PLHA. IMPACT developed a cadre of 40 highly skilled community level resource persons (Training Nodes) who will gradually assume training and other capacity building responsibilities in their own communities to deliver HIV/AIDS prevention messages. IMPACT participated in the design, production and distribution of communication materials (billboards, flyers, merchandise and promotional materials). The project implemented branding activities throughout the communities with government, FBOs, private sector, NGOs and youth partners. A total of 18,966 IEC materials were distributed to the community. In addition, 30 pharmaceutical and drug store personnel were trained to distribute condoms and provide proper information on condom use. A total 5,206 male condoms and 56,824 female condoms were distributed through condom outlets.

Care and Support

During this reporting period over 3,300 people were referred for CT services and 2,909 people received CT and their test results. The PLHA cluster in Malaba conducted refresher training for 37 caregivers in HBC, including basic medical care, hygiene and psychosocial support. During the period, 315 PLHA were peer counselled by HBC service providers who focused on positive living, nutrition, HIV prevention and referral to clinical/non-clinical services. IMPACT, through Howard University/PACE, also trained 56 pharmacy and drug store operators to provide ART adherence support and developed referral forms for referring clients for other clinical and non-clinical services. The PLHA Clusters referred 311 STI, 209 OI and 13 TB cases for treatment. IMPACT mobilized an additional 540 people who were tested and received their test results.

Strategic Information

IMPACT provided TA to CBOs, NGOs, religious leaders, youth and other implementing partners in capturing and applying SI, including training and strengthening of M&E and data management capacity. A total of 19 people were trained in HIV-related institutional capacity building. IMPACT also provided TA to the Energy Institute of Uganda to implement the Community Voices Project at underserved sites in Katuna, Busia, Lyantonde and Naluwerere.

Zambia/Corridors of Hope

Brief Background

IMPACT/Zambia, under the Corridors of Hope project, focused on three key areas: a) prevention of STI/HIV among sex workers and their clients (i.e., truck drivers and uniformed personnel) in border sites, b) development of community-based responses for providing care and support to OVC and c) provision of psychosocial support to HIV-positive children and their families. The Corridors of Hope project sites closed in March 2006 and the project office closed in June 2006. Over the life of the project, USAID/Zambia committed a total of \$16,042,339 and CDC committed \$750,000 to IMPACT.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

CDC IMPACT funds supported the MOH to analyze data and write a report based on the CDC sponsored research study that evaluated the STI syndromic management guidelines used in primary health centers in 11 districts.

In addition, IMPACT supported the MOH to conduct a two-week Training of Trainers on Syndromic Management of STIs in May 2007. A total of 47 healthcare workers from health facilities throughout Zambia were trained. During this training, the MOH's STI syndromic management training manual was reviewed. Following this review, IMPACT supported the printing of 500 copies of the training manual, which included seven modules and one trainer's guide.

IMPACT also sponsored an STI/HIV Specialist from Zambia's University Teaching Hospital under the MOH to attend an 11-day course on Principles of STD and HIV Research. The course, held in July 2007 in Seattle, Washington, was funded by National Institutes of Health (NIH), CDC and the University of Washington Centers for AIDS Research. The course offered introductory training in behavioral, clinical, epidemiologic, statistical and pathogenesis research by providing a practically oriented overview of the language and skills common to these broad disciplines.

ASIA AND THE NEAR EAST

Asia Regional Program

Brief Background

For ten years, IMPACT's Asia Regional HIV/AIDS Program (ARP) received funding from USAID's Bureau for Asia and the Near East (ANE) to provide leadership, improve quality and promote HIV prevention, care and treatment efforts so as to better respond to the epidemic in the region. In the second half of FY07, ARP had a modest amount of IMPACT rollover funds to program. During this period, ARP supported local adaptation of a manual for outreach workers working with MSM, provided TA to local and regional MSM-related organizations and supported Monitoring the AIDS Pandemic (MAP) meetings associated with the 8th International Congress on AIDS in Asia and the Pacific (ICAAP). Total IMPACT obligation for ARP over the life the project was US\$17,732,670 while ARP's budget for FY07 was \$505,970.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

In the second half of FY07, IMPACT funds were used to provide TA to Service Workers In Group's (SWING) MSW and client interventions in Pattaya by supporting the development of a BCC strategy and a QA/QI system.

Treatment

In FY06, IMPACT supported ASEAN in the development and piloting of the first ever training curriculum on care and treatment for HIV-positive IDUs. During this reporting period, IMPACT continued to work with ASEAN and WHO to finalize the training curriculum which will undergo final editing before joint WHO and IMPACT printing and dissemination.

Strategic Information

In the second half of FY07, IMPACT funds supported the participation of an Analysis and Advocacy (A²) Project staff member at the "From Analysis to Action: Improving HIV Responses in Asia" workshop at the East West Center, Hawaii, USA. This workshop covered the concepts of integrated analysis and the advocacy process including the synthesis of HIV-related information, the use of the Asian Epidemic Model (AEM), and sessions on engaging policymakers with policy analyses based on modeling.

Global Leadership in HIV/AIDS

IMPACT funds supported select meeting and participant costs associated with the MAP meeting and symposium organized around the 8th ICAAP on August 18th and 20th 2007. The MAP meeting promoted discussion of issues and methods related to monitoring the impact of responses to the HIV epidemic in Asia and identifying gaps and potential solutions. Recommendations from the meeting were presented to a wider audience at the MAP symposium.

IMPACT funds were also used to support the development and dissemination of Thai and Lao adaptations of the joint FHI/UNESCO "Peer and Outreach Education for Improving the Sexual Health of MSM: A Reference Manual for Peer & Outreach Workers". Local adaptation involved a three-day national workshop with participants from local NGOs involved in HIV/AIDS prevention through MSM peer/outreach education. The Thai adaptation was co-funded by CDC/GAP. IMPACT funds were also used to support capacity building needs assessments of working groups of the Purple Sky Network in Lao PDR and Thailand. These assessments identified TA, management and financial support needs in order to enhance their role in strengthening national strategies and programs for MSM interventions.

Bangladesh

Brief Background

IMPACT/Bangladesh began activities in 2000 to support interventions for MARP. These groups included sex workers (both male and female), their clients, *hijras* (transgenders), and IDUs. During FY07, FHI/ Bangladesh continued to implement the Bangladesh AIDS Program (BAP) with bilateral funding from USAID/Bangladesh that allowed for a continuation of HIV and AIDS programming begun under IMPACT. Since the project began in 2000, IMPACT received a total of \$14,225,000, with \$126,000 in FY07. To this end, much of FY07 was spent closing down IMPACT activities.

Key Achievements in this Reporting Period (April 1, 2007–September 30, 2007)

Prevention

IMPACT conducted a clinical training on STI case management for 17 doctors in order to enhance their skills in providing high quality care. Additionally, 25 people participated in an eight day peer education training conducted for all IMPACT IAs.

Under IMPACT/Bangladesh, two documentary films, ‘Mukto Jeebon’ and ‘Fera’, were developed to raise awareness among inmates about the connection between drug use and HIV and about HIV prevention activities and services available in the Dhaka central jail and in community-based treatment and rehabilitation centers. Through collaboration with the Department of Narcotics Control (DNC), a compilation of articles on drug use in Bangladesh was published in time to celebrate “International Day against Drug Abuse and Illicit Trafficking” on 26 June 2007.

Care and Support

IMPACT/Bangladesh conducted an eight day VCT and STI basic counseling training for 15 counselors from numerous IAs. Additionally, a consultant was appointed to develop and design support materials for STI and VCT counselors, promotional materials, document IMPACT Bangladesh prevention care and support strategies and review the existing framework, standards, procedures and tools for QA/QI. A total of 4,200 rapid test kits (RTK) were procured.

Strategic Information

IMPACT supported the printing of the Fifth Round of the Behavioral Surveillance Survey (BSS) Report. An IMPACT supported, multi-year STI research study, in collaboration with UNC, International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR/B) and Bangladesh Women Health Coalition ended on September 30, 2006. UNC continues to provide TA and sent draft reports for IMPACT staff to review. Dissemination of the final IMPACT Project results took place in early September.

Cambodia

Brief Background

USAID/Cambodia committed \$19,095,000 to the IMPACT project in Cambodia. In FY07, IMPACT received \$580,250 to implement activities including targeted behavior change interventions to reduce the risks and vulnerability of those identified as most vulnerable to STIs and HIV/AIDS. Throughout the project, IMPACT collaborated with the government and the NGO community to strengthen STI service delivery for high risk populations and to rapidly scale-up HIV/AIDS care, support and treatment utilizing the Continuum of Care (CoC) approach.

Key Achievements during this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

IMPACT provided technical support to the Ministry of National Defense (MoND) to develop its *Five Year HIV/AIDS Strategic Plan (2007- 2011)*, which was launched during the reporting period. A two-day training on leadership and project management was conducted for MoND and Ministry of Interior core trainers and key staff. IMPACT and the MoND also worked closely with Equal Access to develop a 15 episode audio series that was used by peer educators to provide HIV/AIDS education to the military in Kampong Cham and Battambang provinces. A special event for casino workers was held in Poipet, attended by over 4,000 casino workers and other community members. IMPACT collaborated with Coca Cola to provide training on HIV prevention, care and support, stigma and discrimination issues and gender sensitivity for Coca Cola staff. IMPACT also collaborated with the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) to train government STI providers from six provinces using the national training curriculum ‘STI Clinical Management among MSM.’

Care and Support

A three-day workshop on universal precautions and protecting care-givers was held for 23 participants from HBC implementing agency staff. Several capacity building trainings were organized for community assistants of the ‘Living with Hope’ program using the newly developed ‘Community Assistants’ training package. A workshop for Prek Noine VCT and Battambang and Phnom Spong HBC were held and attended by Provincial Health Department representatives and other stakeholders, including traditional birth attendants, village health support groups and commune chiefs.

Strategic Information

IMPACT, in collaboration with NCHADS, completed data collection for the BSS Round 07. This BSS round included sex workers, karaoke singers, beer promoters, beer garden workers, motodop drivers and MSM. IMPACT also participated in the new HIV estimate exercise led by UNAIDS. The USAID Office of the Regional Inspector General conducted a data quality performance audit of IMPACT and implementing agencies.

Closeout Activities

A ‘Partner Appreciation’ ceremony to celebrate the achievements and work of partners under the IMPACT program was held during this period.

China

Brief Background

IMPACT activities in Southern China were part of the USAID Regional Development Mission/Asia (RDM/A)'s strategy for the Mekong Region. Funds specifically obligated to China through FY07 totaled \$4,613,536 (\$2,465,000 from IMPACT and \$2,148,536 from RDM/A). During the second half of FY07, remaining IMPACT funds were used for TA, the documentation of lessons learned, administrative and staff costs. Funding for program interventions was provided by USAID RDM/A via a no-cost extension through September 30, 2007. FY07 saw significant developments of all program components from prevention to care and support activities in Yunnan and Guangxi. Technical and operational support and training from the IMPACT project have resulted in the demonstrably increased capacity of partner agencies to plan, conduct program activities and deliver services.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

IMPACT/China supported prevention interventions among MARPs including FSW and clients, MSM and IDUs. During the period, 3,186 MSM, 5,259 FSW, 1,082 (including mobile) male clients and 2,455 IDUs were reached with prevention interventions.

Care and Support

Three VCT sites supported by IMPACT provided services to reduce risk behavior and served as entry points for HIV care and treatment. The VCT services in Ningming and Pingxiang provided CT to 419 clients. Among them, 370 received their test results, and 38 PLHA with low CD4 counts were referred to the Pingxiang Hospital for OI/ART services. The TB services in these sites also referred clients for CT after conducting a risk assessment. In Gejiu, 124 clients received CT, 119 of who received their test results.

Treatment

By the end of June 2007, the Pingxiang People's Hospital had provided HIV care to a cumulative total of 233 PLHA, 127 of who were provided with ART. A document describing the history and process of the development of the continuum-of-care model (as well as an accompanying CD-ROM) was disseminated nationally during the reporting period.

Closeout Activities

IMPACT convened a lessons learned seminar among all the USG IAs who had collaborated with IMPACT over the past several years. Nine IMPACT staff from Beijing, Guangxi and Kunming facilitated the seminar held on June 21. Forty-nine participants from 17 collaborating partners and IAs in Guangxi and Yunnan Provinces attended including: Yunnan and Guangxi AIDS Offices, Yunnan and Guangxi *Centers for Disease Control and Prevention* (CDC), Yunnan Institute for Drug Abuse, Nanning CDC, Kunming Red Cross Society, Kunming Institute for Health Education, Hekou CDC (Yunnan), Gejiu CDC (Yunnan), Gejiu Red Cross (Yunnan), Pingxiang Health Bureau (Guangxi), Pingxiang CDC (Guangxi), Ninming CDC (Guangxi), Luzhai Health & Anti-epidemic Station (Guangxi), Pingxiang Hospital (Guangxi), and Gejiu Jin Hu Dong Community (Yunnan). Each IA delivered a presentation on its project and the lessons learned, followed by an active Q & A session. There was extensive discussion between participants about the difficulties, problems and successes they encountered during project implementation. Participants found the seminar informative and productive as many valuable and replicable experiences were shared. A CD-ROM (in Chinese) of all presentations was made available and is being shared on a selective basis.

India

Brief Background

The IMPACT project in India was developed to meet the program priorities of USAID/India and contribute to the strategic plan of the NACO. Over the life of the IMPACT Project, USAID/India committed \$23,000,000 to IMPACT/India. IMPACT provided TA to 93 NGO implementing partners for the provision of quality HIV prevention and care services to OVC, IDUs, migrants, truckers, MSM and PLHA. TA was also provided to 40 collaborating partners including the Government of India, NACO, State AIDS Control Societies and two USAID bilateral partners -- the AVERT Society in Maharashtra and the AIDS Prevention and Control (APAC) in Tamil Nadu. Between April and September 2007, FHI activities focused on continued TA to government and non-government partners through representation in technical working groups, developing national operational guidelines, distribution of technical documents, dissemination of lessons learned under IMPACT to inform policy and programming, and the sponsorship of national and international conferences. In addition, IMPACT/India close-out procedures were completed, including the finalization of the IMPACT final report.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

The Life Skills Education (LSE) toolkit for OVC in India, which was printed in English, Hindi, Marathi, Tamil and Telugu was distributed widely through NACO, the Ministry of Women and Child Development (MOWCD) and the Ministry of Youth and Sports (MOYAS). Under the USAID-supported SAMARTH project, IMPACT extended TA to government and non-government agencies on the use of the LSE toolkit. IMPACT also provided TA to NACO in the review and finalization of national guidelines for programs for IDU.

Care and Support

OVC documents developed under IMPACT: *Protocols for Child Counseling on HIV Testing, Disclosure and Support* and *The Detoxification and Rehabilitation Protocol for Substance Using Children and Adolescents*, as well as child-centered communication materials dealing with HIV care, support and treatment continued to be widely distributed. The abovementioned protocols were reviewed and endorsed by the National OVC task force. At NACO's request, IMPACT also led a team of agencies to draft the national operational guidelines for programs for children infected and affected by HIV/AIDS in India. The guidelines were peer reviewed, finalized and submitted to NACO.

Treatment

IMPACT NGO partners actively counseled and referred PLHA and their children to government-supported ART centers. Two of the IMPACT projects providing ART to adults and children are now supported under the USAID/SAMARTH project.

Strategic Information

Three assessment reports: *Mapping and Size Estimation of IDUs in Five North-Eastern States of India*, *An Assessment of Mobility, Migration, and HIV Risk in India*, and *Exploratory Assessment for Extending PPTCT of HIV Services to Primary and Community Health Centers in India* were printed and distributed widely. IMPACT provided TA to the Government of India to strengthen the national and state surveillance system and assisted with revising the national HIV estimates. IMPACT also provided TA to NACO on national operational guidelines on HIV surveillance.

Global Leadership in HIV/AIDS

Dissemination workshops were conducted at the national and regional levels to share lessons learned, best practices and technical tools developed during the course of the IMPACT project in India. A wide array of stakeholders attended the workshops including representatives from the government, NGOs, PLHA networks and donors. Additionally, IMPACT sponsored staff from NACO and the State AIDS Control Societies (SACS) to attend various national and international conferences. IMPACT staff also presented on "Community-based Voluntary Counseling and Testing (CVCT) – An innovative model in India" at the PEPFAR HIV/AIDS Implementers Meeting held in Kigali, Rwanda.

Lao PDR

Brief Background

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

Key Achievements during this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

Monthly BCC theme development workshops were conducted on a quarterly basis throughout the IMPACT project, and during this reporting period a BCC outreach manual and monthly cards were developed, printed and disseminated to outreach workers/volunteers and FSW. The topics in the BCC manual and monthly cards were selected from the most effective themes developed throughout the project, and the materials were used to assist FSW in communicating behavior change to their peers. Additionally, STI services, which combined SBC, STI and VCT services, as well as condom promotion and distribution, were offered to FSW in hotspots.

Middle East Regional Program

Brief Background

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

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Closeout Activities

IMPACT/MENA closed out on June 30, 2007. Between April and June, the final report documenting regional activities conducted throughout the life of the project (LOP) March 2005 – June 2007 was drafted, revised and finalized.

A package of publications produced by both IMPACT/Egypt and IMPACT/MENA was developed and sent to National AIDS Programs in the countries of the Middle East North Africa Region. These documents will serve as background materials to facilitate the implementation of various HIV/AIDS prevention and care activities in these countries.

Papua New Guinea

Brief Background

The IMPACT program in Papua New Guinea (PNG) was established in FY04 to implement HIV projects among MARP. The total obligation for IMPACT/PNG was US\$1,500,000. In FY07, a modest amount of IMPACT rollover funds were programmed to complement separate funding from USAID/RDM/A.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

IMPACT/PNG continued to assist the Save the Children in PNG (SCiPNG) Poro Sapot Project (PSP) STI clinic and provided TA to train new clinical staff in STI management and care. The training was based on the Clinical Operational Guidelines and Standards developed in 2006. New staff at the PSP clinic were also mentored on all aspects of patient care, from the initial taking of a patient's clinical history to how to perform patient examinations. IMPACT STI TA comprised of both establishing a recall system for FSW, MSM, clients of FSW and HIV-positive clients and the finalization of the QA/QI checklist for STI/VCT clinics.

The PSP clinic continued to provide quality STI services to FSW, clients of FSW, MSM and most-at-risk male and female clients. PSP continued to promote STI clinic services during outreach sessions and at the drop-in center. In addition, clinical staff often participated in outreach session to promote STI and VCT services amongst target groups.

A brochure about the clinic was distributed widely and resulted in a steady increase in the number of clients visiting the STI and VCT clinic. Accredited by the National AIDS Council Secretariat, the VCT clinic continued to conduct pre-test and post-test counseling to target groups.

Care and Support

IMPACT/PNG conducted a five-day training on the second Self-Care Manual "Living with Hope and Staying Healthy" for five new PLHA trainers. A one-day refresher training for seventeen previous PLHA trainers was also held. The PLHA trainers continued to provide training sessions to clients in both the community and in the Care Centers, and they continued their outreach work on positive prevention in the National Capital District and Central Province. The Self-Care Series Manual Four "Staying Healthy for Mothers Living with HIV" was translated into Tok Pisin and Motu and was reviewed for accuracy by The Salvation Army and IMPACT before being printed.

Strategic Information

A PSP post-intervention survey of MSM in Port Moresby and FSW in both Goroka and Port Moresby was implemented by the Papua New Guinea Institute of Medical Research (PNG IMR) to measure knowledge, attitudes and changes in behaviour since the baseline was completed. IMPACT/PNG provided TA to assist the PNG IMR analyse the quantitative survey data and finalize the survey report. A dissemination seminar for the report was held in September 07.

Global Leadership in HIV/AIDS

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

Thailand

Brief Background

USAID granted a total of \$3,111,000 to the IMPACT project in Thailand. The key focus of the IMPACT/Thailand project was to support comprehensive prevention, care and support programs among MARPs, with an emphasis on MSM. From FY06 onward, the FHI program in Thailand received joint funding from IMPACT and a separate cooperative agreement from USAID Regional Development Mission/Asia (RDM/A) to continue program interventions. The small amount of IMPACT funds that remained during this reporting period were used to support staff time, provide TA to augment the RDM/A funded activities and for closeout activities.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Prevention

IMPACT/Thailand provided TA to a three-day TOT course on HIV/AIDS prevention and care in closed settings. The participants included nine prison guards from Bang Kwang Prison and 14 health-care personnel from 11 prisons in Bangkok and nearby provinces. The team of master trainers conducted small group discussions on HIV/AIDS prevention and care for inmates, with IMPACT and the Department of Corrections (DOC) providing close monitoring and TA. Close to 1,000 inmates from various prisons attended small group discussions on HIV/AIDS prevention and care.

During the reporting period, IMPACT held consultative meetings to develop preventive messages for HIV-positive MSM. The result of the meetings was the production and distribution of 10,000 booklets on prevention for positives among MSM. The booklet was adapted, with the organization's permission, from a publication of the Australian NGO ACON.

Care and Support

IMPACT provided TA to a five-day CHBC training for 30 staff from the organizations Mercy and Swing, two implementing partners. The training included the following topics: HIV transmission, prevention and disease progression; positive living; nutrition; infection prevention and hygiene; emotional and social support; how to take a basic history, vital signs and conduct a physical exam; assessing and treating pain; providing care for diarrhea, fever, cough, difficulty breathing, skin and mouth problems; nursing care; ART adherence support and management of common side-effects; danger signs and referral and end-of-life care. On the last day of the training all participants conducted home-care visits accompanied by a CHBC supervisor in order to practice newly acquired skills.

Strategic Information

During the previous reporting period, IMPACT/Thailand contracted Ipsos, a private research company, to conduct an in-depth evaluation of the targeted communication campaign for MSM implemented by the McCann WorldGroup. The findings of the evaluation confirmed that the campaign had a positive impact on MSM sexual and health-seeking behaviors in the targeted cities of Bangkok and Chiang Mai. During this reporting period, IMPACT organized a meeting to present the detailed findings of the final evaluation to key stakeholders working with the MSM population in Thailand. The findings were also disseminated through key national and regional e-forums.

IMPACT/Thailand also provided TA to the Country Coordinating Mechanism (CCM) on MSM prevention in the development of the GFATM Round 7 proposal. The CCM/Ministry of Public Health submitted the proposal to the Global Fund in the beginning of July 2007.

Vietnam

Brief Background

IMPACT Vietnam continued its HIV prevention, care and treatment interventions, as well as related surveillance and research with a budget of US\$1,127,068 for FY07. To implement the programs, IMPACT maintained its partnerships with the MOH's Vietnam Administration for HIV/AIDS Control (VAAC), Provincial Health Services (PHS), international and local NGOs and the private sector.

Key Achievements in this Reporting Period (April 1, 2007 - September 30, 2007)

Prevention

IMPACT Vietnam's prevention interventions reached approximately 56,700 MARPs including IDUs, FSW and their clients, and MSM in seven provinces. Activities included IDU interventions in five provinces, FSW interventions in five provinces, male client interventions in four provinces and MSM interventions in four provinces. The interventions provided comprehensive services including risk reduction, drug relapse prevention, distribution of condoms/lubricants and CT/STI services through outreach and drop-in centers. IMPACT Vietnam supported the implementation of a transitional program for IDUs released from 6 rehabilitation centers in Ho Chi Minh City. The centers house recovering IDUs for several years but, following their release, IDUs often relapsed back into drug use. IMPACT also began supporting three PMTCT sites in coordination with PEPFAR partners and in collaboration with UNICEF. IMPACT Vietnam focused on improving the quality of CT services at nine sites and provided 2,500 clients with CT services. Additionally, QA/QI was conducted in two sites.

Care and Support

A total of 13 sites are now providing CHBC services to PLHA and their families across all six PEPFAR provinces. Nearly 2,000 PLHA received care from CHBC teams. Among the thirteen sites, seven are providing outpatient palliative care including OI prevention, diagnosis and treatment, symptom care and referral for TB screening and treatment.

Approximately 1,200 OVC received assistance through CHBC teams and outpatient clinic (OPC) staff, including the new family-care case managers, while the Vietnam Women's Union supported empathy clubs. Children's services included play groups, schooling assistance, emotional support, access to health services (including ART for those eligible for treatment) and access to nutritious foods.

Treatment

By the end of the reporting period, more than 1,900 individuals had received ART. IMPACT supplied health care providers with on-going training and clinical mentoring in clinical HIV care and the provision of ART/ART adherence at all of its ART sites. IMPACT supported VAAC to develop a national training curriculum in adherence counseling for district service providers. The program also prepared for three new ART sites in Hanoi, Hai Phong and An Giang in this reporting period.

Strategic Information

IMPACT Vietnam supported strengthening HIV surveillance and SI. In cooperation with Ho Chi Minh City PAC, HPI, NIHE/VAAC and the East-West Center (EWC), IMPACT provided TA for the Analysis and Advocacy (A²) Project, linking epidemiological modeling to cost-effective analysis for resource allocation. At the national level, IMPACT worked with NIHE, VAAC and EWC on estimates and projections for 2007 to 2012. IMPACT Vietnam also supported its partners to implement QA assessments at 10 prevention, care and treatment sites in four provinces and to use the results to improve interventions.

EUROPE AND EURASIA

Albania

Brief Background

Very little is currently known about state of the HIV/AIDS epidemic in Albania. An increasing migratory population, rising rates of IDUs, marginalized ethnic groups, a highly stigmatized homosexual population, and a population of women who have engaged in commercial sex while abroad suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on sero-prevalence or behavioral factors among these high risk groups, and it is possible that rates of HIV are currently or could soon be alarming. IMPACT was requested by USAID/Albania to plan and implement a BBSS related to HIV/AIDS in Albania in collaboration with Social Scientific Systems/Synergy Project. The BBSS measured both key behaviors and the prevalence of HIV/STIs among select target groups. The final BBSS report has been reproduced in English and Albanian, and the results of the study will be used to advocate for greater awareness of the HIV/AIDS situation in Albania and to inform and strengthen the local response to the epidemic. USAID/Albania provided \$200,000 to IMPACT for technical and programmatic support of this project.

Key Achievements in this Reporting Period (April 1, 2007 - September 30, 2007)

Strategic Information

During this reporting period, final payments for outstanding financial reports/invoices were made. Further exploration of the BBSS data took place, and discussions were held regarding additional publication opportunities. Other activities during this period were related to close-out, as the entire scope of work has been completed and the project formally ended in September.

Kosovo

Brief Background

Kosovo is classified as a low concentrated region for HIV/AIDS. However, rising rates of IDUs, a thriving commercial sex industry populated by women both internally and externally trafficked, migratory populations and a homosexual population that is highly stigmatized suggest that the necessary conditions exist for the rapid spread of HIV. There is little to no information on sero-prevalence or behavioral factors among these high risk groups, and it is possible that rates of HIV are currently or could soon be disturbing. IMPACT was given \$250,000 to plan and implement a Behavioral and Biological Surveillance Study (BBSS) related to HIV/AIDS in Kosovo. A subagreement was executed with Index Kosovo to lead the implementation of the survey among three target groups: 200 IDUs, 69 MSM, and 200 sex workers. Additional funding for the research was provided by the UNAIDS Programme Acceleration Funds managed by the UN Theme Group (UNTG) on HIV/AIDS in Kosovo. Data collection for this survey was completed in June 2006, and the data has been entered, cleaned, and analyzed. The survey working group members and NGO partners endorsed the report during a meeting held in February 2007.

Key Achievements in this Reporting Period (April 1, 2007 – September 20, 2007)

Strategic Information

During this reporting period, the BBSS Report was finalized. The report has been translated into both Albanian and Serbian, and was formatted for printing. This was the final quarter of the project, thus all aspects of the scope of work were finalized.

Kyrgyzstan

Brief Background

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

Though the initiation of the study was postponed due to a delay in the procurement of necessary equipment and supplies, the study was completed during the previous reporting period after on-site training occurred in both Bishkek and Osh.

Key Achievements in this Reporting Period (April 1, 2007 – September 30, 2007)

Strategic Information

As the dissemination of the results of the study could not be finished before the IMPACT project closed, the Contraceptive and Reproductive Health Technologies Research and Utilization Program (CRTU), aUSAID-funded project focusing on research, covered the costs of dissemination. This entailed, among other things, sending a representative from UNC to Kyrgyzstan to participate in events with USAID/Kyrgyzstan, the MOH and other key stakeholders.