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ANNUAL REPORT FOR AIDSTAR-ONE

ACTIVITIES FROM FEBRUARY 1, 2008 –
SEPTEMBER 30, 2008

SUBMITTED BY JOHN SNOW, INC. TO USAID ON OCTOBER 30, 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by the AIDSTAR-One project.

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**ACTIVITIES FROM FEBRUARY 1, 2008 –
SEPTEMBER 30, 2008**

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APHA	The American Public Health Association
ART	Anti-retroviral therapy
FBO	Faith-based organization
FY	Fiscal year
G3Ps	Good and Promising Programmatic Practices
GHC	The Global Health Council
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
ICRW	International Center for Research on Women
IPC	Infection Prevention and Control
IS	Injection Safety
IQC	Indefinite quantity contract
JSI	John Snow, Inc.
KII	Key Informant Interview
KM	Knowledge Management
LOE	Level of Effort
M&E	Monitoring & Evaluation
M2M	mothers2mothers
MARPs	Most-at-Risk Populations
MCPs	Multiple and concurrent sexual partnerships
MMIS	Making Medical Injections Safer
MSM	Men who have sex with men
NGO	Non-governmental organization
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV and AIDS
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
QA	Quality assurance
QI	Quality improvement
RFA	Request for applications
RFP	Request for proposals
SES	Sanitation and Epidemiology Services
SI	Strategic Information
SOW	Scope of Work
SSS	Social & Scientific Systems, Inc.
TA	Technical Assistance
TWG	Technical Working Group
UAB	University of Alabama at Birmingham
US	United States
USAID	United States Agency for International Development

USAID/CAR United States Agency for International Development/Central Asian
Republics
USAID/W United States Agency for International Development/Washington
USG United States Government
WHO World Health Organization
WRA The White Ribbon Alliance for Safe Motherhood

1.0 INTRODUCTION

1.1 Background

This first annual report for AIDSTAR Sector I Task Order 1 (AIDSTAR-One) summarizes the progress and major accomplishments achieved since the signing of the task order (January 30, 2008) through September 30, 2008. Major accomplishments are divided between those that are core funded and those that are field support funded. Core funds for AIDSTAR-One represent approximately 20% of the anticipated total funding for the project and are allocated across various technical program areas. Major accomplishments, outstanding issues and constraints and priority activities for the next six months are described for each of these technical program areas in Section 3.0.

Field support funds represent approximately 80% of the anticipated total funding for the project and include both USAID Mission and USAID Regional Bureau funding. To date, AIDSTAR-One has received field support funding from the Africa and Latin America/Caribbean Bureaus, as well as from the USAID/Central Asia Regional Mission (for work in Kyrgyzstan), USAID/Guatemala and USAID/Honduras. This work is described in Section 4.0. Other sections of this report include a summary of the project's start-up (Section 2.0) and management and finance (Section 5.0).

About AIDSTAR-One

AIDSTAR-One is the U.S. Agency for International Development's (USAID) global HIV/AIDS project that provides technical assistance services to the Office of HIV/AIDS (OHA) and USAID Missions in President's Emergency Plan for AIDS Relief (PEPFAR) non-focus countries in knowledge management, technical leadership, program sustainability, strategic planning and program implementation support.

The goal of AIDSTAR-One is to support and advance implementation of PEPFAR through technical assistance to USAID missions and the USAID/W Office of HIV/AIDS. The objectives that will contribute to attaining this goal are the following:

- Synthesize, expand and disseminate a knowledge base of effective program approaches to prevent, provide care for and treat HIV/AIDS
- Provide short-and long-term technical assistance to support the implementation of USG-funded HIV/AIDS programs and activities
- Increase utilization of good and promising practices in HIV prevention, care and treatment among program implementers
- Improve the quality and sustainability of HIV prevention, care and treatment programs

AIDSTAR-One is designed to provide a rapid response to USAID Mission needs in PEPFAR non-focus countries in a broad array of technical assistance and program support areas encompassing the spectrum of comprehensive HIV/AIDS prevention, treatment, care and support programs in generalized, mixed and concentrated settings. Technical assistance can include short-term needs, including rapid assessments, program design, program evaluations, strategic planning, behavior change communication, training and capacity building. Assistance can also be in the form of long-term program implementation support.

AIDSTAR-One is managed by the Implementation Support Division of USAID's Office of HIV/AIDS. AIDSTAR-One is the first task order awarded under the AIDSTAR Sector I Indefinite Quantity Contract and is implemented by **John Snow, Inc.**, in collaboration with its partners. AIDSTAR-One has a three-year base period (through January 2011) and a two-year option period (through January 2013) and is a level-of-effort (LOE) task order.

2.0 PROJECT START-UP

During the first eight months following award of the task order, major accomplishments included hiring all key personnel and other project staff, establishing office space at JSI's Arlington, Virginia headquarters, establishing technical teams to design, implement and monitor the project's technical activities – particularly those that are core funded, developing an 18-month workplan for the project in consultation with the PEPFAR Technical Working Groups (TWGs) and convening a meeting to officially launch and publicize the project. Core-funded work in each of the technical areas also began, as well as field support-funded work in several countries, as described in sections 3 and 4 of this report. A detailed start-up report was previously submitted to USAID that covered the period January 31-March 31, 2008.

2.1 AIDSTAR-One Staffing

Following the unexpected unavailability of the originally proposed Project Director, AIDSTAR-One recruited a new Project Director, Ed Scholl, who joined the project on July 28, 2008. Prior to the arrival of Mr. Scholl, Andrew Fullem, JSI's AIDSTAR IQC Project Manager and Director of the JSI Center for HIV and AIDS, served as the Interim Project Director. By August, all key personnel were in place, and most technical staff positions had been filled (see Appendix 6.1, AIDSTAR-One Staff Chart). In addition to the staff that provide headquarters support, AIDSTAR-One also employs four external consultants who provide short-term technical assistance and are working on a specific statement of work related to and supporting AIDSTAR-One's Year One Workplan. There are currently two positions still under recruitment: the HIV Care, Treatment and Support Officer and a part-time Gender Advisor.

Besides the core support received from full and part-time staff and independent consultants, AIDSTAR-One also draws on the expertise of its partners' staff in providing short term support.

2.2 Subcontractors

JSI is currently in the process of finalizing subcontracts with its partners; including BroadReach Healthcare, EnCompass LLC., International Center for Research on Women, Social and Scientific Systems, Inc. (SSS), University of Alabama at Birmingham (UAB), The White Ribbon Alliance for Safe Motherhood (WRA), and World Education. To date Letter Agreements have been issued and obligations have been made to these partners to ensure that contracted staff, who provide technical assistance to AIDSTAR-One, are fully supported and are able to carry out the activities outlined in the Workplan. Another AIDSTAR-One partner organization, GMMB, is also providing support to AIDSTAR-One in website development through a purchase order. MAP International and

mothers2mothers (M2M) are two additional AIDSTAR-One partner organizations that will be providing assistance to the project through subcontracts to be negotiated.

2.3 Operations

AIDSTAR-One has been working on Standard Operating Procedures for project management and administration. Policies and procedures have been completed for the following:

- Office Administration
- Partner Coordination
- Expatriate, Third Country National, Cooperating Country National allowances and regulations
- Consultant Manual
- Field Office Operations including budget tracking templates, field account guidelines, inventory control policies and request for application (RFA)/request for proposal (RFP) procedures
- Technical Brief development, review and submission

The AIDSTAR-One office space is fully functional and all equipment and software has been purchased for all full-time staff members located at the headquarters office.

3.0 SUMMARY OF MAJOR ACCOMPLISHMENTS – CORE FUNDED

3.1 Introduction

As indicated in the introduction to this report, core funds for AIDSTAR-One represent approximately 20% of the anticipated total project funding and are allocated across various technical program areas. These technical program areas correlate to PEPFAR TWGs that coordinate USG efforts in each of these technical program areas. AIDSTAR-One staff worked closely with each PEPFAR TWG to develop the AIDSTAR-One Workplan and continue to routinely communicate and meet with TWGs to discuss project implementation and progress.

This section begins with a cross-cutting technical area that all the technical areas are involved with – Knowledge Management – and then proceeds to present major accomplishments for each of six technical areas, including Prevention, Treatment, Care and Support, Counseling and Testing, Orphans and Vulnerable Children (OVC), and Prevention of Mother to Child Transmission (PMTCT). AIDSTAR-One has a technical team for each of these technical areas that is responsible for development of the Workplan and in overseeing implementation of activities for their respective technical area. This section ends with three additional cross-cutting areas – Other Policy Analysis and Systems Strengthening, Gender and Strategic Information.

3.2 Knowledge Management

3.2.1 Introduction

Although the nature of the HIV epidemic varies greatly within and between continents, countries and communities, much can be learned from how programs in particular contexts have grappled with the myriad challenges related to delivering HIV services to clients. AIDSTAR-One is in the process of identifying, compiling, synthesizing and making information and evidence readily available regarding promising programmatic designs and practices in HIV prevention, care and treatment. These promising programmatic approaches may be funded and implemented under PEPFAR, by local governments with their own resources, by other multilateral or bilateral donors, foundations, faith-based organizations (FBOs), local or international non-governmental organizations (NGOs) or the commercial sector. AIDSTAR-One coordinates and collaborates with other implementing partners involved in compiling and sharing knowledge on effective programmatic approaches related to HIV, in order to avoid duplication of the knowledge management (KM) function, to avoid parallel KM platforms and

portals for data retrieval and to ensure that any system developed by AIDSTAR-One is transferable at the end of the contract period.

The KM dissemination plan focuses on maximizing reaching stakeholder groups using both “push” and “pull” strategies. The AIDSTAR-One KM “push” strategy distributes timely, relevant information through a variety of channels tailored to user needs (e.g., e-newsletters, moderated listservs, and urgent text message updates, conferences, events, etc). The “pull” strategy provides the opportunity and incentives for programs to share good and promising programmatic practices (G3Ps) in an online searchable library that will be readily accessible for the global community. This interactive, user-friendly library is part of a website that enhances information exchange through pages devoted to communities of practice and links to key resources such as USAID and Office of the Global AIDS Coordinator (OGAC) programming guidance. AIDSTAR-One will facilitate cross-country collaboration through shared online workspace opportunities, real-time moderated technical forums and seminars so that there is learning and uptake in the field.

3.2.2 Major Accomplishments

Website

The AIDSTAR-One website was launched on September 30, 2008 to provide the venue for capturing information from the vast array of HIV prevention, treatment and support programs. It is currently in a *beta* version to provide the opportunity for feedback, comments and/or modifications. As part of this initial step in website development, AIDSTAR-One has begun categorizing practices and programs; these will populate the online G3P searchable database.



Good and Promising Programmatic Practices (G3Ps)

Each G3P entry is categorized according to its evidence level, the amount and type of information available to determine a program’s feasibility and effectiveness. Search results are synthesized across three levels using seven criteria relating to the presence of specific program elements. These criteria are Target Population, Program Implementation, Availability of Program Evaluation Documentation, Monitoring and Evaluation, Intervention Outcome, Quality Assurance and Quality Improvement, and Funding Support. Results are categorized by evidence level making it much easier for field designers and

program managers to find viable program models and where possible tools that have been previously implemented in the field.

Based upon the G3Ps included in the database, **Technical Briefs** are being developed based upon high quality, multi-year programs that have been subject to rigorous evaluation and have demonstrated overall positive results and scalability. They are a means by which changes in guidelines and policies can be synthesized and issues for consideration by program planners and implementers can be articulated. Technical briefs will also be linked to resources that planners and managers can use in their own work. **Case Studies** will be developed as in-depth descriptions and analyses of a limited number of G3P programs, specific populations or technical areas that may serve as models for replication and scale-up.

3.2.3 Outstanding Issues and Constraints

Willingness of organizations/programs/practices to provide necessary documentation for G3P evaluation is proving to be a challenge. However, the AIDSTAR-One KM Technical Team strongly believes that once the G3P database is populated and providing useful and user-friendly information, there will be an increased desire on the part of organizations to submit their programs/practices for G3P consideration.

3.2.4 Priority Activities for Next Six Months

For the next six months, the KM Technical Team will focus on the following activities:

- Identify and enter fully reviewed G3Ps into the online searchable database
- Have a fully functioning online resource center available that includes information on emerging knowledge in HIV prevention
- Initiate contacts and routinely collaborate with implementing partners managing other KM systems for USAID

AIDSTAR-One has identified three levels to categorize G3Ps:

Level 1. Good Program or Practice: A well described program that has been implemented for at least one year with a specified target population. Some level of formative evaluation has taken place and M&E data has been collected for at least one year. The program achieved some of its expected results and there are plans for quality improvement.

Level 2. Promising Program or Practice: All the criteria for Level 1 have been met. In addition, the program has been implemented for at least two years, there is a final evaluation, and the program has met or exceeded its stated performance goals.

Level 3. Proven Program Practice: Criteria for Levels 1 and 2 have been met. In addition, more than two years of program experience is documented, the program has measurable outcomes or impacts, and the effort has been externally evaluated.

- Work with AIDSTAR-One Technical Teams to identify potential technical briefs and case studies
- Update website with stories regarding new G3Ps and other relevant programmatic information
- Disseminate key findings from G3Ps, technical briefs and case studies using tailored push strategies
- Host several topic-specific real time moderated dissemination activities
- Identify global and regional meetings opportunities to gather G3Ps (i.e. APHA, GHC)

3.3 Prevention

3.3.1 Introduction

AIDSTAR-One has made substantial progress in implementing its Prevention activities. A functioning Prevention Technical Team, with participation from relevant partner organizations, meets on a regular basis and serves as the basis from which to set overall technical directions for prevention work. The team contributed content necessary for launching of the website, and participated in efforts to shape the Project's KM functions. In close collaboration with the General Population and Youth Prevention TWG, AIDSTAR-One has helped organize a meeting on multiple and concurrent sexual partnerships (MCPs). Four technical briefs are staffed and in process.

3.3.2 Major Accomplishments

Establishment of a Prevention Technical Team

Priority was placed on developing a Prevention Technical Team, with participation from nearly all partner organizations. The Team meets regularly and serves as the basis from which to set overall technical directions for the Project's prevention work. USAID participates on this team, providing a venue for information sharing. Smaller working groups meet on an "as needed" basis to address specific concerns. For example, a group was recently constituted to discuss the development process for technical briefs. Also, Prevention Technical Team members have begun to participate on the Counseling and Testing and PMTCT Teams, as part of a project-wide effort to nurture cross-fertilization and promote integration.

Knowledge Management

The Prevention Technical Team was involved in the development of the Project website, especially with regards to prevention technical content, including development of keywords based on PEPFAR Strategy and UNAIDS taxonomy to include in the on-line G3P searchable database

The Team began identifying potential G3Ps and has analyzed a series of review articles published in conjuncture with the Mexico City IAS meeting to identify possible G3Ps. Also, while developing Technical Briefs, the Prevention Team is identifying G3Ps through literature reviews and networking. Finally, the Prevention Technical Team is leveraging other institutions' recent efforts to identify effective interventions (e.g., the CDC compendium, UNAIDS Prevention Reference Group, and NIMH-funded systematic review papers).

In response to requests from the General Population and Youth TWG and recognizing the special requirements of addressing HIV in generalized epidemic settings, the Prevention Technical Team has taken extra efforts to ensure the availability of timely and pertinent information for program planners and implementers. For example, while gathering documentation for G3Ps, the Prevention Technical Team has collected additional program resources for linkages through the Project's website. Examples of such materials include tools, formative survey instruments and curricula. Another activity has been to draft summaries of seminal research publications in emerging areas of technical importance with links to their primary sources. Also, the Prevention Team is working with the KM staff to develop an e-learning product based on materials and reports from a meeting on how to address multiple and concurrent sexual partners. Finally, the Prevention Technical Team is planning routine updates that will be issued as a part of the AIDSTAR-One overall "push" strategy.

Key Informant Interviews

Ten Key Informant Interviews (KIIs) were conducted and the results of these interviews are being summarized in an overall project report.

Technical Briefs

The Prevention Team is developing technical briefs in five areas: multiple and concurrent sexual partnerships (MCPs), prevention for discordant couples, community approaches to reduce alcohol-related HIV risk, prevention programs for hidden men who have sex with men (MSM) and reducing HIV risk due to intergenerational and transactional sex. Four areas are now staffed and in different stages of development. Progress to date includes:

- A consultation on MCP in late October shall facilitate the identification of G3Ps and technical resources, and provide critical input toward the development of a technical brief
- Identification of G3Ps and technical resources on alcohol-related HIV/AIDS risk is underway; an expert consultation is in the planning stages and a concept paper for TB is expected in early November 2008
- A lead writer has been identified to develop work on hidden MSM, and identification of G3Ps and technical resources is slated to begin in January

- A lead writer has been identified to develop work on discordant couples, and identification of G3Ps and technical resources has begun
- A lead writer has been identified to develop work on transactional and intergenerational sex, and identification of G3Ps and technical resources has begun

3.3.3 Outstanding Issues and Constraints

The Prevention Technical Team needs to enhance its communications and collaboration with USAID Prevention staff, in order to more closely align its technical work with emerging program experience and priorities of the Prevention TWGs. The project needs to continue a dialogue with USAID to determine the content of additional prevention technical resource materials to be provided on the website. In the absence of a mutual understanding on what this entails, it is difficult to plan and manage the development of these materials, relative to other project deliverables.

3.3.4 Priority Activities for Next Six Months

For the next six months, the Prevention Treatment Technical Team will focus on the following activities:

- Additional prevention resources: Develop prototype materials for the website, launch an e-learning center on MCP, prepare summaries of key resources in prevention technical areas and prepare timely updates on emerging issues
- Follow-up on the MCP meeting: Use the findings of the MCP meeting to identify G3Ps and prevention resource materials and develop a concept paper toward the development of a TB and pilot project
- Plan and implement a MARPs meeting in Chennai for 70 people from the region
- Preventing alcohol-related HIV risk: Plan and implement an expert consultation on alcohol-related HIV risk; continue to identify G3Ps and resource materials toward the drafting of a concept paper

3.4 Adult and Pediatric HIV Treatment

3.4.1 Introduction

During the reporting period, the AIDSTAR-One Treatment Technical Team worked closely with USAID/W advisors to help guide development of the Workplan and to assure that it was aligned with PEPFAR strategic objectives. The Treatment Team collected information on the existing demand for technical assistance from USAID Missions through its *Rapid Questionnaire* on G3Ps and information gaps, and conducted key informant interviews with a small and select

group of treatment experts. This information constitutes the basis for AIDSTAR-One efforts to support adult and pediatric HIV treatment.

3.4.2 Major Accomplishments

Knowledge Management

The Treatment Technical Team conducted 10 taped interviews with key informants selected by the Treatment Team and USAID/W Treatment technical advisors. These key informants represented different geographic areas and brought practical field experience providing services to diverse populations including MARPs and other vulnerable populations¹. Findings from these interviews will be part of a broader report to be completed in the upcoming quarter.

Technical Briefs

A priority activity for AIDSTAR-One is support to expand access to information and guidance related to pediatric HIV treatment. An initial step in this process is the creation of a Technical Brief based on recent revisions to the WHO Pediatric Treatment Guidelines for USG program planners, country-level policy makers and program implementers, the Treatment Technical Team organized a one-day brainstorming meeting to develop a series of practical recommendations and issues for consideration in operationalizing the new guidelines. A concept paper on the Technical Brief was submitted to USAID. Once approved, these recommendations will be developed into a Technical Brief that will be disseminated using AIDSTAR-One's KM strategies.

The Treatment Technical Team has also completed a systematic literature review and a synthesis of selected G3Ps on decentralization of HIV clinical care in the public and private sectors at the primary health care level, and has begun drafting the concept paper for this program.

Expert Consultation

In consultation with USAID, the Treatment Technical Team has developed and submitted a concept paper for a regional technical consultation in Latin America and the Caribbean for country-level policy makers and program implementers on the use and roll-out of anti-retroviral therapy (ART), emphasizing decentralization of services. The consultation will be hosted in the first quarter of calendar year 2009, with attendees from the USG and other governments and service providers

Based on a systematic review of the literature, abstracts and presentations from the PEPFAR Implementer's Meeting and the IAS Mexico City meeting, key informant interviews and Treatment Technical Team connections in the field, a list of over forty organizations and institutions have been identified as potential sources of G3Ps. Rating of this initial set of programs is currently underway.

¹ Including MSM, commercial sex workers and their clients and injecting drug users, uniformed service members, mobile populations, prisoners and at-risk youth.

from countries across the region. The goals of the consultation are to build the ART clinical skills of the attendees, to review and update their national HIV treatment guidelines, and to create action plans for identifying and planning for their country's future needs through a systematic review of current activities.

Service Delivery and Sustainability

The primary activity focused on service delivery and sustainability has been initiating the development of a toolkit to address how to implement changes in pediatric HIV treatment programs, with a particular focus on the introduction of new program elements or products recommended in the revised WHO pediatric treatment guidelines. This toolkit will assist USG staff and national, district and program managers and service providers with tools necessary to assess the changes needed to implement the new guidelines, design a plan to make changes, implement changes and monitor and evaluate their impact. The toolkit will address a wide range of considerations, including but not limited to human resources, policy, supply chain, pharmacy, training, supervision, laboratory, patient education and clinical monitoring, community support and quality improvement.

A scope of work has been developed, and the consultant has been identified. A draft of the toolkit will be completed by December 2008.

Technical Assistance

AIDSTAR-One has received field support from USAID/Honduras to provide support to the country's treatment efforts. A Scope of Work (SOW) for these activities will be developed in the next quarter after a field visit from the AIDSTAR-One Project Director (see Section 4.4).

3.4.3 Outstanding Issues and Constraints

At this time there are no outstanding issues or constraints which impact implementation of Treatment-related activities.

3.4.4 Priority Activities for Next Six Months

For the next six months, the Treatment Technical Team will focus on the following activities:

- Finalize Technical Briefs on:
 1. Changing pediatric treatment guidelines
 2. Decentralization of HIV clinical care in public and private sector at PHC settings
 3. Decentralization of HIV treatment
 4. Adherence and patient retention in HIV treatment programs

- Hold technical consultation in the LAC region
- Develop and implement treatment SOW in Honduras
- Working closely with USAID and in-country counterparts, the Treatment Team and consultants will develop technical assistance plans to address comprehensive HIV adult and pediatric treatment challenges and adapt and finalize country specific pilot programs based upon concept paper

3.5 Care and Support

3.5.1 Introduction

During the reporting period, the AIDSTAR-One Care and Support Technical Team worked closely with the PEPFAR Care and Support Technical Working Group to begin implementation of a wide range of program activities related to knowledge management, technical leadership and service delivery support. These activities form the foundation of care and support activities and will contribute in the coming period to an expanded base of knowledge about good and promising program practices broadly, and specifically in a number of critical areas. Also, under its grants under contract mechanism, AIDSTAR-One will support important activities to strengthen regional and country specific palliative care activities in sub-Saharan Africa.

3.5.2 Major Accomplishments

Knowledge Management

The AIDSTAR-One Care and Support Technical Team (with representatives from JSI, EnCompass LLC, ICRW, BroadReach Healthcare, MAP, SSS and the WRA) conducted 10 Key Informant Interviews (KIIs) with a broad range of care and support experts, identifying a number of potential G3Ps and implementation models, each of which has either been assessed or is currently under evaluation for inclusion in the Project's G3P database. The Team's work was also supported by a number of Team telephone conference calls, meetings with the TWG and an in-person planning session to develop concept notes for planned assessments.

Based upon initial discussions with the TWG during development of the Workplan and subsequent meetings, the Care and Support Technical Team developed three concept notes for assessments, which have been submitted to USAID. Planned assessments include:

- Assessment of cotrimoxazole supply chain and advocacy training
- Assessment of monitoring and evaluation (M&E) systems in care and support programs
- Assessment of nutrition programs integrated into facility based care and support activities

The concept notes have been reviewed extensively by the TWG and meetings have been held with the Technical Team to incorporate suggested revisions. Based upon these discussions, the scope of the assessments has changed since the approval of the workplan, particularly for the M&E and nutrition assessments. Discussions with the TWG are on-going and it is expected that early in the next quarter the concept notes will be finalized and the next steps, including selection of countries and development of assessment tools will be completed.

Also during this period, the Technical Team began development of a Technical Brief that will examine mental health and HIV issues. Initially scheduled to commence in the next quarter, this activity was started sooner due to the unexpected availability of a consultant with an extensive background in this area.

Grant

At the request of USAID, AIDSTAR-One released an RFA to support the following activities:

- To provide ongoing technical assistance to African countries by improving the knowledge of policies, tools and the infrastructure necessary to make opioids and symptom management drugs available in respective countries
- To develop and format pocket guides for adult and children's palliative care for sub-Saharan Africa along with a pocket guide for the use of morphine in palliative care
- To develop and format training guides to supplement the pocket guides for adult and children's palliative care and the use of morphine, for sub-Saharan Africa
- To develop and format indicator guides for palliative care in sub-Saharan Africa to support the measurement of outcomes in adult and children's palliative care

AIDSTAR-One received one response to the RFA. An initial review of the application was completed. In the next quarter the technical review will be completed and a grant will be executed.

3.5.3 Outstanding Issues and Constraints

At this time there are no outstanding issues or constraints which impact implementation of Care and Support-related activities.

3.5.4 Priority Activities for Next Six Months

For the next six months, the Care and Support Technical Team will focus on the following activities:

- Contribute to the G3P database in the area of Care and Support
- Finalize concept papers for three assessments (cotrimoxazole supply chain, monitoring and evaluation, and nutrition in facility based programs); upon finalization, next steps include identification of countries, development of assessment tools and implementation of the assessments; all of these activities, as well as writing of final reports, will be completed in the next six months
- Develop a Technical Brief on mental health and HIV
- Begin preparation of two case studies on mental health based upon findings programs identified in the Technical Brief
- Develop a concept paper for adaptation/creation of generic training materials for improving safe water, hygiene and sanitation in facility-based care and support programs; when the paper is approved, the materials will be tested in two countries; AIDSTAR-One will work with USAID and the TWG to identify countries in which to test the training materials
- Implement palliative care activities in sub-Saharan Africa

3.6 HIV Counseling and Testing

3.6.1 Introduction

The goals of HIV Counseling and Testing (HCT) activities in the AIDSTAR-One project are to support and advance good and promising practices, as well as to enhance the utilization of and access to this vital avenue to care and treatment. Effective scale-up of HCT, based on state-of-the-art testing technologies, remains a key challenge for achieving effective programmatic responses to epidemics. Barriers remain in the forms of stigma and discrimination, ongoing logistical and fiscal constraints, and identifying the right mix of approaches for increasing HCT coverage among diverse sectors of populations and different levels of clinical settings.

AIDSTAR-One HCT has embarked on its contribution to the project's global technical leadership through knowledge management, and plans to initiate pilots of high quality and scalable counseling and testing service delivery programs. The Technical Team will begin lending state-of-the-art technical assistance in strategic planning and implementation to USG partners.

3.6.2 Major Accomplishments

Knowledge Management

The HCT Technical Team (with representatives from JSI, EnCompass LLC, ICRW and BroadReach Healthcare) conducted ten taped interviews with HCT experts, identifying 22 potential G3Ps and implementation models, each of which

has either been assessed or is currently under evaluation for inclusion in the project knowledge management database. The Team's work was advanced in four telephone conferences, an in-person planning session at JSI/Washington offices, as well as a meeting with the AIDSTAR-One USAID TWG representative for Counseling and Testing.

The Team also began moving toward planned in-depth field assessments of issues in Provider-Initiated Testing and Counseling (PITC). The concept paper for that activity is currently nearing finality in collaboration with the TWG leader, with site-selection to be informed by a scan of HCT policies across targeted countries. The policy scan will further contribute to Service Delivery and Sustainability activities included in the Workplan during the coming period.

3.6.3 Outstanding Issues and Constraints

During this period, AIDSTAR-One had also anticipated the design of a regional meeting in Africa to discuss home-based counseling and testing (HBCT) in the region. After meetings with USAID staff to discuss the goals and objectives of the meeting, a concept paper was prepared and submitted to USAID for review and comment. USAID communicated to AIDSTAR-One that for the time being further development of this activity is on hold, pending further discussions with the Office of the Global AIDS Coordinator.

3.6.4 Priority Activities for Next Six Months

For the next six months, the Counseling and Testing Technical Team will focus on the following activities:

- Contribute to the G3P database in the area of HCT. Activities will include ongoing comprehensive review of the grey and white literature, working with research staff to conduct outreach and obtain key documents, development of G3P ratings and finalizing submissions to the database
- Advance ongoing PITC work, finalizing plans for a three-country assessment. The plan is to remain on-target for a completed draft assessment report in the fourth quarter (January-March 2009), although vetting and dissemination may extend to the fifth quarter (April-June 2009)
- Continue discussions with USAID regarding a Home-Based Counseling and Testing (HBCT) meeting. If an ultimate decision is made not to hold the meeting, AIDSTAR-One will collaborate with USAID to develop alternative activities in this area
- Identify promising programmatic practices for subsequent writing of two Technical Briefs:
 1. Counseling and Testing Referral and Linkage
 2. Counseling and Testing Outreach Targeting Most-at-Risk Populations (MARPs)

- Begin Service Delivery and Sustainability work with identification of non-focus countries with identifiable needs for revision of HCT training and guidelines, making initial visits in two countries
- Respond to countries seeking assistance in revising national HCT policies
- Develop concept materials and identify non-focus countries seeking activities involving targeted outreach for MARPs
- Finalize a technical assistance plan for PITC in two countries, addressing issues of health and human rights that have gone unattended in previous implementation.
- Contingent on mission requests, begin the project's Strategic Planning and Implementation emphasis with development of four, non-focus country, comprehensive technical assistance plans in HCT

3.7. Orphans and Vulnerable Children

3.7.1 Introduction

OVC activities conducted by AIDSTAR-One are aimed at advancing and supporting good and promising program practices to increase access to and utilization of comprehensive services for children affected by HIV/AIDS.

Since the inception of PEPFAR, the needs of orphans and vulnerable children – food and nutritional support, shelter and care, protection, health care, psychosocial support, education and vocational training and economic opportunity/strengthening – have been a priority for USG efforts in focus and non-focus countries. Activities will be implemented using a range of knowledge management and analysis, technical assistance and service delivery support approaches.

3.7.2 Major Accomplishments

Knowledge Management

The OVC Technical Team conducted Key Informant Interviews with 13 technical experts. These experts included global and regional experts in OVC-related programs and policies, as well as leaders in national-level programming. Areas of focus during the interviews included identification of good and promising practices, priorities for programming, recommendations for strengthening and scaling up programs and integrating OVC programming into HIV and non-HIV programming.

Based on interviews with technical experts in OVC programming, review of existing literature, the experience of members of the OVC Technical Team and conference and meeting participation (including the PEPFAR Implementers Conference, the IAS Mexico City conference and participation in OVC task force

meetings), the OVC Technical Team has identified over 50 potential G3Ps for inclusion in the project knowledge management database. The rating process is ongoing.

Technical Briefs

Based on interviews with technical experts in OVC programs and policy, reviews of the literature, the experience of members of the OVC Technical Team, and conference and meeting participation, the OVC Technical Team has identified 18 potential topics for Technical Briefs. These suggested topics have been submitted for review and await the recommendations of the USG OVC technical advisors.

3.7.3 Outstanding Issues and Constraints

At this time there are no outstanding issues or constraints which impact implementation of OVC-related activities.

3.7.4 Priority Activities for Next Six Months

For the next six months, the OVC Technical Team will focus on the following activities:

- Continue to contribute to the G3P database in the area of OVC: systematically review the literature and project documents, obtain key documents, develop G3P ratings and review and finalize the final submission of G3Ps to the database
- Draft one Technical Brief related to OVC, in response to recommendations to be received from the USG OVC technical experts
- Develop a concept paper for a pilot project to inform and improve OVC programming in non-focus countries
- Identify non-focus countries in need of technical assistance related to OVC programming and/or policy
- Develop technical assistance plans that are requested by non-focus countries requesting assistance to develop or strengthen OVC programs or policies

3.8 Prevention of Mother-to-Child Transmission

3.8.1 Introduction

The PMTCT Technical Team has placed priority attention on identifying G3Ps and conducting Key Informant Interviews. These activities have focused on programs that prioritize increased access to and utilization of PMTCT services, and approaches that link women-, newborn-, child- and family-centered HIV prevention and care. A comprehensive PMTCT program addresses family

planning, HIV testing, and safe motherhood through quality antenatal care, attended birth and postpartum care as well as prophylaxis, treatment, care and support to women and their families, appropriate breastfeeding and infant feeding support, community mobilization, peer support and linkage to care. An integrated PMTCT program introduces these HIV-related services into all maternal and newborn care, sexual and reproductive healthcare service delivery, and sick child settings.

3.8.2 Major Accomplishments

Knowledge Management

The PMTCT Technical Team [BroadReach Healthcare; EnCompass LLC; ICRW; m2m; UAB; and WRA] held five teleconferences, conducted 12 taped interviews with a select group of PMTCT experts and identified eight potential G3Ps and implementation models for inclusion in the Project's G3P database.

Technical Briefs

Initial conversations have been held with the PMTCT Advisor at USAID to guide development of two Technical Briefs. The intended audience of the PMTCT Technical Briefs is program planners who are responsible for designing PMTCT activities. Authors have been identified to write two technical briefs:

- Increasing Access to and Utilization of PMTCT in Generalized Epidemics
- Integration of FP/PMTCT broadened to a Brief on Integration of MCH/PMTCT

Pilot Project

On the basis of the review of the literature and expert consultations, the PMTCT Technical Team has initiated the development of a concept paper on a comprehensive and integrated PMTCT program – a “one-stop shopping” approach for HIV-infected pregnant women. This concept paper will form the basis of a PMTCT pilot project in one non-focus country to expand access to PMTCT services.

3.8.3 Outstanding Issues and Constraints

At this time there are no outstanding issues or constraints which impact implementation of PMTCT-related activities.

3.8.4 Priority Activities for Next Six Months

For the next six months, the PMTCT Technical Team will focus on the following activities:

- Continue to contribute to the G3P database in the area of PMTCT: systematic reviews of the grey and white literature, work with research

- assistants to conduct outreach and obtain key documents, develop G3P ratings and review and finalize the final submission to the database
- Draft two Technical Briefs on developing and adapting approaches to expanding PMTCT service delivery:
 1. Increasing Access to and Utilization of PMTCT in Generalized Epidemics
 2. Integration of FP/PMTCT broadened to a Brief on Integration of MCH/PMTCT
 - Complete the concept paper on a comprehensive and integrated PMTCT program, a “one-stop shopping” approach for HIV infected pregnant women.
 - Continue discussions with USAID regarding a regional technical consultation on the integration of a comprehensive PMTCT program
 - Develop a pilot project plan in one non-focus country to expand access to PMTCT services, address identified gaps or barriers in existing efforts, test new approaches and alternatives, and estimate costs and benefits
 - Identify countries in need of technical assistance in strategic and operational design of comprehensive and integrated PMTCT programs
 - Develop technical assistance plans for one non-focus country that has requested assistance in developing or strengthening comprehensive and integrated PMTCT programs

3.9 Gender

3.9.1 Introduction

The program of activities outlined previously in the Workplan were aimed at improving access and quality of gender and HIV programming, through the identification, dissemination and application of G3Ps.

Because gender affects nearly all aspects of HIV and AIDS programming, PEPFAR has opted to mainstream gender issues within the comprehensive HIV and AIDS programs that it supports. Therefore, AIDSTAR-One has also chosen to integrate gender issues across our full program of activities. For example, rather than establishing a separate and parallel gender working group, AIDSTAR-One has chosen to have people representing gender issues attend relevant working groups. Currently, at least one person with expertise on gender issues sits on each and every AIDSTAR-One Technical Team (Prevention, PMTCT, Care and Support, Counseling and Testing, etc.

The project employs the approach to gender recommended by PEPFAR; therefore, the project addresses five priority gender strategies, including increasing gender equity in HIV and AIDS activities and services, reducing violence and coercion, addressing male norms and behaviors, increasing women’s legal protection and increasing women’s access to income and productive resources.

3.9.2 Major Accomplishments

Knowledge Management

A set of three Key Informant Interviews were conducted with gender experts. These data will be analyzed as part of an overall report of findings from Key Informant Interviews. Also, as part of the Gender Compendium activity described below, over 60 potential gender G3Ps have been identified.

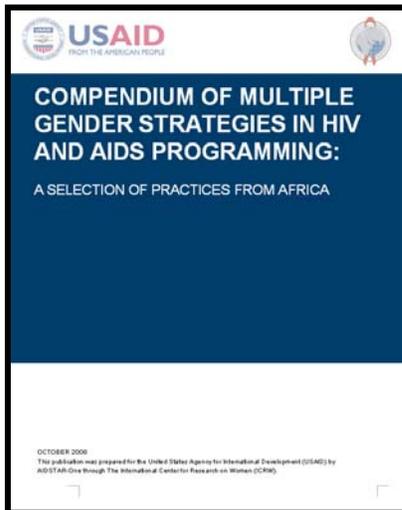
Technical Briefs

AIDSTAR-One has begun the process of developing Technical Briefs in two technical areas. Work on a third technical area has been delayed until the completion and release of an important project evaluation. These efforts are described in greater detail below:

- A Technical Brief on the relationship between gender-based violence and HIV/AIDS is in preparation. AIDSTAR-One partner organization, EnCompass, is in the process of developing its list of seminal research publications and it has identified several top priority G3Ps for possible inclusion in the database
- An external consultant has begun work on developing a Technical Brief on microfinance, economic empowerment, and livelihoods that builds upon outcomes of the Girls' Vulnerability to HIV and other related Gender Initiatives and that highlight the linkages between microfinance, economic empowerment, livelihoods and women and girls' vulnerability to HIV and AIDS. Seminal research articles and G3Ps have been identified
- A third Technical Brief on the PEPFAR Male Norms Initiative – a program that was begun in late 2006 in Ethiopia, Namibia and Tanzania – is scheduled to be initiated later in the year. The Technical Brief, to be completed in early 2009, will examine program information and the results of process and outcome evaluations to examine the effectiveness of interventions to address male norms and behaviors to reduce HIV risk in the participating countries and to highlight successes and lessons learned

The recent addition of funds to support AIDSTAR-One gender activities makes it possible for the project to take on additional work. For example, a fourth Technical Brief that was previously proposed by the Gender TWG can now be slated for early 2009. This Technical Brief will highlight key intersections between women's land, property, and inheritance rights and HIV/AIDS.

Gender Compendium



To date, the major AIDSTAR-One achievement on gender issues is the completion of a draft Gender Compendium by AIDSTAR-One partner organization ICRW. At the request of the PEPFAR Gender Technical Working Group, ICRW identified and described programs within PEPFAR focus countries of Africa that can serve as promising models and provide lessons to future programming efforts.

While the inclusion of any one gender approach within HIV and AIDS programs is laudable, there is increased recognition that integration of multiple approaches can be even more effective. Each

program included in the Compendium addresses at least two of the following gender strategies:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection

A search for programs was conducted through a literature review, web search and interviews with key informants. Program representatives were asked to complete a self-administered survey (written or by phone). One hundred sixty programs were identified and 63 surveys were completed. Each program was rated using a scoring rubric and programs were chosen for inclusion in the Compendium based on score, geographic representation and inclusion of a range of types of programming.

Analysis was then conducted to compare and contrast experiences and lessons across programs. By the end of October, a full draft will have been submitted to the PEPFAR Technical Working Group on Gender. The Compendium features detailed descriptions of programs that vary widely in how they address gender in the context of HIV, offering a range of lessons and findings. In the process of completing the Gender Compendium, ICRW reviewed a full array of gender initiative activities in detail.

3.9.3 Outstanding Issues and Constraints

With the addition of funds to support the AIDSTAR-One Gender activities, and the addition of a senior Gender Advisor, AIDSTAR-One needs to engage in a dialogue with the Gender TWG to further develop its scope of activities.

3.9.4 Priority Activities for Next Six Months

For the next six months, the Gender Technical Team will focus on the following activities:

- Hire a half-time Gender Advisor (currently in the final stages of hiring a qualified candidate)
- In consultation with the Gender TWG, expand the Project's scope of technical work on gender issues, utilizing additional resources that were recently committed
- Develop case studies from ICRW's work on the Gender Compendium of program activities conducted as part of the PEPFAR Gender Initiative
- Continue the development of G3Ps and technical resource materials; Technical Briefs on gender based violence and economic empowerment already underway
- Initiate Technical Briefs in at least additional two technical areas, as previously specified in the Workplan

3.10 Other Policy Analysis and Systems-Strengthening

3.10.1 Introduction

As part of its programmatic mandate, AIDSTAR-One has been asked to engage in knowledge management and global leadership in a number of cross-cutting areas: Integration, Quality Improvement (QI) and Private Sector Engagement. During this period of project start up a number of activities in each of these areas have been prioritized, with greatest emphasis placed on Private Sector Engagement, which is described below.

In the area of Integration, a targeted set of activities has been implemented during this period of project start up. A series of questions regarding Integration were included in all the Key Informant Interviews conducted by AIDSTAR-One Technical Teams. In the staffing of the Technical Teams, AIDSTAR-One has integrated complimentary programmatic expertise. For example, on the HIV Counseling and Testing Technical Team, there is representation from the Prevention Technical Team. There are representatives with QI experience on most Technical Teams.

Also in the area of Integration, AIDSTAR-One has initiated conversations with the PMTCT TWG regarding knowledge management and technical briefs regarding integration of PMTCT into other health programs.

3.10.2 Major Accomplishments: Private Sector Engagement

Knowledge Management

The Private Sector Engagement Team has identified and completed Key Informant Interviews with 13 experts representing a diverse array of backgrounds across private industry, academia, industry-representative organizations, and government. These informants are established leaders in their fields and span multiple geographies and represent many aspects of HIV/AIDS from prevention to treatment.

Based on these interviews, along with input from the AIDSTAR-One team and a review of abstracts from the PEPFAR Implementer's Conference 2008 and the IAS Mexico City conference, the Team has assembled a list of approximately 40 potential G3Ps which are currently being contacted and vetted under the leadership of the Knowledge Management team. Additionally, one of the G3Ps, the North West Province Down-Referral Program, has already been evaluated and rated through the Knowledge Management process.

Technical Briefs

The Private Sector Engagement Team will have an initial Technical Brief scheduled for release between January and March 2009. The purpose of this Technical Brief is to provide an introduction to private sector involvement in HIV/AIDS including definitions, frameworks for involvement and examples. In preparation for the development of this Technical Brief, the Team – in addition to the Key Informant Interviews – is currently conducting a systematic review of literature as background.

3.10.3 Outstanding Issues and Constraints: Private Sector Engagement

At this time there are no outstanding issues or constraints which impact implementation of Other Policy Analysis and Systems Strengthening-related activities.

3.10.4 Priority Activities for Next Six Months

Private Sector Engagement

For the next six months, the Private Sector Engagement Technical Team will focus on the following activities:

- Continue to vet and publish G3Ps through the Knowledge Management Team; finalize first Technical Brief

- Begin to work with USAID to identify potential opportunities for field-based technical assistance including activities such as developing an initial concept paper highlighting potential ideas for field work
- Work closely with other AIDSTAR-One Technical Teams to identify opportunities to contribute knowledge and expertise from the Private Sector Engagement Team where relevant to their ongoing work, especially with field-based technical assistance

Other Areas

For the next six months, the AIDSTAR-One Technical Teams will focus on the following cross-cutting activities:

- Respond to pending requests for technical assistance regarding integration of HIV into other health and non-health sectors
- Identify countries in which to develop concept papers and pilot programs for integration of HIV into other health and non-health sectors
- Respond to pending requests for technical assistance regarding integration of quality improvement approaches into program areas

3.11 Strategic Information

3.11.1 Introduction

Strategic Information (SI) has been fully integrated into all AIDSTAR-One activities. In all technical areas, measurement, analysis, interpretation and reporting of program outputs and outcomes will take place. Likewise, implementing partners, grantees and in-country counterparts will do the same. By integrating SI from the onset of all activities, accurate and useful information for informed decision making will be available, thus allowing for the documentation of evidence-based approaches and enhancing the likelihood that programs will be more successful as they incorporate feedback from monitoring and evaluation.

3.11.2 Major Accomplishments

During the reporting period, AIDSTAR-One Strategic Information efforts have focused on three key task areas:

- Development of a comprehensive, flexible M&E Plan
- Implementation of KM activities related to identifying and assessing G3Ps
- Design and implementation of a formative assessment on behalf of USAID/Guatemala.

A description of the activities and progress towards meeting those objectives is presented below.

Monitoring & Evaluation Plan

During the AIDSTAR-One start-up phase a major SI activity was to develop and submit an M&E Plan. The first draft of the plan was submitted to USAID on June 11, 2008. After receiving feedback from the AIDSTAR-One CTO and the USAID M&E Technical Working Group, it was decided the plan needed to be reorganized on the basis of task areas (i.e., Task Area One: Technical Leadership and Knowledge Management) rather than topic areas (Prevention, Care and Support, etc.). It was also suggested that the M&E Plan should include more outcome indicators rather than consist solely of output and process level indicators. In response, AIDSTAR-One is in the process of reformulating the M&E Plan.

AIDSTAR-One has begun this process by drafting a Results Framework which lists all project results, sub-results and indicators, including the new outcome indicators by technical area (see Appendix 6.2).

The revised Results Framework was submitted to USAID for review and comments on September 12, 2008. Once comments have been received, the M&E Plan and will be revised and resubmitted for approval.

KM/SI Technical Team

Given the close connections between Strategic Information and Knowledge Management, it was decided to create a joint KM/SI Technical Team that would guide both areas. KM/SI Technical Team meetings are held regularly.

KM/SI Activities Related to Identifying and Assessing G3Ps

Two main activities were carried out related to the identification and assessment of G3Ps:

- Key Informant Interviews were carried out with experts in key technical areas (Prevention, Treatment, Counseling and Testing, Care and Support, PMTCT, OVC, Gender and Private Sector Engagement)
- A brief survey was designed to collect the names of potential G3Ps

Both activities were designed to gain information about potential G3Ps from a wide range of experts and practitioners including academics, researchers, program implementers, USAID/USG staff as well as in-country experts and informants from other international programs and funders. Results will provide a solid list of G3P candidates for the G3P database, and will also provide detailed in-depth information about the barriers, needs, priorities and challenges associated with the provision of effective HIV prevention, care and treatment services. Further information about these two principal activities is provided below.

Key Informant Interviews

For the Key Informant Interviews the AIDSTAR-One Technical Teams assembled a list of between ten to 12 well-known experts to recruit to participate in the one to one-and-a-half hour sessions. Interviews were conducted by members of the Technical Teams, who recorded responses on interview summary forms. Currently, a total of 68, or 93% of the 73 scheduled KIIs have been conducted by members of the Technical Teams, and summaries have been written and sent to AIDSTAR-One for collation and analysis. Data analysis, using a text-based software program will commence by mid-November.

Brief Survey

A brief survey was developed using Survey Monkey to elicit the names of G3Ps and identify and describe the challenges hindering the successful implementation of HIV interventions. The survey was to be sent primarily to USAID Mission Staff who would have greater knowledge of lesser-known but successful G3Ps on the local and regional levels. The survey was developed in July 2008 and submitted to the AIDSTAR-One CTO for review. Upon review it was decided to revise the survey. This will be done, and the survey carried out, in the next quarter.

3.11.3 Outstanding Issues and Constraints

At this time there are no outstanding issues or constraints which impact implementation of SI-related activities.

3.11.4 Priority Activities for Next Six Months

For the next six months, the SI Technical Team will focus on the following activities:

- Complete and submit the revised M&E Plan
- Analyze data from the Key Informant Interviews, write and submit a final report on findings and disseminate findings on the AIDSTAR-One website, conferences and other fora, when appropriate
- Develop methods for measuring AIDSTAR-One results using the KM website
- Redesign and post a brief survey of G3Ps on the project website
- Collaborate with the Counseling and Testing Technical Team to conduct a cross-country comparative assessment on PICT and human rights
- Collaborate with Care and Support on conducting a case study of local care and support M&E systems and their capacity for measuring program performance and integration of nutrition support into facility based care and support programs
- Continue to review new G3Ps prior to entering into the G3P database
- Develop M&E frameworks for pilot interventions as needed
- Provide technical assistance to USAID Missions in non-focus countries on the use of strategic information as requested

4.0 SUMMARY OF MAJOR ACCOMPLISHMENTS – FIELD SUPPORT FUNDED

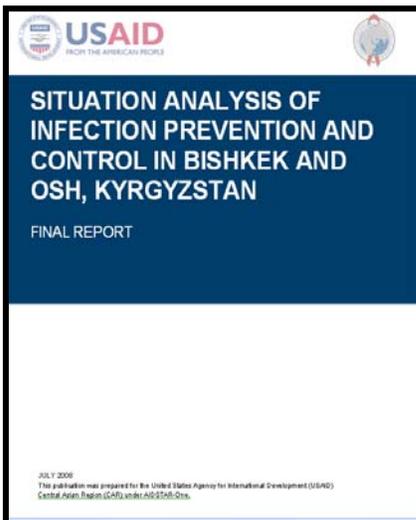
4.1 Introduction

Field support funds represent approximately 80% of the anticipated total funding for the project and include both USAID mission funding and USAID regional bureau funding. To date, AIDSTAR-One has received field support funding from the Africa and Latin America/Caribbean Bureaus, as well as from USAID/Central Asia Regional Mission, (for work in Kyrgyzstan), from USAID/Guatemala and from USAID/Honduras. As of September 30, 2008, only the work in Kyrgyzstan and Guatemala had begun and a description of that work and results achieved are described below. The Africa and LAC Bureau funds, as well as funds from USAID/Honduras, were only received on September 30 and, therefore, no results have yet been achieved. Tentative plans for how those monies will be spent are briefly described.

4.2 Kyrgyzstan

4.2.1 Introduction

Situation Analysis of Infection Prevention and Control in Kyrgyzstan



Upon request of the USAID/Central Asia Region (USAID/CAR) the AIDSTAR-One Project engaged two senior staff from JSI's Making Medical Injections Safer (MMIS) project as consultants to conduct a situation analysis of infection prevention and control (IPC) capabilities in the health facilities situated in the cities of Bishkek and Osh, Kyrgyzstan. This assessment was implemented in response to the use of contaminated blood and poor infection control and medical procedures were identified as underlying causes of an HIV epidemic among children in 2007. The main purpose of the assessment was to identify the strengths and areas for improvement within the current IPC

system, including institutional capacities and roles as well as current activities and practices at the hospital level. The consultants interviewed Ministry of Health (MOH) officials, visited in-service training institutions, and conducted assessments at nine health facilities in Bishkek and Osh to observe IPC practices and interview health care workers.

4.2.2 Major Accomplishments

Assessment Findings

An infrastructure exists in Kyrgyzstan for IPC at the MOH and facility levels. The IPC Unit at the MOH developed national IPC guidelines in 2006. This MOH unit is under-staffed and under-budgeted and therefore could not conduct IPC training for hospital staff in Osh, the region where the HIV epidemic occurred among infants.

Also within the MOH, the Sanitation and Epidemiology Services (SES) unit monitors all hospital acquired infections, including HIV. At the national level, there is an in-service training institution, the Medical Institute for Retraining of Personnel, which arranges training for different cadre of health care professionals in different subjects including IPC. Each health facility visited had designated IPC manpower (an IPC expert) and had established an IPC committee.

In-general a high level of awareness of IPC was observed among hospital staff. This may be due to recent MOH orders and the action, often punitive, taken against some of the health care workers in response to the HIV outbreak among infants. Some good IPC practices were observed in most of the hospitals, particularly in relation to hand hygiene and use of aprons, masks and gowns and in injection practices. However, many risky practices were also observed: recapping of needles after injections, two-handed blood transfer after drawing blood, walking with used syringes and needles, sticking needles in the multi-dose vials, and unsafe collection, transportation and final disposal of healthcare waste. Lack of supplies and overcrowding of patients (e.g. more than one child were found in the same cot and incubator in the perinatal wards) contribute to creating an environment conducive to HIV exposure and possible infection.

There is a chronic shortage of some essential IPC commodities, including gloves, and injection and infusion supplies like IV catheters and needles and butterfly needles. In the procedure room staff were found using the same gloves repeatedly in conducting procedures. Because IV catheters and butterfly needles were in short supply, there is a possibility that they may be reused. Financial resources are not adequate to procure adequate quantities of these commodities. A bundling policy (i.e., one syringe and one needle for each injection medication) as recommended by WHO is not followed in procurement.

Currently, Kyrgyzstan is not using syringes with reuse prevention features in the curative health sector. Standard safety boxes are also not available for the curative sector. None of the hospitals had vacuum blood collection sets available. There is lack of appropriate equipment for segregation, collection, transportation and final disposal of health care waste, and for personal protection

of health care workers. Healthcare wastes (sharps, infectious, non-infectious) are dumped together in an unprotected area that is accessible to people, animals and birds. There are no incinerators in any of the hospitals for treatment of sharps and infectious waste. Burning (in a hole or in a container) was the main method of sharps disposal causing serious environmental hazards.

The supervision system inherited from the former Soviet approach is more of inspection than supportive supervision. Health workers appeared in a panic and extra cautious in sharing information. There is very little incentive and no recognition of good work. Kyrgyzstan is losing its trained health workers who are migrating out of the country due to low salaries (remuneration) and low morale; healthcare workers are migrating to other countries (particularly to Russia) for better remuneration and better standard of living. The facilities are continuously replenished with new, untrained staff, which makes it difficult to maintain the quality of services. The migration is causing acute shortages of health care workers particularly in the facilities in the southern region (Osh).

During the assessment, it was reported at all levels that there is high demand for injection, IV transfusion and blood transfusion as treatment options among patient (particularly in southern region). However, there is a lack of health worker and community education on the risks of unsafe injections and even when an injection is needed. There was little or no awareness of the rational use of injections or the effectiveness of alternative medications (e.g. oral medications) to injections. Prescribers do not have the resources or training available to them to counsel patients effectively.

Assessment Recommendations

A range of recommendations were provided to USAID/CAR that addressed a broad range of areas, including:

- Strengthening healthcare systems
- Updating policy guidelines and broad distribution
- Making IPC / IS commodities available
- Capacity building and training
- Healthcare waste management
- Behavior Change Communication
- Healthcare worker safety
- Prevention of cross-infection

USAID is currently reviewing these recommendations.

A copy of the report can be found on the AIDSTAR-One website (www.aidstar-one.com). It is also being translated into Russian.

Training

Based on the assessment findings, AIDSTAR-One consultants adapted infection prevention and control material training materials and translated them into Russian. These materials are the foundation of site specific trainings which will begin in the next quarter. Initially the trainings were to be conducted in the second quarter (July-September 2008). However, in discussions with USAID, it was decided that rather than AIDSTAR-One consultants conducting the trainings, a group of trainers from the IPC Unit would be trained as trainers. They in turn will conduct supervised trainings in the third quarter (October-December 2008). Trainings are scheduled to begin in October 2008.

4.2.3 Outstanding Issues and Constraints

As mentioned previously, the training has been pushed back into due to decision to change the training strategy. There has also been a slight delay in beginning in the trainings while AIDSTAR-One awaits MOH approval. USAID/CAR has actively worked with the MOH and this issue has been resolved.

4.2.4 Priority Activities for Next Six Months

For the next six months, the AIDSTAR-One Team will focus on the following activities:

- Complete IPC trainings in seven facilities
- Conduct supportive supervision follow-up visits at the training sites

4.3 Guatemala

4.3.1 Introduction

AIDSTAR-One responded to a request by USAID/Guatemala to conduct a field assessment of HIV prevention, treatment, care and testing services in five key departments, or states. The main goal of this assessment is to determine the current state of ongoing, community-based HIV prevention, treatment and care services and activities for MARPs, especially people living with HIV/AIDS (PLWHA), in Guatemala. More specifically, the assessment will provide information for the development of a new strategy to provide a continuum of care (CoC) for those most in need of services, especially those who have not been reached by conventional approaches. These people tend to be hidden and hard to reach due to the stigma and discrimination associated with HIV infection and risk. The assessment will also ascertain the feasibility and potential effectiveness of using PLWHA organizations to connect with and refer MARPs to appropriate community-based prevention, testing and/or treatment services.

The assessment will take place in the departments of Petén, Izabal, San Marcos, Zacapa and Quetzaltenango during October and November 2008. The assessment will analyze findings from the National Alliance of People Living with HIV/AIDS workshop, assemble a comprehensive inventory of local HIV services in the five selected areas, document their external and internal linkages and describe the barriers, gaps and needs with respect to service delivery.

4.3.2 Major Accomplishments

AIDSTAR-One staff worked closely with the Guatemala Mission to design an assessment protocol, including a data collection strategy, interview guides and analysis plan. Assessment field work began on September 30, 2008 and will continue through November 4. Through the end of September, the following tasks have been accomplished:

- Assessment protocol submitted and approved by the USAID/Guatemala HIV Technical Team
- Two consultants have been hired to conduct field work

4.3.3 Outstanding Issues and Constraints

The field work is currently progressing as planned. Some minor constraints have been encountered that should be noted. One, interview participants often do not show up for scheduled interviews and have to be re-contacted or are out of the country/state and are not available for interviews. In most cases, interviews have been successfully rescheduled and carried out. However, the field team may have to re-visit some sites (e.g., Coatepeque) and conduct some interviews by phone.

4.3.4 Priority Activities for Next Six Months

Priority tasks for October and November include the following:

- Complete a summary of findings from the National Alliance of People Living with HIV/AIDS workshop
- Pilot Key Informant Interview guide in Coatepeque and Quetzaltenango
- Conduct interviews with community-based programs and national-level directors of HIV programs (i.e. PSP-One, PASCA, PNS, Abt.) in Guatemala City, Quetzaltenango, Coatepeque and Petén

Field work will continue through November 4, 2008 and the last interview guides will be submitted for analysis. The AIDSTAR-One Monitoring, Evaluation and Research Advisor, who is directing the assessment, and the AIDSTAR-One Project Director will return to Guatemala to prepare for the dissemination of findings and workshop to be carried out at USAID. During the dissemination, key

stakeholders will be asked to validate and comment on results. Afterwards, a draft final report will be submitted to USAID for review. A final report will be submitted after USAID comments have been received.

4.4 Honduras

With funding provided by USAID/Honduras, AIDSTAR-One will provide technical assistance related to the HIV/AIDS treatment system in Honduras. The first step will be an assessment of the strengths/weaknesses of the treatment system, which has not been systematically documented as yet. The AIDSTAR-One Project Director will travel to Honduras in early November to begin development of the scope of work for the initial assessment and follow-on technical assistance.

4.5 Africa Bureau

With funding provided by the Africa Bureau, AIDSTAR-One will implement a project entitled "Preparing Children for Living with HIV: Equipping Parents and Health Providers to Address the Psychosocial Challenges of Caring for an HIV-positive Child" in early FY 2009. The proposed sub-project will be under the technical leadership of ICRW, one of the AIDSTAR-One partner organizations. The aims of the sub-project are to:

- Better understand the experiences and psychosocial challenges faced by children in the context of growing up HIV positive, and how they differ based on age and sex
- Better understand the experiences and psychosocial challenges of parents/caregivers and health providers in counseling and supporting HIV-positive children to live positively with the disease
- Identify gaps in tools and approaches for equipping parents/caregivers and health providers to help children address these psychosocial challenges in age- and gender-appropriate ways, including those around serostatus disclosure, stigma and treatment adherence
- Using this information, identify recommendations for program implementation, IEC materials, research, policy guidance and communications to better meet the psychosocial needs of male and female, HIV-positive children and youth
- Communicate the findings and recommendations to PEPFAR partners, and other programmers and policy makers to catalyze action that moves the field forward

The proposed sub-project has three phases, consisting of the following:

Phase 1: Literature Review and Environmental Scan

In this phase, AIDSTAR-One will review the literature on pediatric treatment in the US and developing countries, with particular attention to the psychosocial issues around serostatus disclosure, stigma and treatment adherence.

Interviews will also be conducted with representatives of organizations and institutions that support or deliver pediatric HIV services to learn about their experiences related to the key issues, perceived research and program gaps, and what resources exist to help children, parents/caregivers and health providers deal with the challenges of raising an HIV-positive child.

Phase 2: Field Assessments

AIDSTAR-One will discuss the key findings from the literature review and environmental scan with staff from OHA and the Africa Bureau. Based on their input, as well as the willingness of programs identified as part of the environmental scan to participate, AIDSTAR-One will select pediatric treatment programs for the field assessments, which will use a case study approach. Up to two countries and two or three programs per country will be visited for the field assessments.

Phase 3: Identification and Communication of Findings and Recommendations

In this phase, AIDSTAR-One will analyze the information collected and produce a case study of each program, as well as a synthesis of common challenges and opportunities across programs. AIDSTAR-One will then produce a draft of a report that documents the findings and offers recommendations to move the field forward. Recommendations will focus on program implementation, IEC materials, research, policy guidance and communications that respond to the psycho-social needs of HIV-positive children and youth undergoing treatment, and their parents/caregivers and health providers.

4.6 Latin America/Caribbean Bureau

The LAC Bureau provided field support funding on September 30, 2008 to AIDSTAR-One for activities to be determined. Possible activities include development of technical briefs on priority issues in HIV prevention, treatment, care and support in the region, as well as possibly convening a technical consultation in the region. Discussions are currently underway between AIDSTAR-One and the LAC Bureau concerning the programming of these funds.

5.0 PROJECT MANAGEMENT AND FINANCE

Project Management

AIDSTAR-One is managed by the Implementation Support Division of USAID's Office of HIV/AIDS and contract administration is overseen by the Cognizant Technical Officer, Shyami DeSilva. AIDSTAR-One is implemented by John Snow, Inc., together with its 10 partner organizations, under the direction of the AIDSTAR-One Project Director, Ed Scholl. Project staff include full and part-time staff from JSI and several of its partner organizations, as shown in Appendix 6.1.

The project office is located at JSI's Arlington, Virginia office where all full-time staff are located. Part-time staff seconded to the project are located in various partner offices.

Intra-project communications are done through a series of meetings (bi-weekly headquarters staff meetings, monthly all-staff meetings, quarterly partners meetings, monthly Technical Team meetings), as well as through e-mail and the internet. Off-site project personnel can access AIDSTAR-One project documents, calendar, and announcements through the JSI Intranet. AIDSTAR-One management meetings with the USAID CTO are held on a bi-weekly basis, and complemented by frequent telephone and e-mail communications.

Status of Contract Approvals

The AIDSTAR-One contract identifies several approvals that are required. These approval actions, and their current status, are as follows:

- International travel: all international travel undertaken during the reporting period was done with approval by the CTO
- Consent to subcontract: the Contracting Officer has provided approval to subcontract with BroadReach, the White Ribbon Alliance, World Education, Inc, EnCompass, the International Center for Research on Women, Social & Scientific Systems, and the University of Alabama
- Replacement of key personnel: approval for replacement of Project Director was provided by the Contracting Officer
- 18-month Workplan was approved by the CTO
- M&E Plan: not approved to date; discussions in progress between CTO and project team
- Branding and Marking Plan: not approved to date; discussions in progress between USAID and project team
- Small Grants Management Plan: submitted; pending approval
- Work Days Ordered: JSI has communicated its request to amend the detail for work days ordered in the contract; formal modification request is pending

Financial Status and LOE

A summary of the financial status and LOE expended as of September 30, 2008 is provided in Appendix 6.6. Through September 30, AIDSTAR-One has received a total of \$14,814,190, of which \$12,760,000 is centrally funded to support the technical areas listed, and \$2,054,190 is field support from the missions in Kyrgyzstan, Guatemala and Honduras, as well as from the Africa and LAC Bureaus. A total of \$1,371,149 was expended through September 30, leaving a pipeline² of \$13,443,041. As shown in the quarterly expenditure columns, spending is increasing rapidly each quarter, and is expected to continue to do so during the coming fiscal year, especially now that the project is almost fully staffed and major activities move from the planning to the implementation stage.

As current obligated funds exceed the amount of budgeted activities in the approved 18-month Workplan, AIDSTAR-One will be preparing a revised workplan and budget to be submitted to the CTO for approval by mid-December 2008, for the remainder of the Workplan period, ending September 30, 2009.

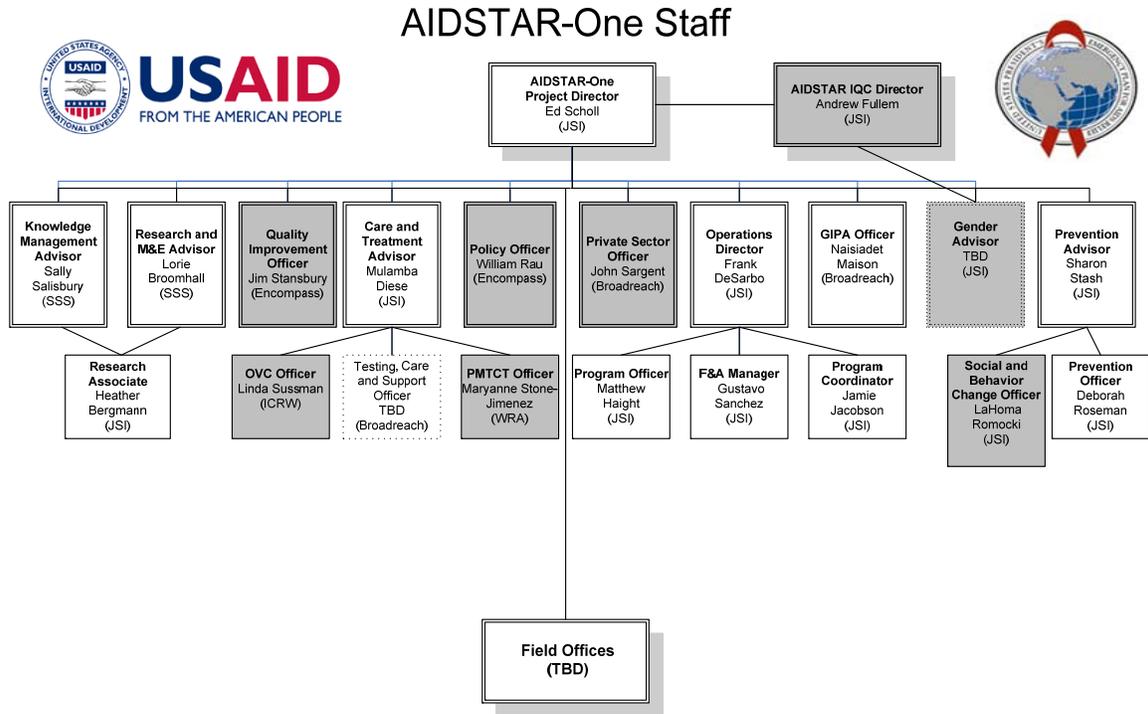
As AIDSTAR-One is a level of effort contract, work days ordered and actual work days provided are also shown in Appendix 6.6. The number of work days provided, similar to funds expended, increased rapidly each quarter and is projected to continue to do so during the coming fiscal year.

In order to provide greater flexibility to AIDSTAR-One and allow for human resources to be utilized where they are most needed, JSI will request a contract modification to the detail provided in the contract for work days ordered. Specifically, the request will be to collapse the detailed categories provided in the contract and make them fewer and more generic, providing for greater flexibility. The proposed ceiling on LOE will not change. This contract modification is under preparation and will be submitted to the Contracting Officer for approval.

² Obligations less expenses

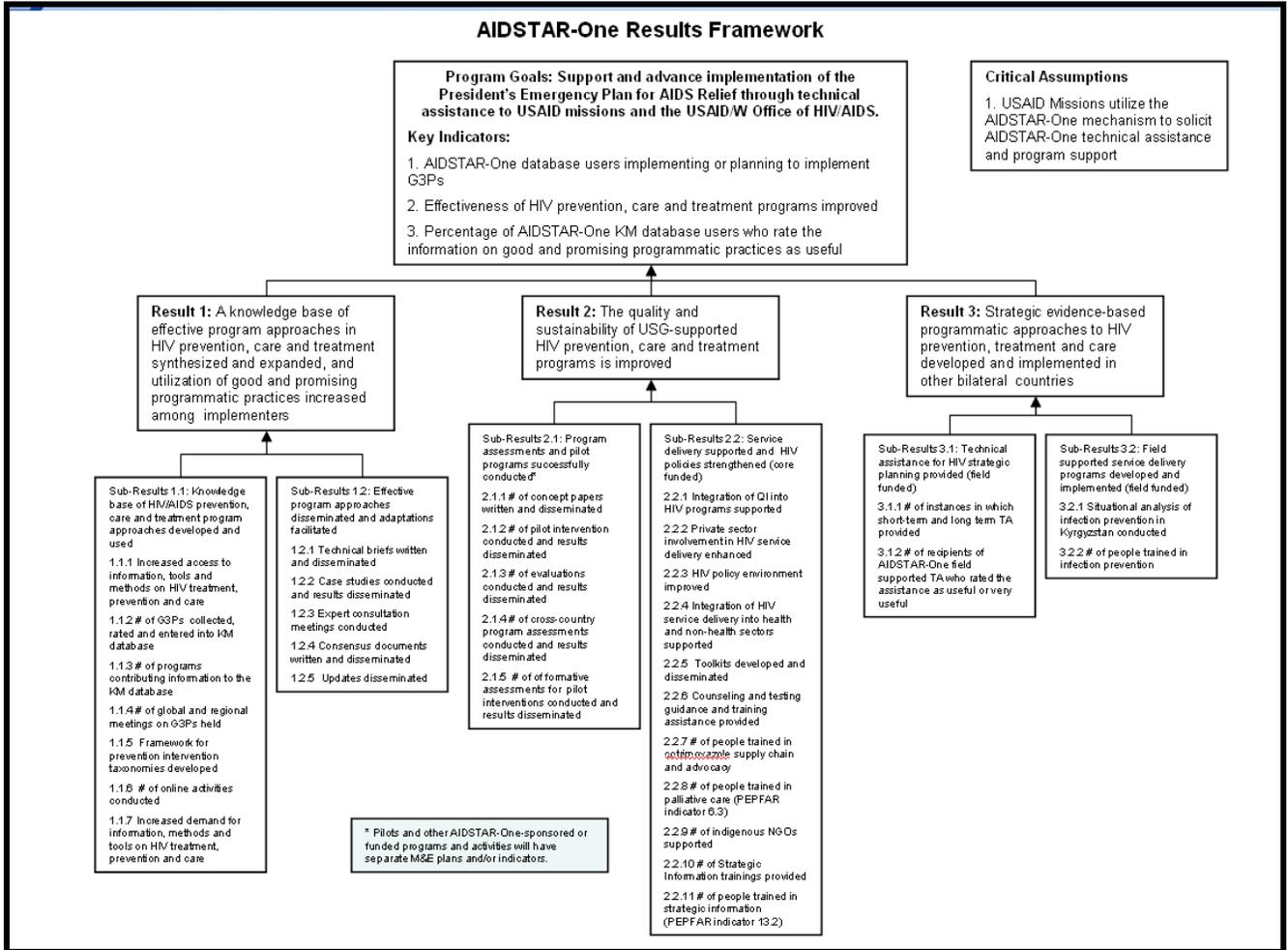
6.0 APPENDICES

6.1 Staff Chart



Note: shading indicates part-time personnel

6.2 Draft Results Framework



* Pilots and other AIDSTAR-One-sponsored or funded programs and activities will have separate MSE plans and/or indicators.

6.3 AIDSTAR-One Website

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USAID
FROM THE AMERICAN PEOPLE
AIDSTAR-One
beta

Get Started with Your **G3P**

About the PROGRAM

To support and advance implementation of the President's Emergency Plan for AIDS Relief through technical assistance.

The AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One), is USAID's global HIV/AIDS project that provides technical assistance services to the Office of HIV/AIDS and USG country teams in PEPFAR non-focus countries in knowledge management, technical leadership, program sustainability, strategic planning and program implementation support.

AIDSTAR-One objectives are to:

- Synthesize, expand and disseminate a knowledge base of effective program approaches to prevent, provide care for and treat HIV/AIDS;
- Provide short- and long-term technical assistance to support the implementation of USG-funded HIV/AIDS programs and activities;
- Increase utilization of good and promising practices in HIV prevention, care and treatment among program implementers;
- Improve the quality and sustainability of HIV prevention, care and treatment programs.

AIDSTAR-One is designed to provide a rapid response to USAID mission needs.

News & UPDATES

[Putting prevention at the forefront of HIV/AIDS.](#)
Horton R. Das P.

[The history and challenge of HIV prevention](#)
Merson M, O'Malley J, Sawadda D, Apisuk C.

[Biomedical interventions to prevent HIV infection: evidence, challenges and way forward.](#)
Padian NS, Buvé A, Balkus J, Sewadda D, Cates W.

[+ more news](#)

Best of G3P

A categorization of practices and programs by variables such as program content, geographic region/country, epidemic stage, target population, service delivery type, as well as identifying it as a good and promising programmatic practice.

1. [Mothers2Mothers](#)
2. [Broadreach Down Referral Program](#)
3. [My Life My Decision](#)

[+ advanced search](#)

Email **SIGN-UP**

Accessing AIDSTAR-One

What You Need to Know

6.4 G3P Database Description

To capture information from the vast array of HIV prevention, treatment and support programs, AIDSTAR-One is categorizing practices and programs by variables such as program content, geographic region/country, epidemic stage, target population, service delivery type, as well as identifying it as a good or promising practice. Efforts in the past decade have focused on identifying “best practices”. There have been several initiatives to collect, but little ability to categorize practices, in large part because of a lack of consensus on what is “best.” AIDSTAR-One’s focus on good and promising programmatic practices overcomes the consensus issue. The goal is create a searchable database available to program planners and implementers that will allow them to tailor a search for already implemented HIV programs that may be used to inform their efforts.

Each entry is being categorized according to its evidence level, the amount and type of information available to determine a program’s feasibility and effectiveness. Search results will be synthesized across three levels using seven criteria relating to the presence of specific program elements: Target Population, Program Implementation, Availability of Program Evaluation Documentation, Monitoring and Evaluation, Intervention Outcome, Quality Assurance and Quality Improvement, and Funding Support. Results will be categorized by evidence level making it much easier for field designers and program managers to find viable program models and where possible tools that have been previously implemented in the field. AIDSTAR-One has identified three levels to categorize G3Ps.

- Level 1. Good Program or Practice: A well described program that has been implemented for at least one year with a specified target population. Some level of formative evaluation has taken place and M&E data has been collected for at least one year. The program achieved some of its expected results and there are plans for quality improvement.
- Level 2. Promising Program or Practice: All the criteria for Level 1 have been met. In addition, the program has been implemented for at least two years, there is a final evaluation, and the program has met or exceeded its stated performance goals.
- Level 3. Proven Program Practice: Criteria for Levels 1 and 2 have been met. In addition, more than two years of program experience is documented, the program has measurable outcomes or impacts, and the effort has been externally evaluated.

The G3P database is not intended to evaluate programs/practices, nor is it designed to determine programmatic “gold” standards or establish best practices. Rather it is designed to classify programs/practices in order to facilitate decision making by program planners and designers.

6.5 G3P Rating Forms

AIDSTAR One G3P Rating Form For Assessing Programs and Practices: Good, Promising, and Proven Programmatic Practices

Rater/reviewer name:		
Research Assistant:		
Review date	Start:	
	End:	
Program or Practice Description: Stated Goals and Approach		
Implementing Organization:		
Location:		
Year Program Started:		
Total Score:		
RATING: (Mark an X next to the rating you give this)	Not ready for inclusion in the database (6 or less)	
	Level 1: Good Practice (7-13)	
	Level 2: Promising Practice (14-20)	
	Level 3: Proven Practice (21) *Must include External evaluation with rigorous evaluation methodology to be rated a Level 3 practice	
Rating Rationale:		

G3P Rating Form for Evidence Level for Good, Promising, and Proven Programmatic Practices

Scoring: The score for each row is tabulated by adding all the cell scores in a row. The overall score is calculated by summing the cell scores down the columns.

Criterion	Level 1	Level 2	Level 3	Criterion Score and any Comments
	Good Program or Practice	Promising Program or Practice	Proven Program or Practice	
	Base review for a program or practice	(In addition to evidence from previous level)	(in addition to evidence from previous level)	
Target population	Target population defined with rationale for population selected and with an updated workplan	Target population defined with rationale based on general priorities for HIV program intervention type	Target population defined with rationale for population selected based on local epidemiology or program data	
	1	2	3	Score =
Program implementation	Program/practice description with specific goals and objectives	At least two years of program implementation experience (e.g., updated work plan and/or annual review)	More than two years of program implementation and has been scaled up or replicated	
	1	2	3	Score =
Availability of Program Evaluation Documentation	Formative or process evaluation or Internal evaluation	Summative, midterm or final project evaluation detailing results	External evaluation with rigorous evaluation methodology	
	1	2	3	Score =
Monitoring and Evaluation	Monitoring & Evaluation Plan for collecting, reporting and verifying data and at least one year of results (not baseline)	Two years of monitoring results and achievement	More than two years of monitoring results showing achievements	
	1	2	3	Score =
Intervention Results	Program met 85% of all program objectives and analysis of barriers that affected ability to achieve results	Program met or exceeded stated objectives	Program has demonstrated positive outcome impacts	
	1	2	3	Score =
Quality assurance (QA) and quality improvement (QI)	Quality improvement document listing QI measures and QI implementation plan	Quality assurance/quality improvement has been implemented and showing results	Measurable results have been achieved through quality assurance/quality improvement	
	1	2	3	Score =
Funding support	At least one year of funding	Two-three years of funding	Continued funding commitments	
	1	2	3	Score =
Sources of documentation				
TOTAL SCORE				

Adapted from <http://www.promisingpractices.net>

6.6 Financial/LOE Status Report

Project Start Date	1-Feb-08											
Project End Date	31-Jan-11											
Workplan Months	19											
Total Workplan elapsed month	8											
TECHNICAL AREA	LOP Budget Base Period	Workplan Budget 2:08-9:09	Obligations FY07-08	ACTUAL EXPENSES FY 08					Obligations Less Expenses	% Workplan Budget Spent	% Workplan Elapsed	
				Q1	Q2	Q3	Q4	Total				
PMTCT		475,000	475,000	0	4,304	14,369	60,099	78,772	396,228	16.58%	42%	
PREVENTION		3,875,000	4,625,000	0	31,849	147,892	208,622	388,364	4,236,636	10.02%	42%	
CARE & SUPPORT		1,542,591	1,160,000	0	6,026	20,320	30,127	56,472	1,103,528	3.66%	42%	
OVC		263,716	500,000	0	1,722	18,386	97,288	117,395	382,605	44.52%	42%	
HIV COUNSELING & TESTING		1,209,053	1,160,000	0	9,469	30,509	40,855	80,833	1,079,167	6.69%	42%	
ADULT/PEP HIV TREATMENT		1,400,000	1,700,000	0	12,051	38,928	166,506	217,485	1,482,515	15.53%	42%	
STRATEGIC INFO		442,587	440,000	0	3,443	66,994	72,219	142,656	297,344	32.23%	42%	
OTHER		946,408	1,300,000	0	11,190	52,821	105,253	169,265	1,130,735	17.88%	42%	
-- Private Sector		358,673										
-- Integration		329,328										
-- Quality Improvement		258,407										
GENDER		700,000	1,400,000	0	6,026	21,580	51,784	79,389	1,320,611	11.34%	42%	
SUBTOTAL CLIN 1	12,390,767	10,854,355	12,760,000	0	86,079	411,798	832,754	1,330,631	11,429,369	12.26%	42%	
FIELD SUPPORT												
Kyrgyzstan		134,598	164,000	0	0	0	32,414	32,414	131,586			
Guatemala			70,000	0	0	0	8,104	8,104	61,896			
Honduras			1,250,000	0	0	0	0	0	1,250,000			
AFR Bureau			245,790	0	0	0	0	0	245,790			
LAC Bureau			324,400	0	0	0	0	0	324,400			
SUBTOTAL CLIN 2	49,400,805	134,598	2,054,190	0	0	0	40,518	40,518	2,013,672	30.10%	42%	
TOTAL	61,791,572	10,988,953	14,814,190	0	86,079	411,798	873,272	1,371,149	13,443,041	12.48%	42%	
LEVEL OF EFFORT (LOE)	WORK DAYS ORDERED	WORK DAYS YR 1 (2:08-1:09)	ACTUAL WORK DAYS FY 08					% YR 1 LOE USED	% YR 1 ELAPSED			
			Q1	Q2	Q3	Q4	Total					
CLIN 1	15,587	5,187	0	144	496	965	1,604	31%	67%			
CLIN 2	82,680	27,560	0	0	0	32	32	0%	67%			
TOTAL	98,267	32,747	0	144	496	996	1,636	5%	67%			

LEVEL OF EFFORT (LOE)			
TECHNICAL AREA	LOE YR1	Actual	Balance
PMTCT	238	94	144
PREVENTION	1,776	382	1,394
CARE & SUPPORT	443	91	351
OVC	255	102	153
HIV COUNSELING & TESTING	443	42	401
ADULT/PEP HIV TREATMENT	651	183	468
STRATEGIC INFO	352	191	161
OTHER	495	168	327
GENDER	534	350	184
TOTAL	5,187	1,604	3,583
Field Support			
	LOE	Actual	Balance
Kyrgyzstan	79	23	56
Guatemala	170	9	161
AFR Bureau			
LAC Bureau			
Total	249	32	217

6.7 Workplan Timelines: March 2008 – September 2008

Management and Staffing
Timeline: March 2008 -
September 2008

Note: gray text indicated activities not scheduled to occur during Q1 or Q2.

Activities and Products	Planned Q1 Mar-Jun 2008	Actual Q1 Mar-Jun 2008	Comments	Planned Q2 Jul-Sep 2008	Actual Q2 Jul-Sep 2008	Comments
Global Leadership and Knowledge Management						
<i>Staffing</i>						
1. Engage key personnel	completed	in process	Prevention Advisor and Research and M&E Advisor recruited and hired		completed	Project Director and Treatment Advisor hired, thus filling all key personnel positions
2. Hire other full-time technical and program administration staff	initiated	ongoing		completed	in process	Testing, Care and Support Officer position remains unfilled; final interviews underway
3. Engage short-term technical staff	completed	completed				
<i>Program Management</i>						
1. Subcontracts signed	completed	ongoing			ongoing	Letter agreements in place; sub-contracts being finalized
2. Office space secured	completed	completed				
3. Office equipment procured	completed	completed				
4. Financial systems adapted	completed	completed				
5. Initial partners' meeting held	completed	completed				
6. Monthly partners' meeting held	ongoing	ongoing		ongoing	ongoing	Partners' meetings scheduled quarterly
7. Technical team meetings held	ongoing	ongoing		ongoing	ongoing	
8. Start-up report submitted to USAID	completed	completed	Start-up report submitted to			

			CTO in April			
9. Project name identified	completed	completed				
10. Grants manual submitted to USAID	completed	in process			completed	Grants Manual submitted in July; approval pending
11. Branding and marking plan submitted to USAID	completed	completed	Branding and Marking Plan submitted in March; approval pending			
12. Workplan submitted to USAID	completed	completed	Workplan submitted in May; three revisions (re)submitted through July			
13. M&E plan submitted to USAID	completed	in process	M&E Plan submitted in June and is currently under revision and awaiting approval			
14. Quarterly financial reports submitted to USAID	completed	completed		completed	in process	Expected submission by Oct 15
15. Semi-annual report submitted to USAID				completed	in process	Annual report to be submitted by Oct 30

Task Area 1: Technical Leadership and Knowledge Management

***Knowledge Management
Timeline: March 2008 -
September 2008***

Activities and Products	Planned Q1	Actual Q1	Comments	Planned Q2	Actual Q2	Comments
	Mar-Jun 2008	Mar-Jun 2008		Jul-Sep 2008	Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>Create and Support GPPP Knowledge Base</i>						
1. Conduct annual short survey of USAID staff and TWGs regarding KM needs and	completed	initiated	10 completed in June 2008; two not available		completed	Three additional completed; next annual survey planned for

expectations and GPPPs in their country programs						calendar year 2009
2. Finalize AIDSTAR-One KM strategy	completed	completed				
3. Framework for selection of GPPPs finalized	completed	ongoing	In discussion and process of fine-tuning	completed	completed	System to be tested; once used will be revisited to determine what does and doesn't work
4. Identify and enter into database GPPPs in HIV prevention, treatment, support and cross cutting issues				ongoing	ongoing	List of potential GPPPs compiled; initial information, documents gathered
5. Design, develop and launch AIDSTAR-One Website	ongoing	ongoing		completed	completed	Official launch Sep. 30
6. Update website with stories regarding new GPPPs and other relevant programmatic information						
7. Design, develop and launch GPPP database: GPPPs categorized and beta version of database available	initiated	initiated		completed	ongoing	Database under development
8. Fully functioning online resource center available				initiated	to be initiated	GPPP database needs to be populated first
9. Routine collaboration with implementing partners managing other KM systems for USAID	ongoing	pending		ongoing	pending	Meetings to discuss KM issues with other partners planned for next quarter
10. Routine collaboration with other AIDSTAR and USAID implementers to identify GPPPs	ongoing	initiated		ongoing	initiated	
<i>Disseminate GPPPs and Communicate Findings</i>						

1. Work with AIDSTAR-One Technical Teams to identify potential technical briefs and case studies				ongoing	ongoing	
2. Disseminate key findings from GPPPs, technical briefs, and case studies using tailored push strategies						
3. Identify global and regional meetings opportunities to gather GPPPs (i.e. Implementers Meeting, Mexico City, APHA, GHC)				ongoing	ongoing	Two AIDSTAR-One staff attended Mexico City Conference
4. Host five topic-specific real time moderated dissemination activities						

Removed from original: "Limited access USAID section of website available"

Task Area 3: Strategic Planning and Technical Assistance

Strategic Planning and Technical Assistance Timeline: March 2008 - September 2008

Activities and Products	Planned	Actual	Comments	Planned	Actual	Comments
	Q1 Mar-Jun 2008	Q1 Mar-Jun 2008		Q2 Jul-Sep 2008	Q2 Jul-Sep 2008	
Strategic Planning and Technical Assistance						
<i>Kyrgyzstan: Medical Transmission of HIV</i>						
1. Situation analysis of infection prevention in Kyrgyzstan	completed	ongoing	Due to availability of consultants and representatives from local organizations assessment not completed until July		completed	Assessment completed and final report submitted to USAID/Central Asia Regional Mission

2. Adaptation of facility-based infection prevention training				completed	completed	Training materials adapted based upon assessment findings; training materials translated into Russian
3. Conduct facility and training of trainers				completed	ongoing	At the request of the Mission a revised training strategy is being implemented; training to be completed in the next quarter
4. Follow-up technical support and supervision of trainees						

Prevention
Timeline: March
2008 - September
2008

Activities and Products	Planned Q1	Actual Q1	Comments	Planned Q2	Actual Q2	Comments
	Mar-Jun 2008	Mar-Jun 2008		Jul-Sep 2008	Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Hold routine meetings of project's Prevention Technical Team	ongoing	ongoing		ongoing	ongoing	
2. Develop and conduct key informant interviews with 10-12 prevention experts	completed	completed				
3. Identify prevention GPPPs and enter them into KM database	ongoing	ongoing		ongoing	ongoing	
4. Develop framework for comprehensive multi-level prevention program and interventions	completed	completed				

<i>Prevention Interventions to Address Key Drivers in Generalized Epidemics</i>						
1. Identify consultant to write technical brief on prevention programs to address key drivers in generalized epidemics				completed	initiated	Agreed with USAID to wait until completion of MCP meeting, which will set technical direction for this Brief
2. Write technical brief on effective programs to address key drivers in generalized epidemics based on GPPPs						
<i>Concurrent Partnerships</i>						
1. Identify consultant to write technical brief on prevention programs to address key drivers in generalized epidemics			Technical Brief topic: multiple and concurrent sexual partnerships			
2. Write two case studies of concurrent sexual partnerships GPPPs						
3. Design expert consultation meeting for approximately 100 people on concurrent partnerships						
4. Arrange logistics for meeting	initiated	initiated		completed	completed	Meeting rescheduled to Oct 29-30 at request of OGAC
5. Prepare and produce resource packages and market place for meeting	completed	initiated		completed	completed	
6. Hold meeting	completed	initiated		completed	initiated	To be completed in November
7. Draft consensus recommendations for review by TWG				completed	initiated	To be completed in November

8. Edit and disseminate consensus recommendations						
9. Present and consensus document at SADC regional meeting						
Alcohol and HIV						
1. Identify domestic and international experts on community-based alcohol and HIV prevention interventions	completed	completed				
2. Identify consultant to write technical brief on alcohol and HIV		completed		completed	completed	
3. Hold two day meeting forum					initiated	Meeting concept presented to USAID on Oct 17
4. Write meeting report on community-based interventions and alcohol-related HIV risk behaviors						
5. Identify GPPPs to write technical brief on alcohol and HIV risk		initiated			ongoing	
6. Write two case studies of alcohol and related HIV risk reduction programs						
Hidden MSM						
1. Identify domestic and international experts on hidden MSM prevention interventions				completed	initiated	
2. Identify consultant to write technical brief on hidden MSM and HIV prevention		completed				
3. Hold two day meeting forum						
4. Write meeting report on hidden MSM and HIV						

prevention						
5. Identify GPPPs to write technical brief on hidden MSM and HIV prevention						
6. Write technical brief of hidden MSM and HIV prevention						
Discordant Couples (in process)						
1. Identify domestic and international experts on prevention for discordant couples		completed				
2. Identify GPPPs to write technical brief		initiated			ongoing	
Transactional and Inter-generational Sex (in process)						
1. Identify domestic and international experts on transactional and inter-generational sex and prevention					initiated	
2. Identify GPPPs to write technical brief					initiated	
Service Delivery and Sustainability						
Prevention Pilot Program on Concurrent Partnerships						
1. Develop plan for follow-up activities related to concurrent partner expert consultation				completed	initiated	To be completed in Nov (after MCP meeting)
2. Develop prevention pilot program to address concurrent partnerships and HIV prevention						
3. Concept paper submitted to TWG for review						
4. Distribute concept paper to USAID Missions in generalized epidemic countries						
5. Consultations with up to three Missions in						

generalized epidemic countries to adapt concept paper						
6. Agreement reached with one USAID Mission in general epidemic countries to adopt concept paper						
7. Field team, implement program activities and provide TA						
<i>Pilot for Community Interventions to Address Alcohol and HIV Risk</i>						
1. Develop plan for follow-up activities related to forum on alcohol and HIV-related risk behaviors						
2. Develop prevention pilot program to address alcohol-related HIV risk behaviors						
3. Concept paper submitted to TWG for review						
4. Distribute concept paper to USAID Missions in generalized epidemic countries						
5. Consultations with up to three Missions in generalized epidemic countries to adapt concept paper						
Strategic Planning and Implementation						
1. Monitor demand from Missions for prevention TA	ongoing	ongoing		ongoing	ongoing	
2. Identify up to 12 countries to provide technical assistance				initiated	initiated	Requests from Guatemala
3. Develop comprehensive plans to provide prevention technical support				initiated	initiated	

4. Provide short-term technical assistance to identified countries in efforts to develop and implement comprehensive prevention programs					ongoing	Mission to Guatemala on MARPs underway
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**Adult and Pediatric Treatment Timeline:
March 2008 - September 2008**

Activities and Products	Planned	Actual	Comments	Planned	Actual	Comments
	Q1 Mar-Jun 2008	Q1 Mar-Jun 2008		Q2 Jul-Sep 2008	Q2 Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Hold routine meetings of Project's Treatment Technical Team	ongoing	ongoing		ongoing	ongoing	Meetings held bi-weekly
2. Develop and conduct key informant interviews with 10-12 prevention experts	completed	initiated	Interviews started late		near completion	75% completed; two upcoming
3. Identify treatment GPPPs and enter them into KM database	ongoing	ongoing		ongoing	ongoing	GPPPs identified
4. Produce/disseminate updates on treatment GPPPs				ongoing	ongoing	GPPPs being evaluated, pending documentation
<i>Changes in Pediatric Treatment Guidelines</i>						
1. Write technical brief on changes pediatric treatment guidelines for used by USG-funded programs				initiated	initiated	Waiting for USAID approval on concept paper
<i>Decentralization of HIV Clinical Care</i>						
1. Write technical brief on decentralization of HIV clinical care in the public and private sector primary health care settings				completed	initiated	Working on concept paper

2. Design workshop agenda for meeting in LAC or Asia for partners and USG staff and WHO implementing decentralization programs (up to 30 people)				completed	pending	Waiting for USAID approval on concept paper
3. Logistics for workshop				completed	pending	Waiting for USAID approval on concept paper
4. Hold workshop						
5. Draft workshop report and lessons learned document for TWG review						
6. Finalize and disseminate report						
7. Write technical brief on HIV treatment and decentralization						
Retention in HIV Care						
1. Identify GPPPs to write technical brief on HIV treatment retention efforts						
2. Write technical brief on treatment retention efforts						
Service Delivery and Sustainability						
<i>Implementing Pediatric Treatment Guideline Changes</i>						
1. Identify consultant to lead toolkit development process				completed	completed	
2. Develop toolkit for program planners and implementers to implement changes in pediatric treatment guidelines				initiated	postponed	Development of toolkit to begin next quarter
3. Identify non-focus countries that have requested assistance in pediatric treatment				completed	pending	To date, no requests received from non-focus countries
4. Develop pediatric pilot program based						

on new WHO treatment guidelines						
5. Concept paper submitted to USAID for review						
6. Visit up to two countries (non-focus) to develop SOW and TA plan						
7. Adapt and finalize country-specific pilot programs based upon concept paper						
8. Field team as appropriate and provide TA						
<i>Decentralization of HIV Treatment</i>						
1. Identify non-focus countries that have requested assistance in decentralization of HIV treatment		initiated	Democratic Republic of Congo identified	completed	ongoing	Only DRC identified to date; more countries to be identified with USAID assistance
2. Develop decentralization pilot program concept paper based upon GPPPs						
3. Concept paper submitted to USAID for review						
4. Visit up to two countries (focus and non-focus) to develop SOW and TA plan						
5. Adapt and finalize country specific pilot programs based upon concept paper						
6. Field team as appropriate and provide TA						
<i>Retention in HIV Care</i>						
1. Identify focus and non-focus countries that have requested assistance in improving treatment retention efforts						

2. Develop retention pilot program concept paper based upon GPPPs						
3. Concept paper submitted to USAID for review						
4. Visit up to two countries (focus and non-focus) to develop SOW and TA plan						
5. Adapt and finalize country specific pilot programs based upon concept paper						
6. Field team as appropriate and provide TA						
Strategic Planning and Implementation						
1. Monitor demand from Missions for treatment TA	ongoing	ongoing		ongoing	ongoing	
2. Identify four countries (non-focus) to provide technical assistance				completed	ongoing	Honduras provided field support for TA
3. Develop comprehensive plans to provide treatment technical support						
4. Provide short-term technical assistance to identified countries in efforts to develop and implement comprehensive treatment programs						

HIV Counseling and Testing
Timeline: March 2008 - September 2008

Activities and Products	Planned	Actual	Comments	Planned	Actual	Comments
	Q1 Mar-Jun 2008	Q1 Mar-Jun 2008		Q2 Jul-Sep 2008	Q2 Jul-Sep 2008	
Global Leadership and Knowledge Management						

<i>General Knowledge Management</i>						
1. Routine meetings of Project's C&T Technical Team	ongoing	ongoing		ongoing	ongoing	
2. Develop and conduct key informant interviews with 10-12 C&T experts	completed	ongoing	Interviews continued through Q2		completed	
3. Identify C&T GPPPs and enter them into KM database	ongoing	ongoing		ongoing	ongoing	
4. Produce and disseminate updates on C&T GPPPs				ongoing	ongoing	
<i>Home-based Counseling and Testing</i>						
1. Design regional meeting for East/Southern Africa for up to 30 USG and home-based testing implementers				completed	deferred	Activity deferred at TWG request; possible later consideration as technical consultancy
2. Arrange logistics for the meeting				completed	deferred	See above
3. Hold workshop				completed	deferred	See above
4. Draft workshop report and lessons learned document for TWG review						
5. Finalize and disseminate report						
6. Write technical brief on home-based C&T						
7. Write two case studies of successful home-based C&T programs						
<i>Provider-initiated C&T</i>						
1. Identify consultant to serve as technical consultant for human rights in the context of provider-initiated HIV testing programs				completed	initiated	Discussion with TWG regarding content of assessment ongoing with revised concept brief under consideration
2. Identify two countries (focus and non-focus) to					initiated	Policy scan to aid TWG in country

conduct in depth assessments						selection underway, nearing completion
3. Conduct in-country assessments						
4. Draft assessment report for review by TWG						
5. Finalize report and disseminate						
Referral and Linkage between C&T and Other HIV Programs						
1. Identify GPPPs to write technical brief on C&T referral and linkage						
2. Write technical brief on C&T referral and linkage						
C&T Outreach Targeting MARPs						
1. Identify GPPPs to write technical brief on C&T outreach targeting MARPs						
2. Write technical brief on C&T outreach targeting MARPs						
Service Delivery and Sustainability						
Adapting Counseling and Testing Guidance and Training Materials						
1. Identify countries that have requested support or have identified need in revising national C&T guidance and training manuals						
2. Make initial visits in two non-focus countries						
3. Finalize technical assistance plan in up to two countries						
4. Field team and provide TA as appropriate						
Revise National C&T Policies						
1. Identify focus and non-focus countries that have requested assistance in						

revising national C&T policies						
2. Visit up to two countries (focus and non-focus) to develop SOW and TA plan						
3. Finalize TA plan, field team as appropriate and provide TA						
Targeted C&T Outreach for MARPs						
1. Identify non-focus countries that have requested assistance in developing C&T outreach for MARP						
2. Develop pilot concept paper for C&T outreach for MARPs based upon GPPPs						
3. Concept paper submitted to USAID for review						
4. Visit up to two non-focus countries to develop SOW and TA plan						
5. Adapt and finalize country specific pilot programs based upon concept paper						
Provider-initiated C&T						
1. Based upon cross-country assessments develop TA plan for up to two participating countries to address human rights issues.						
2. Field team as appropriate and provide TA						
Strategic Planning and Implementation						
1. Monitor demand from Missions for C&T TA	ongoing	ongoing		ongoing	ongoing	Interest expressed by USAID/Thailand to Technical Officer

						regarding VCT and MARP
2. Identify four countries (non-focus) to provide technical assistance						
3. Develop comprehensive plans to provide C&T technical support						
4. Provide short-term technical assistance to identified countries in efforts to develop and implement C&T programs based on GPPPs.						

**Private Sector
Timeline: March
2008 - September
2008**

Activities and Products	Planned Q1	Actual Q1	Comments	Planned Q2	Actual Q2	Comments
	Mar-Jun 2008	Mar-Jun 2008		Jul-Sep 2008	Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Routine participation in other Project Technical Teams	ongoing	ongoing		ongoing	ongoing	
2. Develop and conduct key informant interviews with 10-12 private sector experts	completed	initiated	List of informants generated		completed	
3. Identify private sector GPPPs and enter them into KM database	ongoing	initiated		ongoing	ongoing	GPPPs identified - awaiting KM team to begin soliciting program information
4. Produce/disseminate updates on				ongoing	initiated	Literature review in progress

private sector GPPPs						
5. Identify GPPPs from which to write technical brief					initiated	Literature review in progress, developing private sector framework
6. Write technical brief on private sector involvement in HIV service delivery					initiated	Literature review in progress, developing private sector framework
Service Delivery and Sustainability						
<i>Engaging the Private Sector in HIV Programs</i>						
1. Identify focus and non-focus countries that have requested assistance in developing private sector programs						
2. Develop private sector concept paper for pilot programs based on GPPPs						
3. Concept paper submitted to USAID for review						
4. Visit up to three countries (focus and non-focus) to develop SOW and TA plan						
5. Finalize TA plan, field team as appropriate and provide TA						

Integration
Timeline: March 2008 - September 2008

Activities and Products	Planned Q1 Mar-Jun 2008	Actual Q1 Mar-Jun 2008	Comments	Planned Q2 Jul-Sep 2008	Actual Q2 Jul-Sep 2008	Comments
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						

1. Routine participation in other Project Technical Teams	ongoing	ongoing		ongoing	ongoing	Integration added to scope of some technical teams (eg. C&S). Representatives of Prevention have joined the PMTCT and C&T Teams to ensure that opportunities for integration are identified
2. Develop and conduct key informant interviews with 5-8 integration experts	completed	ongoing			completed	Rather than have separate interviews about integration, integration was added to all the other KI interviews across all technical areas
3. Identify integration sector GPPPs and enter them into KM database	ongoing	ongoing		ongoing	ongoing	
4. Produce/disseminate updates on integration GPPPs				ongoing	ongoing	
5. Develop cost-benefit and evaluation criteria specific to HIV integration programs						
Service Delivery and Sustainability						
<i>Models for Health and Non-health Integration</i>						
1. Based on GPPPs develop one health and one non-health integration approach				initiated	initiated	Draft concept note for integration of PMTCT and FP being reviewed by USAID
2. Share draft with USAID/W for comment						
3. Visit up to three countries (focus and non-focus) to develop SOW and						

TA plan based on concept paper						
4. Adapt and finalize country-specific pilot programs based upon concept paper						
5. Field team as appropriate and provide TA						

**Quality Improvement Timeline:
March 2008 - September 2008**

Activities and Products	Planned	Actual	Comments	Planned	Actual	Comments
	Q1 Mar-Jun 2008	Q1 Mar-Jun 2008		Q2 Jul-Sep 2008	Q2 Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Routine participation in other Project Technical Teams to ensure QI is integrated	ongoing	ongoing		ongoing	ongoing	Integration added to scope of some technical teams (eg. C&S). Representatives of Prevention have joined the PMTCT and C&T Teams to ensure that opportunities for integration are identified
2. Identify quality improvement GPPPs and enter them into the KM database	ongoing	ongoing		ongoing	ongoing	QI GPPPs are cross-cutting other technical domains and not being specifically identified as QI GPPPs
3. Produce/disseminate updates on integration GPPPs	ongoing	ongoing		ongoing	ongoing	Prior workplan "QI Inventory" no longer specified; further dissemination TBD
Service Delivery and Sustainability						
<i>Integrating QI into HIV prevention, treatment and support based on GPPPs</i>						

1. Respond to focus and non-focus countries that have requested assistance in integrating QI approaches into program areas				initiated	deferred	Pending requests; awaiting further information regarding this activity
2. Visit up to three countries (focus and non-focus) to develop SOW and TA plan						
3. Finalize TA plan, field team as appropriate and provide TA in up to two countries						

**Orphans and Vulnerable Children Timeline:
March 2008 - September 2008**

Activities and Products	Planned Q1	Actual Q1	Comments	Planned Q2	Actual Q2	Comments
	Mar-Jun 2008	Mar-Jun 2008		Jul-Sep 2008	Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Hold meetings of Project's OVC Team	ongoing	ongoing		ongoing	ongoing	Conference calls held every two weeks
2. Develop and conduct key informant interviews with 10-12 OVC experts	initiated	initiated		completed	completed	11 KI interviews conducted
3. Identify OVC GPPPs and enter them into KM database	ongoing	ongoing		ongoing	ongoing	50+ potential GPPPs identified
4. Produce/disseminate up-dates on OVC GPPPs				ongoing	ongoing	
<i>OVC Technical Brief</i>						
1. Identify GPPPs for consideration in developing a pilot OVC program in non-focus countries				completed	ongoing	Potential topics drafted and submitted to USAID; awaiting feedback
2. Write technical brief on OVC programs in non-						

focus countries						
Service Delivery and Sustainability						
<i>Develop OVC Concept Paper</i>						
1. Develop concept paper for pilot program				initiated	postponed	
2. Concept paper submitted to USAID for review						
3. Identify possible non-focus countries for implementation						
4. Finalize SOW						
Strategic Planning and Implementation						
1. Monitor demand from Missions in non-focus countries for OVC TA	ongoing	ongoing		ongoing	ongoing	
2. Identify two countries (non-focus) to provide technical assistance				initiated	postponed	
3. Visit countries to develop comprehensive plans to provide OVC technical support				initiated	postponed	
4. Provide short-term technical assistance to identified countries in efforts to develop and implement comprehensive OVC programs based on GPPPs.						

**Care and Support Timeline:
March 2008 - September 2008**

Activities and Products	Planned Q1	Actual Q1	Comments	Planned Q2	Actual Q2	Comments
	Mar-Jun 2008	Mar-Jun 2008		Jul-Sep 2008	Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						

1. Hold meetings of project's C&S Technical Team	ongoing	ongoing		ongoing	ongoing	Routine meetings of the technical team are held; ad hoc meetings have been held to develop concept notes for specific planned activities
2. Develop and conduct key informant interviews with 10-12 C&S experts	completed	ongoing			completed	10 key informant interviews conducted
3. Identify C&S GPPPs and enter them into KM database	ongoing	ongoing		ongoing	ongoing	Initial list of G3Ps identified
4. Produce/disseminate up-dates on C&S GPPPs				ongoing	ongoing	
<i>Mental Health Integration into Care and Support Programs</i>						
1. Identify GPPPs for technical brief on mental health integration into care and support programs					initiated	Consultant engaged and technical brief development underway
2. Write two case studies on integration of mental health and care and support						
<i>Integrating Nutrition and Facility Care and Support Programs</i>						
1. Identify programs in three countries in which to evaluate				completed	ongoing	Concept paper submitted to TWG for comment; TWG to identify the countries for the assessment
2. Design evaluation protocol						
3. Conduct evaluation						
4. Write evaluation report						
5. Write technical brief based on evaluation						
Service Delivery and Sustainability						

<i>Cotrimoxazole Supply Chain and Advocacy</i>						
1. Identify three countries in which to conduct assessment				completed	ongoing	Concept paper submitted to TWG for comment; TWG to identify the countries for the assessment
2. Adapt assessment tools				completed	ongoing	Final adaptation of the tools to be completed after the countries have been selected
3. Conduct assessment						
4. Finalize report						
5. Develop advocacy training and materials						
6. Conduct trainings						
<i>C&S Indicators Assessment and Capacity Building</i>						
1. Identify two countries in which to conduct assessment				completed	ongoing	Concept paper submitted to TWG for comment; based upon feedback from the TWG the scope of this activity has been changed to assess programs rather than country level activities; the TWG will identify the countries for the assessment
2. Finalize assessment methodology and tools adaptation						
3. Conduct assessments						
4. Finalize report						
5. Develop capacity building training						
6. Conduct training in selected country						
<i>Improving Infection Control Practices in Facility Based Care and Support Programs</i>						

1. Adapt existing materials and develop new modules						
2. Identify two non-focus country in which to conduct training						
3. Conduct training						
4. Revise materials based on training results						
5. Development dissemination strategy						
6. Disseminate training and related materials						
Grant to Indigenous NGO for Integration of Pain Management into C&S						
1. Develop RFP for grant and post				completed	completed	RFA released and submissions received
2. Identify NGO and negotiate award				completed	ongoing	Initial review of the only received RFP completed. Comments and requested revisions to be asked of the organization that submitted the response
3. Development of technical assistance plan						
4. Sub-grants to local NGOs						
5. On-going technical assistance						
Strategic Planning and Implementation						
1. Monitor demand from Missions for C&S TA	ongoing	ongoing		ongoing	ongoing	To date no TA requests have been received
2. Identify two countries (non-focus) to provide technical assistance						
3. Develop comprehensive plans to provide C&S technical						

support						
4. Provide short-term technical assistance to identified countries in efforts to develop and implement C&S programs based on GPPPs.						

**PMTCT Timeline:
March 2008 -
September 2008**

Activities and Products	Planned Q1	Actual Q1	Comments	Planned Q2	Actual Q2	Comments
	Mar-Jun 2008	Mar-Jun 2008		Jul-Sep 2008	Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Hold routine meetings to project's PMTCT Technical Team	ongoing	ongoing	One telephone meeting held	ongoing	ongoing	Three telephone meetings held; two updates sent in lieu of teleconference
2. Develop and conduct key informant interviews with 10-12 PMTCT experts	ongoing	initiated	Interview Guide designed	ongoing	ongoing	13 planned, 12 completed; KI interview summaries submitted
3. Identify PMTCT GPPPs and enter them into KM database	ongoing	ongoing	Two GPPPs identified	ongoing	ongoing	Six GPPPs identified
4. Produce/disseminate up-dates on PMTCT GPPPs				ongoing	postponed	Pending entry of initial group into KM database and identification of additional GPPPs
<i>Increased Access to and Utilization of PMTCT Services</i>						
1. Identify GPPPs to write technical brief on increasing access to PMTCT services in generalized epidemics				ongoing	ongoing	Concept paper drafted: Comprehensive PMTCT Programming
2. Write technical brief on increasing						

access to and utilization of PMTCT in generalized epidemics						
Integrating PMTCT and Family Planning						
1. Identify GPPPS to write technical brief on integration of PMTCT and family planning						
2. Write technical brief on PMTCT and family planning integration.						
Service Delivery and Sustainability						
Improving Access to and Utilization of PMTCT Services						
1. Identify countries that have requested support or have identified need in expanding innovative PMTCT programs				ongoing	ongoing	Possible regional technical consultation in Swaziland
2. Develop concept paper for pilot program to expand PMTCT services based on GPPPs						
3. Concept paper submitted to USAID for review						
4. Make initial visits in one-two non-focus countries						
5. Finalize technical assistance plan in up to two countries						
6. Field team and provide TA as appropriate						
Strategic Planning and Implementation						
1. Monitor demand from Missions for PMTCT TA	ongoing	ongoing		ongoing	ongoing	
2. Identify one country (non-focus) to provide technical assistance				ongoing	postponed	To date no TA requests have been received
3. Develop comprehensive plans to provide PMTCT technical support						

4. Provide short-term technical assistance to identified countries in efforts to develop and implement PMTCT based on GPPPs						
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**Gender Timeline:
March 2008 -
September 2008**

Activities and Products	Planned	Actual	Comments	Planned	Actual	Comments
	Q1 Mar-Jun 2008	Q1 Mar-Jun 2008		Q2 Jul-Sep 2008	Q2 Jul-Sep 2008	
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Routine participation in other TO Technical Teams	ongoing	ongoing		ongoing	ongoing	
2. Develop and conduct key informant interviews with 10-12 gender and HIV experts	completed	completed	Clarification: three interviews planned and completed, not 10-12			
3. Identify gender and HIV GPPPs and enter them into KM database	ongoing	ongoing		ongoing	ongoing	
4. Produce/disseminate updates on gender and HIV GPPPs				ongoing	postponed	Postponed due to delays in GPPP process (see KM timeline above)
5. Review findings from Special Gender Initiatives, identify GPPPs and enter into database					initiated	
6. Write up to four technical briefs on gender and HIV integrating finding from Gender Special Initiative					initiated	Two Technical Briefs initiated
Service Delivery and Sustainability						
<i>Analysis of Gender Program Experience in PEPFAR Priority Countries</i>						
1. Conduct literature and desk	initiated	initiated		completed	completed	

review and develop a compendium summarizing results						
2. Conduct case studies						
3. Produce Executive Summary and Recommendations for program guidelines						

**Strategic Information Timeline:
March 2008 - September 2008**

Activities and Products	Planned	Actual	Comments	Planned	Actual	Comments
	Q1 Mar-Jun 2008	Q1 Mar-Jun 2008		Q2 Jul-Sep 2008	Q2 Jul-Sep 2008	
AIDSTAR-One ME&R Plan						
1. Develop and submit to USAID AIDSTAR-One M&E plan	completed	initiated	First draft submitted to USAID		ongoing	CTO comments received on M&E Plan; Results Framework revised; currently awaiting CTO comments on revised Results Framework
2. Train staff on M&E plan				completed	postponed	Training will commence once M&E plan is approved
3. Establish and convene Project SI Technical Team	ongoing		SI and KM team have been merged into a single working group; KM/SI working group is meeting regularly one a month	ongoing	ongoing	KM/SI will continue to meet monthly
Global Leadership and Knowledge Management						
<i>General Knowledge Management</i>						
1. Develop and conduct brief survey of USAID/Mission, Washington and TWG staff on GPPPs	initiated	ongoing	Survey instrument developed and submitted for review; Alternative plans have	completed	ongoing	Survey in process of modification and posting on KM database

			been made to post survey on AIDSTAR-One KM database			
2. In collaboration with technical advisors develop, implement, analyze and summarize key informant survey results		ongoing	Collection of Key Informant interviews 85% complete; Data analysis has begun.	initiated	initiated	
3. Write and disseminate survey report						
4. Train project staff in KM criteria utilization		initiated	KM training on GPPP criteria and rating procedures carried out with KM Advisor; training of staff is ongoing as new staff are hired	initiated	ongoing	Training of staff ongoing as new staff are hired
5. Assess and review GPPP documents prior to entering into database		initiated	Final assessment of GPPPs carried out by R&ME Advisor as needed	initiated	ongoing	
6. Develop, conduct and analyze formative research on selected topics in collaboration with AIDSTAR-One Technical Teams		initiated	Formative assessment for USAID/Guatemala initiated and pilot tested	initiated	ongoing	Field work in Guatemala continues through November
7. In collaboration with AIDSTAR-One Technical Teams design and conduct comparative assessments						
8. Develop and conduct case studies on selected topics in collaboration with AIDSTAR-One Technical Teams						
Service Delivery and Sustainability						
1. Develop M&E frameworks for pilot				initiated	postponed	Pending request from

interventions						field
Strategic Planning and Implementation						
1. Routine coordination meetings with AIDSTAR 1 and 2 implementers to identify GPPPs				ongoing	ongoing	
2. Routine coordination with SEARCH IQC on GPPP pilot programs and operations research				ongoing	postponed	Deferred until central award for Prevention Research is made
3. Provide technical assistance to four USAID Missions in non-focus countries on use of strategic information for service delivery program planning				ongoing	postponed	Pending request from field

6.8 Revised Workplan Timelines: October 2008 – September 2009

Revisions to October 2008-September 2009 Timelines

Note: revisions appear in black text; gray text indicates no change from timeline included in March 2008 - September 2009 workplan.

Management and Staffing Timeline: October 2008 - September 2009

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
Global Leadership and Knowledge Management					
<i>Staffing</i>					
1. Engage key personnel					
2. Hire other full-time technical and program administration staff					
3. Engage short-term technical staff					
<i>Program Management</i>					
1. Subcontracts signed	X	X			Partner Subcontracts to be amended accordingly as USAID Field Support is received
2. Office space secured					
3. Office equipment procured					
4. Financial systems adapted					
5. Initial Partners' meeting held					
6. Monthly Partners' meeting held	X	X	X	X	
7. Technical Team Meetings held	X	X	X	X	
8. Start-up report submitted to USAID					
9. Project name identified					
10. Grants manual submitted to USAID	X				Grants Manual to be revised to incorporate comments from USAID once they are received
11. Branding and marking plan submitted to USAID					
12. Workplan submitted				X	

to USAID					
13. M&E plan submitted to USAID					M&E plan to be revised to incorporate comments from USAID once they are received
14. Quarterly financial reports submitted to USAID	X	X	X	X	
15. Semi-annual report submitted to USAID		X		X	

Task Area 1: Technical Leadership and Knowledge Management

**Knowledge Management Timeline:
October 2008 - September 2009**

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
Global Leadership and Knowledge Management					
<i>Create and Support GPPP Knowledge Base</i>					
1. Conduct annual short survey of USAID staff and TWGs regarding KM needs and expectations and GPPPs in their country programs		X			
2. Finalize AIDSTAR-One KM strategy					
3. Framework for selection of GPPPs finalized					
4. Identify and enter into database GPPPs in HIV prevention, treatment, support and cross cutting issues	X	X	X	X	
5. Design, develop and launch AIDSTAR-One Website					
6. Udate website with stories regarding new GPPPs and other relevant programmatic information	X	X	X	X	
7. Design, develop and launch GPPP database: GPPPs categorized and beta version of database available	X				
8. Fully functioning online resource center available	X	X			

9. Routine collaboration with implementing partners managing other KM systems for USAID	X	X	X	X	
10. Routine collaboration with other AIDSTAR and USAID implementers to identify GPPPs	X	X	X	X	
Disseminate GPPPs and Communicate Findings					
1. Work with AIDSTAR-One Technical Teams to identify potential technical briefs and case studies	X	X	X	X	
2. Disseminate key findings from GPPPs, technical briefs, and case studies using tailored push strategies	X	X	X	X	
3. Identify global and regional meetings opportunities to gather GPPPs (i.e. Implementers Meeting, Mexico City, APHA, GHC)	X	X	X	X	
4. Host five topic-specific real time moderated dissemination activities	X	X	X	X	

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Task Area 3: Strategic Planning and Technical Assistance

Strategic Planning and Technical Assistance Timeline: October 2008 - September 2009

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
Strategic Planning and Technical Assistance					
<i>Kyrgyzstan: Medical Transmission of HIV</i>					
1. Situation analysis of infection prevention in Kyrgyzstan					
2. Adaptation of facility-based infection prevention training					
3. Conduct facility and training of trainers	X				At the request of the Mission a revised training strategy began implementation in Q2; training to be completed in

					Q3
4. Follow-up technical support and supervision of trainees	X				

**Prevention Timeline:
October 2008 -
September 2009**

Activities and Products	Q3	Q4	Q5	Q6	Comments
	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Hold routine meetings of Project's Prevention Technical Team	X	X	X	X	
2. Develop and conduct key informant interviews with 10-12 prevention experts					
3. Identify prevention GPPPs and enter them into KM database	X	X	X	X	
4. Develop framework for comprehensive multi-level prevention program and interventions					
<i>Prevention Interventions to Address Key Drivers in Generalized Epidemics</i>					
1. Identify consultant to write technical brief on prevention programs to address key drivers in generalized epidemics	X				Agreed with USAID to wait until completion of MCP meeting, which will set technical direction for this Brief
2. Write technical brief on effective programs to address key drivers in generalized epidemics based on GPPPs	X	X			
<i>Concurrent Partnerships</i>					
1. Identify consultant to write technical brief on prevention programs to address key drivers in generalized epidemics	X				Technical Brief topic: multiple and concurrent sexual partnerships
2. Develop and conduct key informant interviews with 10-12 prevention experts	X	X			

3. Write two case studies of concurrent sexual partnerships GPPPs	X	X			
4. Design expert consultation meeting for approximately 100 people on concurrent partnerships					
5. Arrange logistics for meeting					
6. Prepare and produce resource packages and market place for meeting					
7. Hold meeting					To be completed in November
8. Draft consensus recommendations for review by TWG					To be completed in November
9. Edit and disseminate consensus recommendations	X				
10. Present consensus document at SADC regional meeting	X				
Alcohol and HIV					
1. Identify domestic and international experts on community-based alcohol and HIV prevention interventions					
2. Identify consultant to write technical brief on alcohol and HIV					
3. Hold two day meeting forum	X				
4. Write meeting report on community-based interventions and alcohol-related HIV risk behaviors	X				
5. Identify GPPPs to write technical brief on alcohol and HIV risk	X	X			Initiated in Q1; continued in Q2
6. Prepare and produce resource packages and market place for meeting		X	X		Activity included erroneously in the workplan; to be removed
7. Write two case studies of alcohol and related HIV risk reduction programs			X	X	
Hidden MSM					
1. Identify domestic and international experts on hidden MSM prevention interventions					Activity continued from Q2

2. Identify consultant to write technical brief on hidden MSM and HIV prevention	X				Consultant identified in Q1
3. Hold two day meeting forum		X			
4. Write meeting report on hidden MSM and HIV prevention		X			
5. Identify GPPPs to write technical brief on hidden MSM and HIV prevention			X		
6. Write technical brief of hidden MSM and HIV prevention			X	X	
<i>Discordant Couples</i>					
1. Identify domestic and international experts on prevention for discordant couples		X			To be completed in Nov (after MCP meeting)
2. Identify GPPPs to write technical brief			X	X	Activity initiated in Q2
<i>Transactional and Inter-generational Sex</i>					
1. Identify domestic and international experts on transactional and inter-generational sex and prevention		X			Activity initiated in Q2
2. Identify GPPPs to write technical brief			X	X	Activity initiated in Q2
Service Delivery and Sustainability					
<i>Prevention Pilot Program on Concurrent Partnerships</i>					
1. Develop plan for follow-up activities related to Concurrent partner expert consultation					
2. Develop prevention pilot program to address concurrent partnerships and HIV prevention	X	X	X		Rescheduling the MCP meeting from May to October will delay these activities by approximately one quarter
3. Concept paper submitted to TWG for review		X			See above
4. Distribute concept paper to USAID Missions in generalized epidemic countries		X			See above
5. Consultations with up to three Missions in generalized epidemic countries to adapt concept paper			X		See above

6. Agreement reached with one USAID Mission in general epidemic countries to adopt concept paper			X		See above
7. Field team, implement program activities and provide TA				X	It is not likely that AIDSTAR-One will complete this activity in this timeframe
<i>Pilot for Community Interventions to Address Alcohol and HIV Risk</i>					
1. Develop plan for follow-up activities related to forum on alcohol and HIV-related risk behaviors		X			
2. Develop prevention pilot program to address alcohol-related HIV risk behaviors			X		
3. Concept paper submitted to TWG for review			X		
4. Distribute concept paper to USAID Missions in generalized epidemic countries				X	
5. Consultations with up to three Missions in generalized epidemic countries to adapt concept paper				X	
Strategic Planning and Implementation					
1. Monitor demand from Missions for prevention TA	X	X	X	X	
2. Identify up to 12 countries to provide technical assistance					
3. Develop comprehensive plans to provide prevention technical support	X	X	X	X	
4. Provide short-term technical assistance to identified countries in efforts to develop and implement comprehensive prevention programs	X	X	X	X	Activity initiated in Q2: MARPs in Guatemala

***Adult and Pediatric Treatment Timeline:
October 2008 - September 2009***

Activities and Products	Q3	Q4	Q5	Q6	Comments
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	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Hold routine meetings of Project's Treatment Technical Team	X	X	X	X	
2. Develop and conduct key informant interviews with 10-12 prevention experts					
3. Identify treatment GPPPs and enter them into KM database	X	X	X	X	
4. Produce/disseminate updates on treatment GPPPs	X	X	X	X	
<i>Changes in Pediatric Treatment Guidelines</i>					
1. Write technical brief on changes pediatric treatment guidelines for used by USG-funded programs	X				
<i>Decentralization of HIV Clinical Care</i>					
1. Write technical brief on decentralization of HIV clinical care in the public and private sector primary health care settings					Working on concept paper
2. Design workshop agenda for meeting in LAC or Asia for partners and USG staff and WHO implementing decentralization programs (up to 30 people)					Waiting for USAID approval on concept paper
3. Logistics for workshop	X				Waiting for USAID approval on concept paper
4. Hold workshop		X			Workshop to be held in Q4; originally planned for Q3
5. Draft workshop report and lessons learned document for TWG review		X			
6. Finalize and disseminate report		X			
7. Write technical brief on HIV treatment and decentralization			X		
<i>Retention in HIV Care</i>					
1. Identify GPPPs to write technical brief on HIV treatment retention efforts	X				

2. Write technical brief on treatment retention efforts	X				
Service Delivery and Sustainability					
<i>Implementing Pediatric Treatment Guideline Changes</i>					
1. Identify consultant to lead toolkit development process					
2. Develop toolkit for program planners and implementers to implement changes in pediatric treatment guidelines	X				Development of toolkit to begin in Q3
3. Identify non-focus countries that have requested assistance in pediatric treatment					To date, no requests received from non-focus countries
4. Develop pediatric pilot program based on new WHO treatment guidelines	X				Estimated for Q4, depending on requests from USAID Missions
5. Concept paper submitted to USAID for review		X			
6. Visit up to two countries (non-focus) to develop SOW and TA plan			X		
7. Adapt and finalize country-specific pilot programs based upon concept paper			X		
8. Field team as appropriate and provide TA			X	X	
<i>Decentralization of HIV Treatment</i>					
1. Identify non-focus countries that have requested assistance in decentralization of HIV treatment					Only DRC identified to date; more countries to be identified with USAID assistance
2. Develop decentralization pilot program concept paper based upon GPPPs	X				
3. Concept paper submitted to USAID for review	X				
4. Visit up to two countries (focus and non-focus) to develop SOW and TA plan	X	X			
5. Adapt and finalize country specific pilot		X			

programs based upon concept paper					
6. Field team as appropriate and provide TA			X	X	
Retention in HIV Care					
1. Identify focus and non-focus countries that have requested assistance in improving treatment retention efforts		X			
2. Develop retention pilot program concept paper based upon GPPPs		X			
3. Concept paper submitted to USAID for review		X			
4. Visit up to two countries (focus and non-focus) to develop SOW and TA plan			X		
5. Adapt and finalize country specific pilot programs based upon concept paper			X		
6. Field team as appropriate and provide TA			X	X	
Strategic Planning and Implementation					
1. Monitor demand from Missions for treatment TA	X	X	X	X	
2. Identify four countries (non-focus) to provide technical assistance					Honduras identified in Q2
3. Develop comprehensive plans to provide treatment technical support	X				
4. Provide short-term technical assistance to identified countries in efforts to develop and implement comprehensive treatment programs	X	X	X	X	

HIV Counseling and Testing Timeline: October 2008 - September 2009

Activities and Products	Q3	Q4	Q5	Q6	Comments
	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	
Global Leadership and Knowledge Management					

<i>General Knowledge Management</i>					
1. Routine meetings of Project's C&T Technical Team	X	X	X	X	
2. Develop and conduct key informant interviews with 10-12 C&T experts					
3. Identify C&T GPPPs and enter them into KM database	X	X	X	X	
4. Produce and disseminate updates on C&T GPPPs	X	X	X	X	
<i>Home-based Counseling and Testing</i>					
1. Design regional meeting for East/Southern Africa for up to 30 USG and home-based testing implementers					HBCT activities have been deferred pending further discussion with TWG
2. Arrange logistics for the meeting					See above
3. Hold workshop					See above
4. Draft workshop report and lessons learned document for TWG review	deferred				
5. Finalize and disseminate report		deferred			
6. Write technical brief on home-based C&T		deferred			
7. Write two case studies of successful home-based C&T programs			deferred	deferred	
<i>Provider-initiated C&T</i>					
1. Identify consultant to serve as technical consultant for human rights in the context of provider-initiated HIV testing programs					Identification of consultant and partner roles TBD
2. Identify two countries (focus and non-focus) to conduct in depth assessments	X				Activity initiated in Q2
3. Conduct in-country assessments	X	X			
4. Draft assessment report for review by TWG		X			
5. Finalize report and disseminate		X			
<i>Referral and Linkage between C&T and Other HIV Programs</i>					
1. Identify GPPPs to write technical brief on C&T		X			

referral and linkage					
2. Write technical brief on C&T referral and linkage			X	X	
C&T Outreach Targeting MARPs					
1. Identify GPPPs to write technical brief on C&T outreach targeting MARPs		X			
2. Write technical brief on C&T outreach targeting MARPs			X	X	
Service Delivery and Sustainability					
<i>Adapting Counseling and Testing Guidance and Training Materials</i>					
1. Identify countries that have requested support or have identified need in revising national C&T guidance and training manuals	X				
2. Make initial visits in two non-focus countries		X			
3. Finalize technical assistance plan in up to two countries			X		
4. Field team and provide TA as appropriate			X	X	
Revise National C&T Policies					
1. Identify focus and non-focus countries that have requested assistance in revising national C&T policies		X			
2. Visit up to two countries (focus and non-focus) to develop SOW and TA plan			X		
3. Finalize TA plan, field team as appropriate and provide TA			X	X	
Targeted C&T Outreach for MARPs					
1. Identify non-focus countries that have requested assistance in developing C&T outreach for MARP		X	X		
2. Develop pilot concept paper for C&T outreach for MARPs based upon GPPPs		X			
3. Concept paper submitted to USAID for review		X			

4. Visit up to two non-focus countries to develop SOW and TA plan			X		
5. Adapt and finalize country specific pilot programs based upon concept paper			X	X	
Strategic Planning and Implementation					
1. Based upon cross-country assessments develop TA plan for up to two participating countries to address human rights issues.		X			
2. Field team as appropriate and provide TA			X	X	
Strategic Planning and Implementation					
1. Monitor demand from Missions for C&T TA	X	X	X	X	
2. Identify four countries (non-focus) to provide technical assistance	X				
3. Develop comprehensive plans to provide C&T technical support	X				
4. Provide short-term technical assistance to identified countries in efforts to develop and implement C&T programs based on GPPPs.		X	X	X	

**Private Sector Timeline:
October 2008 -
September 2009**

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Routine participation in other Project Technical Teams	X	X	X	X	
2. Develop and conduct key informant interviews with 10-12 private sector experts					

3. Identify private sector GPPPs and enter them into KM database	X	X	X	X	Literature review in process as of Q2
4. Produce/disseminate updates on private sector GPPPs	X	X	X	X	
5. Identify GPPPs from which to write technical brief	X				Activity initiated in Q2
6. Write technical brief on private sector involvement in HIV service delivery	X	X			Activity initiated in Q2
Service Delivery and Sustainability					
<i>Engaging the Private Sector in HIV Programs</i>					
1. Identify focus and non-focus countries that have requested assistance in developing private sector programs		X			Potential timeframe adjustment given the later start for the project and other delays
2. Develop private sector concept paper for pilot programs based on GPPPs		X			See above
3. Concept paper submitted to USAID for review		X			See above
4. Visit up to three countries (focus and non-focus) to develop SOW and TA plan		X			See above
5. Finalize TA plan, field team as appropriate and provide TA		X	X	X	See above

Integration Timeline:
October 2008 -
September 2009

Activities and Products	Q3	Q4	Q5	Q6	Comments
	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Routine participation in other Project Technical Teams	X	X	X	X	
2. Develop and conduct key informant interviews with 5-8 integration experts					

3. Identify integration sector GPPPs and enter them into KM database	X	X	X	X	
4. Produce/disseminate updates on integration GPPPs	X	X	X	X	
5. Develop cost-benefit and evaluation criteria specific to HIV integration programs					Activity to be removed
Service Delivery and Sustainability					
<i>Models for Health and Non-health Integration</i>					
1. Based on GPPPs develop one health and one non-health integration approach	X				
2. Share draft with USAID/W for comment	X				
3. Visit up to three countries (focus and non-focus) to develop SOW and TA plan based on concept paper		X			
4. Adapt and finalize country-specific pilot programs based upon concept paper		X			
5. Field team as appropriate and provide TA			X	X	

**Quality Improvement Timeline:
October 2008 - September 2009**

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Routine participation in other Project Technical Teams to ensure QI is integrated	X	X	X	X	
2. Identify quality improvement GPPPs and enter them into the KM database	X	X	X	X	
3. Produce/disseminate updates on integration GPPPs	X	X	X	X	Future dissemination TBD
Service Delivery and Sustainability					
<i>Integrating QI into HIV prevention, treatment and support based on GPPPs</i>					

1. Respond to focus and non-focus countries that have requested assistance in integrating QI approaches into program areas	X				Pending requests for assistance integrating QI
2. Visit up to three countries (focus and non-focus) to develop SOW and TA plan		X			
3. Finalize TA plan, field team as appropriate and provide TA in up to two countries		X	X	X	

**Orphans and Vulnerable Children Timeline:
October 2008 - September 2009**

Activities and Products	Q3	Q4	Q5	Q6	Comments
	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Hold meetings of Project's OVC Team	X	X	X	X	
2. Develop and conduct key informant interviews with 10-12 OVC experts					
3. Identify OVC GPPPs and enter them into KM database	X	X	X	X	
4. Produce/disseminate up-dates on OVC GPPPs	X	X	X	X	
<i>OVC Technical Brief</i>					
1. Identify GPPPs for consideration in developing a pilot OVC program in non-focus countries					
2. Write technical brief on OVC programs in non-focus countries	X				
Service Delivery and Sustainability					
<i>Develop OVC Concept Paper</i>					
1. Develop concept paper for pilot program	X				
2. Concept paper submitted to USAID for review	X				
3. Identify possible non-focus countries for implementation		X			
4. Finalize SOW			X	X	

Strategic Planning and Implementation					
1. Monitor demand from Missions in non-focus countries for OVC TA	X	X	X	X	
2. Identify two countries (non-focus) to provide technical assistance	X				Postponed pending Mission requests
3. Visit countries to develop comprehensive plans to provide OVC technical support	X	X			Postponed pending identification of countries for TA
4. Provide short-term technical assistance to identified countries in efforts to develop and implement comprehensive OVC programs based on GPPPs.	X	X	X	X	

Care and Support Timeline: October 2008 - September 2009

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Hold meetings of Project's C&S Technical Team	X	X	X	X	
2. Develop and conduct key informant interviews with 10-12 C&S experts					
3. Identify C&S GPPPs and enter them into KM database	X	X	X	X	
4. Produce/disseminate up-dates on C&S GPPPs	X	X	X	X	
<i>Mental Health Integration into Care and Support Programs</i>					
1. Identify GPPPs for technical brief on mental health integration into care and support programs	X				Activity initiated in Q2
2. Write two case studies on integration of mental health and care and support		X	X		
<i>Integrating Nutrition and Facility Care and Support Programs</i>					
1. Identify programs in three countries evaluate					Concept paper submitted to TWG for comment; TWG to identify the countries for the

					assessment
2. Design evaluation protocol	X				
3. Conduct evaluation		X			
4. Write evaluation report		X			
5. Write technical brief based on evaluation			X		
Service Delivery and Sustainability					
<i>Cotramoxizole Supply Chain and Advocacy</i>					
1. Identify three countries in which to conduct assessment					Concept paper submitted to TWG for comment; TWG to identify the countries for the assessment
2. Adapt assessment tools					Final adaptation of the tools to be completed after the countries have been selected
3. Conduct assessment	X				
4. Finalize report		X			
5. Develop advocacy training and materials		X			
6. Conduct trainings			X		
<i>C&S Indicators Assessment and Capacity Building</i>					
1. Identify two countries in which to conduct assessment					Concept paper submitted to TWG for comment; based upon feedback from the TWG the scope of this activity has been changed to assess programs rather than country level activities; the TWG will identify the countries for the assessment
2. Finalize assessment methodology and tools adaptation	X				
3. Conduct assessments	X				
4. Finalize report		X			
5. Develop capacity building training		X			
6. Conduct training in selected country			X		
<i>Improving Infection Control Practices in Facility Based Care and Support Programs</i>					
1. Adapt existing materials and develop new modules	X				

2. Identify two non-focus country in which to conduct training	X				Initial review of the only received RFP completed. Comments and requested revisions to be asked of the organization that submitted the response
3. Conduct training	X	X			
4. Revise materials based on training results			X		
5. Development dissemination strategy		X			
6. Disseminate training and related materials			X		
Grant to Indigenous NGO for Integration of Pain Management into C&S					
1. Develop RFP for grant and post					
2. Identify NGO and negotiate award					
3. Development of technical assistance plan	X				
4. Sub-grants to local NGOs		X			
5. On-going technical assistance	X	X	X		
Strategic Planning and Implementation					
1. Monitor demand from Missions for C&S TA	X	X	X		
2. Identify two countries (non-focus) to provide technical assistance	X				
3. Develop comprehensive plans to provide C&S technical support	X				
4. Provide short-term technical assistance to identified countries in efforts to develop and implement C&S programs based on GPPPs.		X	X		

**PMTCT Timeline:
October 2008 -
September 2009**

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Hold routine meetings to project's PMTCT Technical Team	X	X	X	X	

2. Develop and conduct key informant interviews with 10-12 PMTCT experts					
3. Identify PMTCT GPPPs and enter them into KM database	X	X	X	X	
4. Produce/disseminate up-dates on PMTCT GPPPs	X	X	X	X	
Increased Access to and Utilization of PMTCT Services					
1. Identify GPPPs to write technical brief on increasing access to PMTCT services in generalized epidemics					
2. Write technical brief on increasing access to and utilization of PMTCT in generalized epidemics	X				co-author identified
Integrating PMTCT and Family Planning					
1. Identify GPPPs to write technical brief on integration of PMTCT and family planning	X				
2. Write technical brief on PMTCT and family planning integration.		X			author identified
Service Delivery and Sustainability					
Improving Access to and Utilization of PMTCT Services					
1. Identify countries that have requested support or have identified need in expanding innovative PMTCT programs					
2. Develop concept paper for pilot program to expand PMTCT services based on GPPPs	X				
3. Concept paper submitted to USAID for review	X				
4. Make initial visits in one-two non-focus countries		X			
5. Finalize technical assistance plan in up to two countries		X			
6. Field team and provide TA as appropriate			X	X	
Strategic Planning and Implementation					
1. Monitor demand from Missions for PMTCT TA	X	X	X	X	

2. Identify one country (non-focus) to provide technical assistance	X				
3. Develop comprehensive plans to provide PMTCT technical support	X				
4. Provide short-term technical assistance to identified countries in efforts to develop and implement PMTCT based on GPPPs		X	X	X	

**Gender Timeline:
October 2008 -
September 2009**

Activities and Products	Q3	Q4	Q5	Q6	Comments
	Oct-Dec 2008	Jan-Mar 2009	Apr-Jun 2009	Jul-Sep 2009	
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Routine participation in other TO Technical Teams	X	X	X	X	
2. Develop and conduct key informant interviews with 10-12 gender and HIV experts					
3. Identify gender and HIV GPPPs and enter them into KM database	X	X	X	X	
4. Produce/disseminate updates on gender and HIV GPPPs	X	X	X	X	
5. Review findings from Special Gender Initiatives, identify GPPPs and enter into database	X				Activity initiated in Q2
6. Write up to four technical briefs on gender and HIV integrating finding from Gender Special Initiative	X	X	X	X	Activity initiated in Q2
Service Delivery and Sustainability					
<i>Analysis of Gender Program Experience in PEPFAR Priority Countries</i>					
1. Conduct literature and desk review and develop a compendium summarizing results					
2. Conduct case studies	X	X	X	X	

3. Produce Executive Summary and Recommendations for program guidelines				X	
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**Strategic Information Timeline:
October 2008 - September 2009**

Activities and Products	Q3 Oct-Dec 2008	Q4 Jan-Mar 2009	Q5 Apr-Jun 2009	Q6 Jul-Sep 2009	Comments
AIDSTAR-One ME&R Plan					
1. Develop and submit to USAID AIDSTAR-One M&E plan	X				M&E plan will be completed once feedback on results framework received from CTO
2. Train staff on M&E plan					Training will commence once M&E plan is approved
3. Establish and convene Project SI Technical Team	X	X	X	X	SI technical team merged with KM technical team; meetings continue monthly
Global Leadership and Knowledge Management					
<i>General Knowledge Management</i>					
1. Develop and conduct brief survey of USAID/Mission, Washington and TWG staff on GPPPs	X				Survey being redesigned; to be posted on AIDSTAR-One website
2. In collaboration with technical advisors develop, implement, analyze and summarize key informant survey results	X				First draft of KI interviews to be completed by end of Q3
3. Write and disseminate survey report	X			X	
4. Train project staff in KM criteria utilization	X	X	X	X	Ongoing as needed
5. Assess and review GPPP documents prior to entering into database	X	X	X	X	Ongoing
6. Develop, conduct and analyze formative research on selected topics in collaboration with AIDSTAR-One Technical Teams	X	X	X	X	Ongoing
7. In collaboration with AIDSTAR-One Technical Teams design and conduct comparative assessments	X	X	X	X	

8. Develop and conduct case studies on selected topics in collaboration with AIDSTAR-One Technical Teams	X	X	X	X	
Service Delivery and Sustainability					
1. Develop M&E frameworks for pilot interventions	X	X	X	X	
Strategic Planning and Implementation					
1. Routine coordination meetings with AIDSTAR 1 and 2 implementers to identify GPPPs	X	X	X	X	
2. Routine coordination with SEARCH IQC on GPPP pilot programs and operations research	X	X	X	X	
3. Provide technical assistance in to four USAID Missions in non-focus countries on use of strategic information for service delivery program planning	X	X	X	X	

For more information, please visit www.aidstar-one.com

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