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**AIDS Support and Technical
Assistance Resources**



AIDSTAR-One

AIDSTAR-ONE ANNUAL REPORT

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APCA	African Palliative Care Association
ART	Antiretroviral Treatment
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
COTR	Contracting Officer's Technical Representative
CT	Counseling and Testing
DRC	Democratic Republic of Congo
F/N	Food and Nutrition
FY	Fiscal Year
G3P	Good and Promising Programmatic Practice
HAART	Highly Active Antiretroviral Therapy
HBCT	Home-based Counseling and Testing
HIV	Human Immunodeficiency Virus
ICRW	International Center for Research on Women
IPC	Infection Prevention and Control
IRB	Internal Review Board
JSI	John Snow, Inc.
KI	Key Informant
KM	Knowledge Management
LAC	Latin America and Caribbean
LOE	Level of Effort
m2m	Mothers 2 Mothers
M&E	Monitoring & Evaluation
MARPs	Most-at-Risk Populations
MCP	Multiple and Concurrent Sexual Partnerships
MMIS	Making Medical Injections Safer
MNCH	Maternal, Newborn and Child Health
MSM	Men Who Have Sex with Men
NGO	Non-governmental Organization
OGAC	Office of the U.S. Global AIDS Coordinator
OVC	Orphans and Vulnerable Children
OHA	Office of HIV/AIDS
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PITC	Provider-initiated Testing and Counseling
PKB	Prevention Knowledge Base
PLWH	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PSE	Private Sector Engagement
PSS	Psychological and Social Support
QA	Quality Assurance

QI	Quality Improvement
RDMA	Regional Development Mission for Asia
SI	Strategic Information
SSS	Social and Scientific Systems, Inc.
STI	Sexually Transmitted Infection
STTA	Short Term Technical Assistance
TA	Technical Assistance
TAG	Technical Advisory Group
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
WASH	Water Safety and Hygiene
WHO	World Health Organization
WRA	White Ribbon Alliance

1.0 INTRODUCTION

This fiscal year (FY) 2009 Annual Report for AIDSTAR Sector I Task Order 1 (AIDSTAR-One) summarizes the progress and major accomplishments achieved from October 1, 2008 through September 30, 2009. The AIDSTAR-One task order is now slightly more than halfway through the three-year base period of implementation. It has grown rapidly over the past year in many areas, including field-based technical assistance (TA) and implementation support, and knowledge management/technical guidance provided in support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Over the past year AIDSTAR-One has had many accomplishments which are described in this report. A few of the highlights include:

- Launch of the AIDSTAR-One website and database of good and promising programmatic practices (G3Ps)
- Development of the HIV Prevention Knowledge Base (PKB) on the AIDSTAR-One website with 17 prevention areas
- Collection and posting of national HIV/AIDS treatment guidelines from 29 countries
- Development of 10 technical briefs that provide the latest technical information and programmatic guidance for program planners and implementers
- Development of 10 case studies providing examples of successful and innovative practices that support replication elsewhere and provide lessons learned
- Development of "A Compendium of Multiple Gender Strategies in HIV and AIDS Programming: A Selection of Practices From Africa", that identifies and describes programs in Africa that can serve as promising models
- Organization and facilitation of a technical consultation on "Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics" that identified components of successful programs and advanced the latest technical knowledge of this emerging field
- Organization and facilitation of a technical consultation on "Interventions with Most-at-Risk Populations in PEPFAR Countries: Lessons Learned and Challenges Ahead" in Chennai, India
- Organization and facilitation of a technical consultation in Mozambique on orphans and vulnerable children
- Provision of a grant to the African Palliative Care Association (APCA) to support the regional expansion of care and support activities
- Opening of project office in Honduras and hiring of local staff to oversee implementation of the field support workplan for Honduras
- Transition of injection safety activities in Uganda, Ethiopia and Nigeria from the Making Medical Injections Safer (MMIS) Project to AIDSTAR-One.

This workplan is divided into three main sections: 1) project management and finance, 2) major accomplishments in the core-funded technical areas, and 3) major accomplishments from field support-funded activities. Annex 1 lists the status of major outputs that were included in the workplan that ended September 30, 2009. Annex 2 provides performance monitoring data in accordance with the project's approved Monitoring and Evaluation Plan. Annexes 3-4 present updates on AIDSTAR-One staffing and the composition of its technical teams. Annex 5 includes a list of publications that are completed or under development, and Annex 6 provides a financial/level of effort (LOE) status report as of September 30, 2009.

2.0 PROJECT MANAGEMENT AND FINANCE

2.1 Project Management and Staffing

With the addition of field offices, a larger staff, and additional field support funding sources, project management has become more challenging, yet no significant management issues have impeded progress. Good communications continue to be the norm among the AIDSTAR-One management team, technical teams, USAID COTR and Office of HIV/AIDS (OHA) Advisors.

Project staff and technical team leaders meet together twice a month, including once a month with all project partners, to provide project updates and discuss implementation challenges. Also, the technical teams look for opportunities to complement and build on each others work. AIDSTAR-One continues to have a bi-weekly management meeting with the COTR and rotating OHA Advisors. These meetings serve as a venue for updates on workplan implementation and for reviewing project management issues. AIDSTAR-One Technical Teams also meet at least once a month to review the progress of ongoing work and plan new activities.

AIDSTAR-One developed a tracking tool earlier in the year that is used by the Technical Team Leads, the COTR and AIDSTAR-One management to track the status of deliverables and publications that are submitted to USAID. It continues to serve as an effective management tool.

New field support was received, or designated, during the reporting period. Field support was received by AIDSTAR-One from Ethiopia, Nigeria, India, Mexico, and the Latin America and Caribbean (LAC) Bureau. Field support has been designated for AIDSTAR-One in FY 2010 by Honduras, Guatemala, Swaziland, Tanzania and Uganda. The field support from Uganda, Ethiopia and Nigeria will continue to support the activities begun in those three countries under the Making Medical Injections Safer Project. AIDSTAR-One is serving as a one-year bridge funding mechanism to these three countries and has absorbed many of the field and headquarters staff previously working under the MMIS Project that were assigned to those countries.

The size and nature of field support for Honduras necessitated the opening of an AIDSTAR-One office in the capital city of Tegucigalpa and the hiring of a Country Director and local professional and support staff. Further information about these field support activities is found in section 4 of this report.

During the reporting period there were several changes to the composition of project staff and leadership of the various AIDSTAR-One technical teams. Among key personnel, one change was the addition of Jill Posner who assumed the position of Senior Monitoring and Evaluation Advisor. Another change to key personnel was the departure of Mulamba Diese. He has been replaced by Bisola Ojikutu, who will assume the role of Senior Treatment Advisor and lead the

AIDSTAR-One Treatment Team. She will begin work on the project the first week of November.

Other staff changes since submission of the last semi-annual report include the following:

- Transition of Frank DeSarbo from Operations Director to Knowledge Management Director
- Addition of Zaira Alonso as Operations Director
- Addition of Marcy Levy as Orphans and Vulnerable Children (OVC) Advisor and leader of the AIDSTAR-One OVC Team
- Departure of Quail Rogers-Bloch as Prevention Officer, and addition of Repsina Chintalova-Dallas as her replacement
- Addition of Julie Limoges as Monitoring and Evaluation Officer
- Addition of Ana Rendon as Technical Advisor for AIDSTAR-One/Honduras
- Addition of field and headquarters staff supporting injection safety activities in Nigeria, Uganda and Ethiopia

Currently, recruitment is underway to fill vacancies at project headquarters for the positions of Senior Treatment Officer, Senior Care and Support Officer, Senior Prevention Officer, Prevention Officer and Program Coordinator. Annex 3 provides a chart of AIDSTAR-One staff, and Annex 4 presents the current makeup of the various AIDSTAR-One technical teams.

2.2 Contract Approval Actions/Modifications

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

- All international travel that was undertaken during the reporting period was completed with COTR approval
- Approval was given to replace key personnel and hire Jill Posner and Bisola Ojikutu to fill the positions of Senior Monitoring and Evaluation Advisor and Senior Treatment Advisor, respectively
- A workplan for FY 2010 was submitted for approval to the COTR on September 30, 2009; comments have been received and a final version is being prepared for submission
- The Small Grants Management Plan was approved by the COTR
- A Grant Agreement Award to the African Palliative Care Association (APCA) was approved by the COTR
- The project's Monitoring and Evaluation Plan was approved by the COTR
- The project's Branding and Marking Plan was approved by the COTR

In addition to these approvals by the COTR, a contract amendment was signed by the Contracting Officer on 9/30/09 that included:

- Approval of change in key personnel (to hire Jill Posner)
- Addition of subcontractors MAP International and mothers2mothers (m2m)
- Addition of incremental funding in the amount of \$11,250,827
- Modification of Contract Budget to shift funds from CLIN 2 (Mission funds) to CLIN 1 (Core, or Central funds) and reallocate funds among various line items
- Modification of Work Days Ordered Table to shift LOE from CLIN 2 to CLIN 1, slightly reduce the overall amount of LOE for the base period of the contract, and reclassify positions within the Work Days Ordered Table

The last two bulleted items helped make the project easier to manage and will enable AIDSTAR-One to allocate funds and LOE to areas of greatest need.

2.3 Financial Status and LOE

A summary of the financial status and LOE expended as of September 30, 2009 is provided in Annex 6 (note: this table does not include new funds obligated or modifications to LOE that occurred through the contract amendment signed 9/30/09). A total of \$7,598,787 was expended through September 30, 2009 leaving a pipeline of \$7,215,403. Although the pipeline remains large, project expenditures have been rapidly increasing. For example, the burn rate (average monthly expenditures) for the first six months of FY 2009 was \$387,685, but nearly doubled over the final six months of the year to \$651,314.

As AIDSTAR-One is a level-of-effort contract, work days ordered and actual work days provided are also shown in Annex 6. Similar to project expenditures, the number of work days expended has been steadily rising. The total work days expended in the last six months of FY 2009 (4,499) was nearly double the amount expended in the first six months of the year (2,312). This has been due to a combination of factors, including increased staffing at project headquarters, the opening of field offices under the project, and increased field support.

3.0 MAJOR ACCOMPLISHMENTS – CORE FUNDED

3.1 Introduction

Core funds for AIDSTAR-One represent approximately one-third of the anticipated funding for the base period of the contract and are allocated across various technical program areas. These areas correlate to PEPFAR technical working groups (TWGs) that coordinate United States Government (USG) efforts in each of these technical program areas. AIDSTAR-One staff work closely with each PEPFAR TWG to develop the AIDSTAR-One workplans and 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, Adult and Pediatric Treatment, Counseling and Testing, Orphans and Vulnerable Children, Care and Support 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 – Gender, Other Policy Analysis and Systems Strengthening, and Strategic Information (SI).

3.2 Knowledge Management

Summary

The knowledge management (KM) strategy for the AIDSTAR-One Project focuses on accelerating and improving program implementation and rapidly expanding the reach of AIDSTAR-One technical resources. KM is an integral cross-cutting component of all AIDSTAR-One technical areas. Over the past year AIDSTAR-One developed a project website and designed a dynamic database to capture results and lessons learned from good and promising programmatic practices (G3Ps) in HIV and AIDS. To ensure consistency and quality across the spectrum of technical areas, the KM Team also developed a series of guidelines, including standard operating procedures for case studies, technical briefs, and other communications products.

Major Accomplishments

1. AIDSTAR-One Website

AIDSTAR-One Knowledge Management accomplishments over the past year include collaboration with our partner, GMMB, in the design and development of the AIDSTAR-One website and its launch in beta version in early October of 2008. A couple of important features of the website are the Prevention Resource Pages, which were later renamed to Prevention Knowledge Base and the HIV Treatment Guidelines which were launched in mid-June 2009. For the Prevention Knowledge Base, a total of 17 prevention categories were posted as of 9/30/09, with 5 more being finalized. The HIV Treatment Guidelines include documents and treatment guidelines from 29 PEPFAR countries, along with a brief summary for each country.

The AIDSTAR-One website is also being used to provide online learning opportunities from project-supported technical meetings. For example, technical information from the Multiple and Concurrent Sexual Partnerships Meeting held in October of 2008 in Washington, DC, and the MARPs Meeting held in February 2009 in Chennai, India, were packaged in the form of slideshows and posted on the website. Also, the OVC Forum, which was held in Mozambique in May 2009, used the project website for participant registration.

During the reporting period, AIDSTAR-One worked with GMMB to redesign and improve the website. The elements of the redesign were based on an informal usability study conducted internally with the JSI office and with USAID counterparts. The KM team also conducted an in-depth review of the site in early September 2009 to ensure that the redesigned site responded to the user feedback received during the first year of use. Based on that feedback, a more searchable and navigable site is planned to be launched in mid-November of 2009.

The table below shows the number of hits to each technical page of the website since its launch in October 2008, by quarter. Since the inception of the Prevention Update newsletter, launched in August 2009, a large increase in traffic to the Prevention section was observed. In addition, a large increase in registered users to the website corresponded to the dissemination of the newsletter. In the last six months, the project's user registration list grew from 461 users to 711.

Content Area	Oct-Dec 08	Jan-Mar 09	Apr-Jun 09	Jul-Sept 09	Total FY 09
Prevention	136	942	1397	2606	5081
Treatment	31	63	564	1140	1798
Care & Support	25	24	48	67	164
Counseling & Testing	28	23	45	119	215
PMTCT	30	33	167	370	600
OVC	37	31	183	143	395
Gender	22	13	200	445	680
Total	308	1128	2605	4890	8933

2. AIDSTAR-One Online Database

An online database of good and promising programmatic practices (G3P) was designed, developed and launched during the reporting period. An important resource that contributed to the design and development of the database was the key informant interviews conducted for each technical area. A total of 66 interviews were conducted across seven technical areas. A final report focusing on the findings from these key informant interviews was compiled and shared during this reporting period.

Through the efforts of the KM team and the other technical teams, as well as drawing from the key informant interviews conducted, approximately 260 G3Ps were nominated for possible inclusion in the G3P database. Of these, 60 rated programs thus far have been entered into the database (the 39 original G3Ps have been completely overhauled and the original content was updated and new information was added, such as noteworthy results and lessons learned to display on the output page).

After working through the initial list of G3P possibilities suggested by key informant interviews and other sources, a total of 188 practices have been published or reviewed. As shown in the table below, there are 60 published practices, 33 practices in the rating process, 89 for which more documentation is needed before the review and rating process can begin, and 6 for which more information is needed or which were considered ineligible by the reviewers. This table also demonstrates, by technical area, the volume of published and potential G3Ps. The top three technical areas with published or potential G3Ps are prevention (60 or more), gender (36), and OVC (16). There are 19 practices that need to be reviewed by the technical teams in order to be assigned to a technical area.

Technical Area	*Total practices per tech area	STATUS			
		<i>Published</i>	<i>In rating process</i>	<i>Need doc</i>	<i>No info or other reason</i>
Care and Support	11	6		5	
Counseling and Testing	14	6	3	5	
Counseling and Testing OR Quality Improvement	1		1		
Gender	36	9	5	21	1
OVC	16	7	2	7	
PMTCT	7	6	1		
Policy	3	3			
Prevention	68	22	11	34	1
Prevention OR Care & Support OR OVCs	1		1		
Prevention OR Gender	1			1	
Private Sector Policies	1		1		
Treatment	10	1	4	5	
Need Assignment	19		4	11	4
TOTAL	188	60	33	89	6

**As of 9/01/09*

Over the past six months, the KM Team made headway in the G3P initiative by driving the pursuit of G3Ps. Presentations have been completed with partners and at the Global Health Council, both to explain and promote the G3P database. The technical teams also became more involved in the process and have a broader understanding of practices vs. programs and how to rate nominated G3Ps.

Outstanding Issues, Delays and Constraints

The process of identifying and nominating potential G3Ps, as well as gathering the necessary information for rating and entering them into the G3P database continues to be a challenge. The other constraint from February to late July 2009 was the absence of an M&E Advisor, a situation now resolved.

At the end of May 2009, the KM Team learned that the online database had been corrupted and most of the G3Ps entered into the database had been lost. The 39 G3Ps that existed at that time had to be rebuilt and, at the same time, addition fields of information were added, including Program Goals, Core Components, Noteworthy Results and Lessons Learned. The restoration of documents and rebuilding of the database took about three months to complete (June-August).

3.3 Prevention

Summary

Through the contributions of AIDSTAR-One partner organizations, the Prevention Team completed its much-expanded, revised FY 2009 workplan. Through implementation of this workplan, the Prevention Team designed and launched a series of knowledge management products that respond to the needs of the PEPFAR Technical Working Groups for Prevention among MARPs and Prevention among the General Population and Youth. In the process, the AIDSTAR-One Prevention Team has developed substantial expertise in some emerging prevention areas and is well-positioned to provide technical assistance and guidance in these areas.

Major Accomplishments

1. AIDSTAR-One Web-based Resources and Database

Launched and populated a Prevention Knowledge Base

Beginning in January 2009, the Prevention Team undertook a major new activity – the development of an online Prevention Knowledge Base (PKB). This new prevention resource was designed to support the development and implementation of effective prevention programs by providing program administrators, planners and managers with up-to-date information on prevention approaches and activities. Materials on the website were designed for a broad audience, including policy makers, researchers and students. Links on the AIDSTAR-One site connect people to helpful resources and websites.

About four months into the process, and after receiving feedback from USAID, the technical working groups and other users of the AIDSTAR-One website, the Prevention Team revised the process for developing materials for the site. A cornerstone of this revised process is engaging key members of the PEPFAR TWGs in early stages of content development to ensure that the introduction sections resonate with the orientation of the TWGs and are technically sound, and articulating justifications for including each content item on the prevention resource pages. Content for five prevention areas recently underwent the revised development process and the project is now well-positioned to produce quality content for the PKB. A total of 17 prevention areas, developed and posted previously, are scheduled to be updated over the first several months of FY 2010. By February 2010, the team intends to maintain an average of 25 prevention areas online.

The PKB covers a full range of prevention areas, including long-standing prevention activities such as peer outreach and condom promotion, as well as emerging areas. Each prevention area is introduced with a short description of the activity, its epidemiologic importance, a short synthesis of the major findings from research and the current status of program implementation, followed by:

- *What We Know* – Short summaries of major program relevant findings from a small set of seminal research articles that together provide the evidence-base that supports the approach to prevention
- *Putting it Into Practice* – Summaries of key interventions on how to reduce HIV transmission. For those who want additional information, links are provided to the AIDSTAR-One Good and Promising Programmatic Practices (G3P) database
- *Tools and Curricula* – Links to program materials, including tools, curricula, models, and promotional materials, are provided for programs to adapt and use
- *Learn More* – Links to important additional materials and websites, for those who want more information.

Contributed toward the G3P database

The Prevention Team remains the largest contributor to a project-wide effort to identify Good and Promising Programmatic Practices (G3Ps). In the area of Prevention, new G3Ps were identified by: 1) literature and programmatic reviews done while developing sections for the Prevention Knowledge Base; 2) literature and programmatic reviews done to develop monthly content for the Prevention Update, and 3) review of all programs cited in Michael Sweat's systematic review papers, as they are issued.

2. Monthly and Quarterly Dissemination Products

Prevention Update – Launched a monthly prevention newsletter and produced two issues

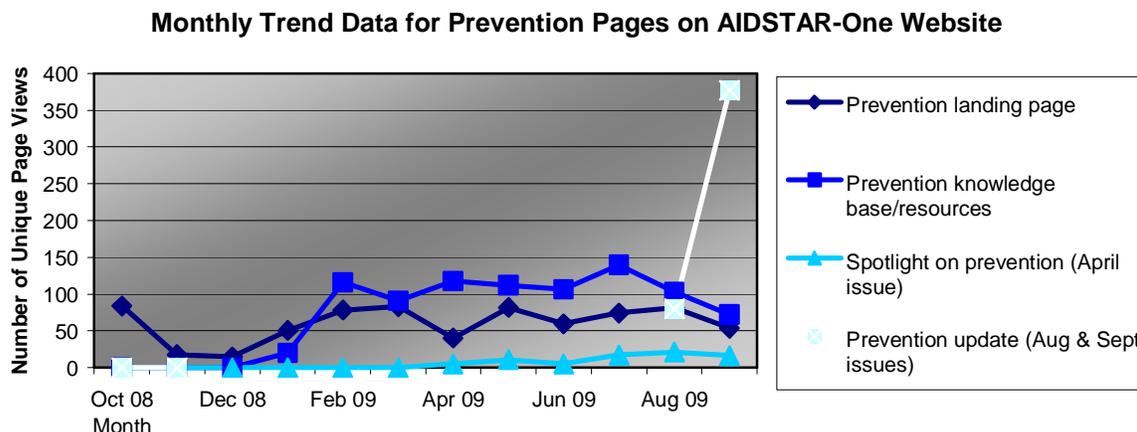
Beginning in August, the Prevention Team began to publish a monthly newsletter. The Prevention Update includes a short-list of fifteen documents published primarily during the previous month, including recent research publications, project reports, tools and curricula. An internal committee of reviewers selected articles for inclusion and these are approved by counterparts at USAID prior to publishing.

Although the project has released only two issues to date, initial data on usage suggests that the Update is drawing users to the AIDSTAR-One website (see Diagram 1 below). The following are two comments received from users of the Update:

*“I like this. It’s easy to digest. Keep it simple and it will be a useful tool.”
South Africa*

“Thank you for this information. It came at the right time as I was preparing for a presentation to my colleagues on recent male circumcision work and evidence around male circumcision. Very timely!” Swaziland

Diagram 1



Spotlight on Prevention – Launched a quarterly authored editorial and produced two issues

As a compliment to the Prevention Update, the Prevention Team also produces an authored editorial on a quarterly basis. We view this as an opportunity to bring website users into a current debate or topic. The Prevention Team identifies and recruits people who have a well-considered perspective to share and who will likely be of interest to our users.

The first issue included a short piece written by Helen Epstein on the Zero-grazing MCP program in Uganda. This Spotlight provides a short summary of the successful MCP campaign in Uganda and highlights many of the themes presented in the author’s book *The Invisible Cure: Why we are Loosing the Fight Against AIDS in Africa*.

A second SpotLight on Prevention, currently undergoing an approval process at USAID, calls attention to the relationship between family planning and HIV prevention. The editorial is written by two leaders in this field, Ward Cates and Rose Wilcher.

3. e-Publications

Developed a Case Study Series documenting exemplary program activity in four emerging areas of prevention and produced 9 case studies

In the spring of 2009, the Prevention Team spearheaded development of a new AIDSTAR-One HIV Case Study Series. The Prevention Case Studies Series focuses largely on four emerging areas in HIV prevention – multiple and concurrent sexual partnerships, hard-to-reach MSM, reducing alcohol related HIV risk, and combination prevention.

To support the development of a consistent approach to the Case Study Series, the Prevention Team led a series of participatory planning sessions that included representatives from the entire AIDSTAR-One team and that resulted in the development of a protocol and outline for case studies. Rather than being merely descriptive of a program, the case studies strive to delve into the “how” of innovative program implementation experience, including what worked and potential implementation challenges. The case studies provide a real-world picture of HIV prevention programming, thus rounding out the information received through the HIV Prevention Resources and technical briefs in those emerging areas. Ideally, USAID Missions and programs will be able to draw upon the experiences of the documented programs as they move forward in integrating these area(s) into their prevention workplans.

With help from colleagues at USAID, the Prevention Team arranged observational site visits to ten locations and several organizations, completing a couple of weeks of project observation in each country. Local USAID Missions provided support and guidance, further enhancing the quality of the case studies. Across the visits to five different countries, the site visits were well-received by host organizations.

During the reporting period, the Prevention Team produced case studies in four prevention areas:

- *Multiple and concurrent sexual partnerships* – Two case studies were completed and approved: “Makhwaphehi Uyabulala: Secret Lovers Kill: A National Mass Media Campaign to Address Multiple and Concurrent Partnerships” and “The Scrutinize Campaign: A Youth HIV Prevention Campaign Addressing Multiple and Concurrent Partnerships”. Two additional case studies in Mozambique and Botswana are planned for FY 2010.
- *HIV prevention for hard-to-reach MSM* – Two case studies were completed and one was approved, with the second one requiring minor modifications. These two case studies are: “CEPEHRG and Maritime, Ghana: Engaging New Partners and New Technologies to Prevent HIV among Men Who Have Sex with Men” and “The Humsafar Trust, Mumbai, India: Empowering Communities of Men Who Have Sex with Men to Prevent HIV”. An additional case study is being completed in Brazil and Ecuador.

- *Reducing alcohol-related HIV risk* – Two case studies were completed: “Wising Up’ to Alcohol-Related HIV Risk: A Counseling Program for STI Patients Attending Primary Health Care Clinics in South Africa” and “Alcohol Consumption and HIV Risk: A Peer Education Strategy for Bar Patrons”. The case studies have led to the design of a demonstration project protocol, described later in this report.
- *Combination prevention* – A series of three case studies were completed in India, Kenya and Ukraine, and findings were summarized across the three case studies in a presentation at the PEPFAR Implementer’s Meeting. The three case studies are: “The Alliance-Ukraine: Promising Approaches to Combination HIV Prevention Programming”, “USAID APHIA II Project/Rift Valley and Coast Provinces, Kenya: Promising Approaches to Combination HIV Prevention Programming”, and “The Avahan-India AIDS Initiative: Promising Approaches to Combination HIV Prevention Programming”.

Completed technical briefs in three content areas

As a first step toward developing a series of technical briefs, members of the Prevention Team/consultants researched and published a set of online prevention resources summarizing a more in-depth literature and programmatic review. Three technical briefs have been completed and one concept paper for a fourth technical brief is under review by USAID:

- Spina, Aldo, Michele Clark, Sharon Stash. *HIV Prevention for Serodiscordant Couples*; accepted by USAID and posted on AIDSTAR-One website
- Fritz, Katherine. *Prevention of Alcohol-related HIV Risk Behavior*; submitted to USAID
- Lillie, Tiffany, and Sharon Stash. *Multiple and Concurrent Sexual Partnerships*; submitted to USAID
- Robertson, James. *Robertson, James. Concept Note: Addressing the HIV prevention needs of hard-to-reach MSM*; submitted to USAID.

4. Meetings and Technical Consultations

Hosted technical consultations on multiple and concurrent partners and strategic approach to programs for most-at-risk populations

The Prevention Team contributed to the technical content and logistics for two expert meetings:

- AIDSTAR-One organized and facilitated a technical consultation on Interventions with Most-at-Risk Populations in PEPFAR Countries: Lessons Learned and Challenges Ahead in Chennai, India, February 18-20, 2009. This meeting was attended by 78 participants and examined components of a strategic response for MARPs. AIDSTAR-One

- completed a draft meeting report that is currently under review by USAID. Technical content from this meeting is on the AIDSTAR-One website in the form of a slideshow.
- AIDSTAR-One organized and facilitated a technical consultation titled Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics in Washington, DC, October 29-30, 2008. This meeting, attended by 106 participants, identified components of successful programs and advanced the latest technical knowledge of this emerging field. AIDSTAR-One produced a meeting report and content from the meeting is on the AIDSTAR-One website in the form of a slideshow.

Presented findings from three case studies on combination prevention at the PEPFAR Implementers Meeting, Namibia, 2009

In June 2009, the Prevention Team was invited to present a paper at the PEPFAR Implementers' Meeting summarizing the findings of three case studies completed in Ukraine, India and Kenya. The purpose of this study, A Systematic Analysis of Three Promising Approaches to Combination HIV Prevention Programming, was to identify core technical components and operational characteristics of promising combination prevention programs for use by program planners and managers in two concentrated and two generalized epidemic settings (one case study will be completed in Namibia in FY 2010).

Following this meeting, AIDSTAR-One was invited to participate in a UNAIDS working group on combination prevention. The presentation was also featured in C-Change Picks, August 13, 2009, on the Communication Initiative's website (<http://64.141.2.205/en/node/300251/36>).

5. Demonstration Project

Developed a protocol for a demonstration project on reducing alcohol-related HIV risk that will be initiated with technical support from AIDSTAR-One in Namibia in FY 2010

Over the past year, significant progress was made in preparation for a demonstration project in the area of alcohol-related HIV risk that will be built on in FY 2010. By the end September 2009, the Prevention Team completed Prevention Knowledge Base pages, two case studies on early program activities in Southern Africa and India, a technical brief on the prevention of alcohol-related HIV risk and a concept note for a demonstration project to reduce alcohol-related sexual risk behavior. Since the problem of alcohol and HIV spans both generalized and concentrated epidemic settings, Namibia and Cambodia have been preliminarily selected as research sites. Initial discussions with the General Population and Youth and MARPs TWGs in August 2009 suggested a willingness to collaboratively support these two research sites.

Outstanding Issues, Delays and Constraints

- The Prevention Team was short-staffed for most of FY 2009 but is now in the process of hiring a Senior Prevention Officer and Prevention Officer (the former a new position, the latter a previously held position).
- The purpose and vision for the Technical Briefs needs to be reconsidered in dialogue with USAID.
- The Prevention Team would like to do some monitoring of the users and perceived benefits of the Prevention Knowledge Base, Prevention Update and Case Study Series during FY 2010.
- Working with USAID and the Knowledge Management Team, the Prevention Team would like to further develop and refine a strategy to enhance the dissemination of Prevention materials.

3.4 Adult and Pediatric Treatment

Summary

During the first 20 months of the project, the AIDSTAR-One Treatment Team focused its efforts in four strategic areas: development of technical briefs on implementation of the new WHO guidelines, the decentralization of ART, and patient adherence to and retention in ART programs; scale-up of the identification and documentation of G3Ps; collation and snapshot reviews of national treatment guidelines from countries around the world; creation of a toolkit for implementation of the new WHO pediatric guidelines; and preparation of a regional technical consultation on HIV treatment.

Major Accomplishments

1. Technical Brief: Implementation of the New WHO Pediatric HIV Treatment Guidelines

This brief outlines practical implementation considerations for USG and other program planners, country-level policymakers and program staff working to incorporate these recommendations into their local efforts. It provides them with a strategic framework focusing on the appropriate time and effective technologies to identify HIV infected or exposed infants, the right time to initiate antiretroviral treatment, and the effective treatment regimens that save lives. This brief was finalized and produced for distribution in May 2009.

2. Technical Brief: Decentralizing Antiretroviral Treatment Services at Primary Healthcare Facilities

This brief provides cross-cutting themes that HIV program managers and implementers should consider when designing and managing ART decentralization programs. In addition, it focuses on critical components of an effective ART program, including human resource development and the role of nurses in prescribing and dispensing medicine; the infrastructure necessary to carry out successful programs such as district health management systems, reliable procurement and supply management systems, and laboratory services; and the monitoring, evaluation and reporting system. After first submission of the document for approval, significant revisions were requested to allow for a change in the focus of the brief, and the revised brief is now with USAID and awaiting final approval.

3. Technical Brief: Adherence to and Retention in HIV Treatment Programs

This brief explores factors associated with poor adherence to care and ART. It outlines program interventions and strategies which should be considered for integration into ART efforts in order to retain individuals in effective treatment for life. In addition, it provides guidance on key steps to strengthen efforts to promote adherence to ART and care. The brief was completed in September and submitted to USAID for approval in October 2009.

4. National Treatment Guidelines Snapshot Reviews

In response to a request from the PEPFAR Treatment TWG, the AIDSTAR-One Treatment Team collected national treatment guidelines from 29 PEPFAR countries and posted them, along with a brief summary for each country, on the AIDSTAR-One website. This AIDSTAR-One online resource provides the guidelines in one place, allowing program and policy planners to review and learn from policies implemented by countries facing similar epidemiologic and economic conditions, and to structure their own policies accordingly. There is also a comprehensive report that presents key treatment information for each of the countries. This document allows users to easily compare country programs in key areas. This effort is ongoing, and AIDSTAR-One staff regularly monitors the field for updated guidelines and will update this tool accordingly.

5. Identification and Documentation of Good and Promising Programmatic Practices in HIV Treatment

The Treatment Team identified over 40 potential G3Ps at the beginning of the fiscal year. By the end of September 2009, 11 treatment G3Ps had been researched, rated, and posted on the AIDSTAR-One website. In July 2009, a consultant was hired to focus on the identification and research of treatment G3P nomination forms, and completed 13 phone interviews with program managers,

with 15 nomination forms currently in development. As planned, the G3P identification, research and rating process is ongoing and will continue into FY 2010.

Outstanding Issues, Delays and Constraints

The Treatment Team worked on two key activities throughout FY 2009 that have experienced delays and been carried over to the FY 2010 workplan:

- A technical consultation for the Latin American/Caribbean region on ART was originally planned for Honduras in April 2009. The meeting was delayed for a number of reasons, including political unrest in Honduras, and challenges securing approval and funding from various key players. The consultation is now tentatively scheduled for early 2010, with a location change from Honduras to the Dominican Republic. The consultation will serve as the groundwork for USG staff, PAHO and implementers to share experiences, and review new guidelines and planning to ensure sustainability for ART programs.
- A toolkit to complement the technical brief describing implementation considerations for the WHO pediatric treatment guidelines is still in development. The delay was largely the result of staffing changes. A consultant has been hired to facilitate the completion of the first phase of this project in the first quarter of FY 2010.

3.5 HIV Counseling and Testing

Summary

The AIDSTAR-One Counseling and Testing (CT) Technical Team has worked closely this past year with USAID, the Technical Working Group (TWG), and several USAID Missions to accomplish various activities in the CT workplan. Notable achievements were made in the areas of provider-initiated testing and counseling (PITC) and CT for most-at-risk populations (MARPs). Completed outputs and progress made for each of the CT topic areas are summarized below.

Major Accomplishments

1. G3Ps

The CT team identified various G3Ps by reviewing CT literature, conducting key informant interviews with CT experts, and collaborating with the CT TWG. To date, 10 G3Ps have been evaluated, rated, and entered into the G3P database, while several additional G3Ps have been identified and are under evaluation. Throughout FY 2010, more G3Ps will be identified and evaluated for the database.

2. Home-Based Counseling and Testing

A technical consultation on home-based counseling and testing (HBCT) was approved by the Office of the U.S. Global AIDS Coordinator (OGAC) and is scheduled to take place in Kenya in November 2009. The primary objectives of the consultation are to identify:

- When to prioritize HBCT
- Program areas and processes needing standardization
- Strategies for assuring quality of services
- Tools for use in the field
- Technical assistance needs in HBCT.

Consultation participants will include USG staff, Ministry of Health and National AIDS Commission representatives, and implementing partners and NGOs from Kenya and Uganda with HBCT experience. This technical consultation will be the launching point for the development of HBCT products originally programmed in the FY 2009 workplan. An HBCT case study and technical brief will be developed as part of the FY 2010 workplan based on the direction provided by the meeting participants and the TWG.

3. Provider-Initiated Testing and Counseling

During this reporting period AIDSTAR-One conducted a series of activities to gain understanding of Provider-Initiated Testing and Counseling (PITC) implementation issues from a human rights perspective. These activities included:

- PITC literature review: A literature review was conducted on PITC which included: human rights concerns and policy statements on PITC; PITC and pregnancy, TB, and children; country experiences of PITC primarily from Asia and Africa; and PITC tools. This literature review, once finalized and approved, will be available as a PITC resource on the website. In the FY 2010 workplan this literature review will be expanded into a comprehensive resource on PITC, also to be made available on the website.

- PITC country policy review: The CT team conducted a review of PEPFAR country policies on PITC to identify potential locations for in-country assessments. This country policy review was shared with WHO, at their request, for use in a conference in October 2009 on PITC human rights concerns and other CT issues. This country policy scan will be posted on the website in 2010 as part of the PITC resources.
- PITC country assessments: AIDSTAR-One initially identified Cambodia, Malawi, and Kenya for in-country PITC assessments based on the country policy review and interest from field missions. The Cambodia PITC assessment was conducted in June 2009 looking at PITC implementation on the ground with respect to the WHO 2007 guidelines. A primary focus was determining if the “three Cs” of counseling were being preserved based on interviews with health care providers, health facility managers, and clients. A draft report was submitted to USAID for review. Several obstacles were encountered which impeded the completion of the remaining country assessments: slow communications from the field; difficulty obtaining IRB approval in Malawi; and limited availability of Kenya mission staff to move the assessment forward. Additional in-country assessments are planned for the FY 2010 workplan with increased collaboration from the TWG, potential interest from Zambia, and hopefully renewed interest from Kenya, which now has additional staffing resources.
- PITC Interim Report for WHO: At the request of WHO, AIDSTAR-One compiled a report on PITC activities conducted under the FY 2009 workplan. The report included the PITC literature review, the PITC country policy review, methodology for the in-country assessments, and the PITC assessment tools.
- PITC training curriculum translation: In collaboration with CDC, AIDSTAR-One translated a CDC PITC training curriculum into French. This French curriculum will require revision and adaptation based on field testing. This may occur in DRC in conjunction with the PITC TA requested by DRC in the FY 2010 workplan, pending mission approval.
- Technical assistance: Democratic Republic of Congo (DRC) requested technical assistance for PITC to be conducted in the FY 2010 workplan. Details are outlined below under “Technical Assistance”.

4. Referrals and Linkages

A technical brief draft summarizing issues regarding referrals and linkages in CT was completed. USAID determined that this deliverable did not bring to light new and relevant information about referrals and linkages from the field. This activity will not be continued in the next workplan. It is possible that referral issues will be addressed in the HBCT products to be developed in 2010, as referrals are a considerable challenge in HBCT.

5. CT for MARPs

The CT team contributed to several AIDSTAR-One initiatives addressing CT for MARPs, focusing specifically on MSM. USAID/RDMA requested technical assistance from AIDSTAR-One to help increase access to and uptake of CT for MSM in Thailand where USG will be implementing community-based CT for MSM demonstration sites. In support of this effort, the CT team contributed by conducting the following AIDSTAR-One activities:

- **Situational analysis on MSM services:** In April 2009, AIDSTAR-One conducted a situational analysis of USG-supported public and private sector organizations. The analysis aimed to determine the potential for supporting and/or providing same-day rapid CT services for MSM in light of the forthcoming USG-supported CT demonstration projects.
- **Stakeholder meeting on Preparing for Community-Based Same-Day CT for MSM in Thailand:** In June 2009, AIDSTAR-One hosted a stakeholder meeting with 36 participants in Thailand. The following objectives were achieved: review of promising programs and practices in CT for MSM; discussion of situational analysis findings; presentation of models for community-based CT for MSM and analysis of strengths and challenges of these models; and completion of a strategic planning exercise for implementing these CT models.
- **Monitoring & Evaluation Plan:** In preparation for the USG demonstration CT sites, AIDSTAR-One developed an M&E plan with both quantitative and qualitative indicators designed to complement indicators required by USG.

A draft report comprising these three deliverables was submitted to USAID/RDMA and USAID/Washington for review. A case study on CT models for MSM in Thailand has been put on hold until further guidance from USAID/RDMA. The technical brief on CT for MARPs has been deferred to the FY 2010 workplan. The pilot program for CT for MARPs was removed from the workplan in consultation with USAID and will not be conducted in the next workplan. AIDSTAR-One plans to assist USAID/RDMA in the next workplan by providing additional support with M&E activities for the USG CT demonstration sites.

6. Technical Assistance

At this time, DRC and Thailand have requested technical assistance (TA) from AIDSTAR-One. The Thailand activities are outlined above under 'CT for MARPs'. A trip was conducted in May 2009 to determine DRC's TA needs. Pending USAID/DRC mission approval, the FY 2010 workplan will include TA to DRC to support the execution of the following activities:

- Develop an operational plan for newly revised CT guidelines
- Develop HIV counselor's pocket guide based on new CT guidelines
- Develop PITC implementation plan
- Develop training materials for PITC and conduct pilot training

- Provide pilot training of couples counseling and testing.

Outstanding Issues, Delays and Constraints

Considerable obstacles were encountered with the in-country PITC assessments. Various communications with USAID/Washington, USAID Kenya and Malawi Missions, and CDC were conducted to address these challenges and move the assessments forward. There remains considerable interest from the TWG and others in continuing with these assessments. The AIDSTAR-One CT Team aims to conduct assessments as part of the FY 2010 workplan and has identified Zambia for a potential PITC assessment and will try to re-engage Kenya. It is hoped that working with the Kenya Mission for the upcoming HBCT meeting will generate renewed interest in collaborating on the PITC assessment. Kenya can offer many lessons and best practices in PITC from both the public and private sectors. Activities from the FY 2009 workplan that were deferred to FY 2010 will move forward more efficiently as groundwork has been laid and relationships developed by the CT team and other AIDSTAR-One technical teams during the first 18 months of the project.

3.6 Orphans and Vulnerable Children

Summary

During the reporting period the OVC Team finalized key informant interviews with a small and select group of OVC experts, nominated a list of G3Ps, and entered finalized G3Ps in the online database. The OVC Team planned and facilitated an OVC Forum held in Mozambique, coordinated and assisted in the formation of a working group on food security/nutrition and OVC, developed a draft technical brief on early childhood development in the context of OVC programming, and worked with OVC TWG members to strategize for upcoming child protection/OVC work for FY 2010.

In the middle of FY 2009, the OVC team and the PEPFAR OVC TWG co-chair agreed to revise the FY 2009 workplan and address four specific OVC topics going forward, including:

- Early child development in the context of OVC programming
- Food security and nutrition in the context of OVC programming
- Child protection in the context of OVC programming
- Integration/referral systems in the context of OVC programming.

Major Accomplishments

1. Key Informant Interviews and G3Ps

The OVC Team conducted key informant interviews with a small and select group of OVC experts, leading to a document summarizing program recommendations and areas for further attention. In addition, the team nominated over twenty GP3s and entered nine OVC-oriented GP3s into the GP3 database.

2. Regional OVC Forum

At the request of the PEPFAR OVC TWG, AIDSTAR-One assisted with the planning and implementation of a regional OVC Forum, held May 17 - 22 in Mozambique. The purpose of the OVC Forum was to enhance the OVC portfolio management skills based on a shared vision for the USG direction in PEPFAR OVC programming.

3. Food Security/Nutrition and OVC

The OVC Team assisted in forming a cross-organizational food security/nutrition and OVC working group. The goals of the group are to develop and initiate a consultative process to build consensus, publish recommendations and undertake case studies on quality food and nutrition programming for OVC and other children in high-burden HIV settings.

4. Technical Briefs/Case Study

During the reporting period a draft technical brief on early childhood development in the context of OVC programming was developed and is currently undergoing internal review before submission to USAID. Also, initial consultations were held with the OVC TWG on the direction of the child protection/OVC technical brief and case study, which are included in the FY 2010 workplan.

Outstanding Issues, Delays and Constraints

One significant issue that affected the OVC portfolio roll-out was the departure of the OVC Team Leader, Linda Sussman, in March 2009. Marcy Levy assumed responsibilities for leading the OVC team beginning in early June.

3.7 Care and Support

Summary

During the first 20 months of the project, the AIDSTAR-One Care and Support Team has focused its efforts in six strategic areas: food by prescription and nutrition, cotrimoxazole and opportunistic illness supply chain and distribution, monitoring systems for care and support programs, facility-based water safety and hygiene, mental health, and palliative care. Major accomplishments in each of these areas are described below.

Major Accomplishments

1. Food by Prescription

AIDSTAR-One staff conducted an assessment of a food by prescription program was conducted in Kenya. The assessment teams interviewed USG and national stakeholders on the process and progress of rolling out and supporting this important effort. Assessment teams also visited sixteen facilities in four regions of the country to conduct client interviews, as well as focus groups and interview providers. The assessment found that the programs are generally well implemented and supported by providers and clients. There are challenges related to adequate human resources, including nutritionists, as well as issues of client management such as food sharing, how to handle borderline cases and how to graduate clients from the program. A debriefing was held for the USG team and national stakeholders. A final report is being written.

2. Cotrimoxazole Supply Chain and Distribution Assessment

USG teams in Ethiopia and Lesotho agreed to participate in this planned assessment. Planning is under way with the USG team in Ethiopia, with the expectation that the assessment will be done in the first quarter of FY 2010. Based upon a request from the USG team and the Government of Ethiopia, the assessment will also examine the supply chain of up to two additional opportunistic illness drugs that are distributed through the same system. Approval for the assessment has been received by the necessary agencies in Ethiopia. Also, AIDSTAR-One developed draft data collection tools that will be used in the assessment.

3. Monitoring and Evaluation Systems for HIV Care and Support Services

AIDSTAR-One and the TWG worked with the USG team in Nigeria to develop plans for an assessment of the country's unique program for monitoring and evaluating HIV care and support activities. A detailed assessment description was written and shared with the Ministry of Health, which approved the activity. AIDSTAR-One is currently finalizing the protocol and data collection tools. It is expected that materials will be submitted to JSI, CDC and Nigerian ethical review committees for review in the first quarter of FY 2010 and that the first phase of the assessment will take place soon thereafter.

4. Facility-based Water Safety and Hygiene

Based on a curriculum outline approved by the TWG, a team of experts is developing training materials (trainers guide, participants manual, and job aides) for facility-based water safety and hygiene (WASH). The first draft of these materials was submitted to the TWG for review and comment. Also, based upon feedback from several missions, the concept note for this activity has been revised. In addition to testing the curriculum in two countries, AIDSTAR-One will provide short-term technical assistance to Ministries of Health and selected public and NGO health facilities to implement and supervise WASH activities.

5. Mental Health and HIV Care and Support

AIDSTAR-One developed a technical brief addressing mental health and HIV care and support, which was approved by the TWG. The technical brief presents mental health needs across the continuum of care and support—pre-treatment, on ARV treatment, and palliative care/end of life, and discusses program interventions at the clinical, AIDS service organization and community levels.

6. Palliative Care

During the reporting period AIDSTAR-One signed a grant with the African Palliative Care Association (APCA) to support their efforts to build national palliative care programs in the region. Specifically the grant provides critical assistance to integrate pain management into adult and pediatric care. Also, the grant provides funding for small grants to palliative care programs in West Africa and supports strategic planning to expand palliative care programs in North Africa. During this period, a consultation meeting was held to develop training materials for pain management. Authors have been assigned to the effort and drafts have been developed. APCA provided support to member organizations in West Africa and has received small grant applications from four of five target countries. Also, APCA is developing a workshop for North African palliative care organizations. The agenda has been designed and participants have been invited for this activity which will take place in November 2009.

Outstanding Issues, Delays and Constraints

The assessments for food by prescription, cotrimoxazole, and monitoring and evaluation, as well as field testing of the WASH curriculum have all been delayed. AIDSTAR-One and the TWG have worked diligently to identify countries in which to conduct these activities. There have been challenges in identifying countries and once identified and agreed upon, the process of in-country approval has taken longer than anticipated. Also, in the case of the food by prescription assessment, the second country that was scheduled to participate was withdrawn due to what was considered an overly burdensome approval process. The TWG is currently communicating with another country regarding their interest in participating in the study. There are currently concerns about the second country for the cotrimoxazole assessment as well. The TWG is in discussion with this country to determine if they are still interested in participating. If not, alternative countries have been identified.

During this period AIDSTAR-One anticipated conducting mental health case studies as a follow-on activity to the technical brief. However, because the focus of the brief was changed after discussion with the TWG, completion of the technical brief was delayed which resulted in shifting the case studies into the next workplan year.

3.8 Prevention of Mother-to-Child Transmission

Summary

The PMTCT team has focused on a comprehensive and integrated PMTCT approach by addressing the continuum of care across maternal, newborn, child, and family centered services. The strategies of providing a comprehensive PMTCT program during the antenatal, labor and delivery, and postpartum periods include: increasing ANC attendance, opt-out HIV counseling and testing, antenatal ARV prophylaxis, HAART eligibility assessment, provision of HAART, infant feeding advice, CD4 testing, encouraging facility-based delivery with skilled birth attendant, safe delivery techniques, intrapartum and postpartum ARV prophylaxis, cotrimoxazole prophylaxis, early infant diagnosis (EID), links to care, treatment and support to women and their families, and community mobilization and peer support.

Major Accomplishments

1. Knowledge Management

In collaboration with the Prevention Team, the PMTCT Team developed prevention resource pages on the following topics:

- Contraception for prevention of unintended pregnancies among women living with HIV
- Infant feeding for HIV-positive mothers
- Introducing complex ARV prophylaxis regimens for PMTCT: Considerations for resource-constrained settings.

The first two resources were approved and are posted on the AIDSTAR-One website. The last of these resource pages has been changed to 'Spotlight on PMTCT' and is awaiting approval.

In collaboration with the Knowledge Management Team, the PMTCT Team:

- Revised the introduction to the PMTCT Focus Area on the AIDSTAR-One website
- Contributed PMTCT Good and Promising Programmatic Practices (G3Ps) to the online database.

2. Technical Briefs

The PMTCT Team submitted the branded and edited technical brief "Increasing access to and utilization of PMTCT in generalized epidemics" to USAID for approval. A second technical brief "Integration of prevention of mother to child transmission of HIV (PMTCT) interventions with maternal, newborn and child health (MNCH) services" is under development after USAID provided comments that shifted the original scope of the brief from PMTCT and family planning integration.

3. Technical Assistance

The PMTCT Team Leader participated in the assessment of HIV/AIDS integrated care centers in Honduras in January-February 2009 which included PMTCT services. The assessment report identified the need for revised PMTCT guidelines, protocols and strategy, which has become part of the AIDSTAR-One/Honduras workplan.

The pilot project that was originally proposed to expand access to PMTCT services and address gaps/barriers is no longer planned. In discussions with PMTCT/Peds TWG Co-Chair, AIDSTAR-One will work internally with other technical teams, including Care and Support and Treatment, to identify opportunities to leverage resources and identify where regional technical consultations will be held. Depending on the integration parameters that the TWGs decide to address, the regional integration meetings will provide a platform for linking PMTCT and MNCH or linking HIV and other health services.

Outstanding Issues, Delays and Constraints

The submission of the technical brief “Integration of PMTCT interventions with maternal, newborn and child health (MNCH) services” was delayed because of travel by the principal author and a change of employment and unavailability of the co-author. The branded and edited version will be submitted to USAID in November 2009.

3.9 Gender

Summary

Most activities in the Gender workplan were completed and two new activities were added. Two activities were postponed with approval of the Gender Technical Working Group and will be completed in the first quarter of FY 2010.

Major Accomplishments

1. Monitoring and Evaluation Plan

As part of the development of the AIDSTAR-One Performance Monitoring Plan (PMP), indicators were included in the Plan that will measure the degree to which AIDSTAR-One is integrating gender across its portfolio of technical areas. Two gender indicators are now included in the approved AIDSTAR-One M&E Plan: 1) 50% of G3Ps will have a gender component noted; and 2) gender analysis will be performed on proposed activities for all new pilot projects and recommendations made for integrating gender strategies into pilot project work plans.

2. Gender Technical Briefs

Two technical briefs were submitted to the Gender Technical Working Group for review: “Gender-based violence and HIV” and “Microfinance, Gender Empowerment and HIV Prevention”. A third brief, “Addressing Gender in Concentrated Epidemics”, was also developed and is in final review at AIDSTAR-One.

3. Case Studies

Field work to develop gender case studies was conducted by staff from an AIDSTAR-One partner organization, International Center for Research on Women (ICRW), on four programs highlighted in the Gender Compendium. The purpose of the case studies is to examine how these programs are integrating two or more gender strategies within their HIV programming. Case study visits were conducted with:

- The Women First Project in Mozambique
- Corridors of Hope II Project in Zambia
- Maanisha Project in Kenya
- Polyclinic of Hope Care and Treatment Project in Rwanda.

The intended audiences for these studies are program planners and implementers with primary leadership in the design, implementation and monitoring of prevention programs. The case studies are exploring the history and decision-making around efforts to integrate gender strategies into program activities, the degree to which these programs coordinate with other stakeholders, the experiences of women and men participating in the programs, challenges and current needs. The overall goal of the case studies is to document good and promising programmatic practices on the how’s and why’s of integrating multiple gender strategies with HIV interventions, as well as how the national response to HIV sets the framework in which programs integrate gender strategies.

ICRW hosted a 60-minute presentation on the case studies in August 2009. The event was attended by more than 40 participants representing independent consultants, USG staff, and staff from other cooperating agencies and development organizations.

Following review by the PEPFAR Gender Technical Working Group, a report of the case studies will be submitted, which is planned for the end of November 2009.

4. AIDSTAR-One Website

Gender now has a tab on the Focus Areas of the AIDSTAR-One website. Content in the Gender section highlights gender G3Ps, links to the Gender Compendium. After approval by the Gender Technical Working Group, it will host

tools and resources related to implementing gender strategies, conducting gender analysis, and program monitoring.

5. AIDSTAR-One Online Database

As of September 30, 2009, nineteen programs in the areas of OVC, prevention, care and support, and treatment nominated to the G3P database have been reviewed for gender content. Thirteen Gender G3P programs are in the database as of 9/30/09.

Outstanding Issues, Delays and Constraints

The proposed online discussion group linked to the Gender Compendium (not originally included in the Gender workplan) was scheduled to go live in late August but was delayed due to conflicting travel schedules of AIDSTAR One partners and TWG staff who volunteered to host the discussion. The online forum is now scheduled for launch during the second quarter of FY 2010.

The Gender Technical Exchange meeting entitled “Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models and Resources”, originally scheduled for May/June 2009 was postponed by the Gender TWG in order to ensure that new guidance and priorities from OGAC were incorporated into the goals and presentations of the meeting. The meeting is scheduled for October 28-30, 2009 and will be held in Johannesburg, South Africa. Participants include gender focal persons from USG field offices, and gender experts doing presentations on issues such as gender-based violence, changing male norms, addressing gender issues in concentrated epidemics, and analyzing data through a gender lens. Technical presentations will be video-recorded and posted to the AIDSTAR-One website.

3.10 Other Policy Analysis and Systems Strengthening (Private Sector Engagement)

Summary

AIDSTAR-One received funds in both fiscal years 2007 and 2008 designated as “Other Policy Analysis and Systems Strengthening” that have been used to support a number of cross-cutting systems issues, including integration, quality improvement, and private sector engagement. Of these three, private sector

engagement has been the focus of most of AIDSTAR-One's efforts and a Private Sector Engagement (PSE) team was formed to plan and coordinate these activities, led by an AIDSTAR-One partner, BroadReach Healthcare. The PSE team, in close collaboration with USAID, completed various activities aimed at advancing and supporting good and promising practices to increase access to high quality HIV/AIDS services. During the reporting period the PSE team made notable achievements in activities promoting optimal impact of private sector resources and approaches on service provision in HIV/AIDS. Completed outputs and status updates for activities planned in the FY 2009 workplan are summarized below.

Major Accomplishments

1. PSE in HIV/AIDS Service Provision

Working in collaboration with USAID, a concept note was developed describing promising approaches to leveraging the private sector, especially private sector health care providers, in HIV/AIDS service provision. The concept note was approved by USAID, leading to the development of a technical brief.

The subsequent technical brief, Private Sector Involvement in HIV/AIDS Service Provision, is awaiting approval from USAID. The brief aims to promote and support efforts to engage the private sector in HIV/AIDS prevention and treatment, including a description of programs, funding mechanisms, implementation approaches, challenges, and lessons learned for eight distinctive models of private sector involvement.

2. G3Ps

Numerous G3Ps were identified during the 11 key informant interviews that informed the development of the PSE concept note and technical brief. G3Ps were also identified through desk research and interviews with program implementers in-country. Of those identified, four G3Ps have been evaluated, rated, and entered into the G3P database, while additional programs are under evaluation. The PSE team will continue to identify G3Ps during execution of the FY 2010 workplan deliverables.

Outstanding Issues, Delays, and Constraints

In collaboration with USAID, it was decided that particular deliverables scheduled for completion under the FY 2009 workplan would no longer be pursued, while others underwent considerable modification, and as a result were reprogrammed for FY 2010. Pilot projects on private sector engagement are no longer planned.

Case study concept notes featuring models of private sector engagement, and a toolkit, were discussed with the COTR and the focus redirected. The case study now planned for FY 2010 will instead describe large-scale involvement of the private sector in ART decentralization efforts, and the concept note describing that output is under development. Although we have identified a number of countries that are implementing initiatives for which the PSE team could provide valuable technical assistance, no formal TA requests have been received to date.

Moving forward in the FY 2010 workplan, the PSE team, in partnership with USAID and other AIDSTAR-One TWGs, has shifted the focus from compartmentalized efforts at advancing private sector involvement to comprehensive integration into other technical areas. Over two-thirds of PSE planned outputs for 2010 will be completed in collaboration with other TWGs.

3.11 Strategic Information

Summary

Measuring and reporting on AIDSTAR-One program outputs and outcomes is a central function of AIDSTAR-One Strategic Information (SI) staff. It is also their responsibility to contribute to the design and analysis of evaluations, technical interventions and assessments across all other programmatic areas for the project. Strategic Information and Knowledge Management staff share numerous activities within AIDSTAR-One and therefore are combined as a single technical team.

Major Accomplishments

During this reporting period, AIDSTAR-One Strategic Information efforts have focused on the following areas:

- Developed a comprehensive M&E Plan that provides reliable measurement and data collection methods for performance indicators specified in the project Results Framework
- Collaborated with the KM team to improve the identification and assessment process for AIDSTAR-One's database of Good and Promising Programmatic Practices (G3Ps)
- Designed, implemented and analyzed formative assessments for USAID Honduras and USAID/Guatemala
- Provided Technical Assistance to the AIDSTAR-One/Honduras country office to develop a Results Framework and Monitoring and Evaluation Plan

- Participated in field work for the first of the series: HIV Alliance-Ukraine Case Study in Combination Prevention Series
- Designed and conducted Part I of a two-phase usability study on user reactions to the proposed reconfiguration of the AIDSTAR-One homepage; both phases of the study will inform the design/revision of the AIDSTAR-One website
- Provided Technical Assistance to the Injection Safety Project-Ethiopia to develop a Results Framework and Monitoring and Evaluation Plan.

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

1. Monitoring & Evaluation Plan

Submission of a Monitoring and Evaluation Plan is a required deliverable under the AIDSTAR-One contract. The first draft of the M&E Plan was submitted to USAID on June 11, 2008. Several versions of the plan were subsequently submitted. With feedback from the AIDSTAR-One COTR and the USAID M&E Technical Working Group, a revised Results Framework, a component of the overall M&E Plan, was submitted to USAID in March 2009 and subsequently approved. However, concerns about the methods of data collection and measurement of indicators remained. The Senior Monitoring and Evaluation Advisor for AIDSTAR-One, hired in late July 2009, received the review of the M&E Plan and attempted to address the issues the reviewer raised. The M&E plan was resubmitted on August 13, 2009 and was approved on October 13, 2009.

2. Usability - AIDSTAR-One.com

The beta version of the AIDSTAR-One website is currently undergoing a significant redesign. To integrate the principles of usability engineering into this stage of the development of the website, the KM/SI Team has identified a consultant to initiate work on a usability study that will provide the design team with feedback from current users and uncover potential problems that can be corrected.

Because of the advanced stage of the redesign when the consultant was hired, a two-stage approach was identified. The first study examined the reactions of 12 participants to the new homepage layout and design and gauged their reactions and expectations. The consultant, GMMB and other members of the KM/SI Team observed and questioned the participants. A brief report with recommendations for adjusting the homepage was provided to GMMB to further improve the homepage design.

The consultant has designed a second study that will employ a more formal methodology with full participation from the KM/SI team. The study is scheduled to be conducted in the first quarter of the fiscal year (Oct-Dec 2009). The

purpose of the study is to validate the revised website and determine to what extent user and stakeholder needs are being met. The study will demonstrate what is working well for users and what web features need additional work.

3. Field-Supported Program Assessments in Guatemala and Honduras

During the reporting period, the SI team participated in the design, implementation and report writing for assessments conducted in Guatemala and Honduras in response to requests by the USAID Missions in those countries (See Sections 4.3 and 4.4).

In Guatemala, the SI team participated in the tools developed for an assessment of community-based continuum of care and prevention in five departments. A member of the SI staff participated in the field work (data collection, interviews) and assisted in the data analysis and write up. Based on feedback from USAID/Guatemala, a follow-up assessment was planned and initiated. The follow-on assessment was led by a local consultant under supervision of the SI Technical Officer.

The SI team also participated in the instrument development, data analysis and report of results for the AIDSTAR-One assessment of HIV services in Honduras, funded through field support. The results of the assessment are described in Section 4.4.

4. AIDSTAR-One/ Honduras

AIDSTAR-One is providing technical support to Honduras to strengthen the national program to respond to HIV/AIDS (Section 4.4). The Senior M&E Advisor reviewed and revised the M&E plan to take into consideration the short timeline. The M&E Plan was completed on September 21, 2009 and subsequently submitted to the AIDSTAR-One/Honduras Country Director, who will present it to USAID-Honduras.

5. Combination Prevention Case Study: International HIV/AIDS Alliance-Ukraine

SI staff collaborated with the AIDSTAR-One Prevention Team to develop a series of case studies on Combination HIV Prevention. The team developed a definition of "Combination HIV Prevention" and selected cases. The methodology developed relied on a combination of key informant interviews, and direct observation.

A member of the SI staff co-led field work on the International HIV/AIDS Alliance in Ukraine in May 2009 and participated in writing the case study report. The report was submitted to USAID in September 2009.

6. KM/SI Activities: Good and Promising Programmatic Practices (G3Ps)

AIDSTAR-One has made a significant investment in developing and continuing to revise a methodology for identifying, assessing and cataloguing good and promising programmatic practices in HIV and AIDS services, and working to make them available to HIV and AIDS practitioners. The KM/SI team meets monthly to discuss the status of the G3P database and better ways of identifying potential G3Ps for review and inclusion in the online database. To date, the AIDSTAR-One G3P database includes 60 practices, and 85 percent have been reviewed by a member of the SI team as either a first or second rating. To improve the reliability of the ratings, the SI team is in the process of describing and compiling concrete examples that can be used by staff to make judgments about how to rate within each of the categories assessed. The G3P manual will be completed during the month of October. The goal over the first six months of FY 2010 is to have SI staff conduct all second (external) ratings. SI staff also plan to periodically review all current G3Ps to ensure that current scores are consistent with guidelines.

Outstanding Issues, Delays and Constraints

A major constraint that affected the SI Team was the departure of the AIDSTAR-One Research, Monitoring and Evaluation Advisor in January. This key personnel position was filled in late July 2009. An additional staff member was added to the SI team in September 2009 and this has given the team considerably greater capability to ensure that monitoring and evaluation activities will remain on track and that the team can respond to all requests for TA with no delays.

The consultant for the usability study was hired too late in the redesign process to conduct the study in the most effective way possible. The formal study is delayed to accommodate the timing of the re-launch. An informal study was completed to inform the design of the homepage. GMMB is incorporating the recommendations that emerged from the study in the new design.

The SI Team delayed orienting staff members on the M&E plan until final approval was received from USAID. Approval was obtained on October 13, 2009.

4.0 MAJOR ACCOMPLISHMENTS – FIELD SUPPORT FUNDED

4.1 Introduction

Field support funds, from both USAID Missions and Bureaus, represent approximately two-thirds of the anticipated funding for the base period of the contract, but so far have represented only a little over one-quarter of funds obligated to AIDSTAR-One through 9/30/09. Including the funding received on 9/30/09 through a contract amendment, AIDSTAR-One has received field support from the following sources: Africa Bureau, Latin America/Caribbean Bureau, USAID/Central Asia Regional Mission (for work in Kyrgyzstan) and the USAID Missions in Guatemala, Honduras, Mexico, India, Nigeria and Ethiopia. Additional field support is expected in FY 2010 from USAID Tanzania, Swaziland and Uganda.

This section of the Annual Report summarizes the major accomplishments for the field-support activities that were ongoing during FY 2009.

4.2 Kyrgyzstan

Summary

AIDSTAR-One completed a field support activity to strengthen infection prevention and control (IPC) in selected health facilities in Kyrgyzstan to address the spread of HIV infection among children. AIDSTAR-One used a systematic approach to improve the IPC system in the health facilities through a situation analysis to assess IPC infrastructure and policy, training, logistics and supply and observation of practices in nine hospitals in Bishkek and Osh where children who acquired HIV infection were treated. Based on the identified gaps in IPC practices, a practical in-service training was designed and conducted for 300 senior staff of the hospitals who in turn trained their staff in October-November 2008. In January 2009, AIDSTAR-One trained the staff of the Kyrgyz Hospital Association on IPC and supportive supervision. These staff then visited the targeted hospitals to monitor the improvement in IPC practices after training using a checklist and to further reinforce best practices through on-site correction of weaknesses.

Major Accomplishments

Noteworthy progress has been observed among key indicators of IPC practices during supportive supervision:

- Among health workers in all hospitals, 100 percent compliance was observed in general cleanliness in conducting procedures and in washing hands with soap and running water before conducting procedures
- Use of gloves before conducting procedure was found to be universal
- In 8 of 9 hospitals (89%), staff changed gloves between procedures, which was found to be entirely absent during the initial assessment.

Among the other key indicators included in the checklist, two-handed recapping of used needles was no longer found to be a practice during supportive supervision, whereas this practice was observed in 6 of 9 (67%) hospitals in the initial assessment. Sharps were found segregated and immediately disposed of in a container kept within arms-reach in 8 of 9 (89%) hospitals, compared with 3 of 9 (33%) found during the initial assessment. Shortage of supplies (e.g., gloves, IV catheter and butterfly needle) was reported by staff in 5 of 9 (56%) hospitals in the initial assessment, whereas shortages were found in only 1 of 9 (11%) hospitals during supportive supervision. Loose sharps were seen in the waste disposal sites in 2 of 9 (22%) hospitals during the supportive supervision compared with 4 of 9 (44%) in the initial assessment.

In conclusion, this initiative demonstrated that in order to improve IPC, training and capacity building of staff are crucial to bring the necessary behavior change among health care workers. Supportive supervision, reinforcement of best practices and continuous provision of supplies of commodities are essential to further improve and sustain the gains documented. Hospitals need support with capital costs for building an appropriate waste disposal unit.

Outstanding Issues, Delays and Constraints

There was a fund balance available after completion of the original scope of work due. USAID/Kyrgyzstan identified potential activities that AIDSTAR-One could implement with the remaining funds. The project sent a series of questions to the Mission for clarification and is waiting for a response from the Mission at this time.

4.3 Guatemala

Summary

From October through November 2008, AIDSTAR-One assessed community-based continuum of care and prevention activities in five departments in Guatemala. The assessment team conducted 37 key informant interviews with NGOs and community-based organizations providing HIV/AIDS prevention, care and support activities in the departments of Petén, Izabal, San Marcos, Zacapa and Quetzaltenango. Particular focus was given to organizations working with most-at-risk populations (MARPs) and people living with HIV/AIDS (PLWH). A draft report of this assessment was submitted to USAID/Guatemala in November 2008. It summarizes the results of these key informant interviews and describes the services provided by the organizations interviewed and the existing referral networks in each department. The report also summarized the barriers, gaps and needs for HIV/AIDS prevention, care and support services targeting MARPs in the departments visited, highlighted programmatic priorities and made recommendations for service delivery.

To gather additional information, USAID/Guatemala requested that AIDSTAR-One conduct a complementary assessment in the departments of San Marcos, Zacapa and Izabal. The follow-on assessment focused on existing community-based care and prevention activities for most-at-risk persons (especially PLWH) in Guatemala and to provide recommendations to USAID/Guatemala for the support of community networks to improve the quality and accessibility of care and prevention activities. The assessment team conducted 58 interviews between March and May 2009 with organizations working directly or indirectly with MARPs and/or PLWH. The assessment also included 13 interviews with key informants, meetings with PLWH and MSM groups, and informal dialogues with commercial sex workers and MSM. The report reviewed ongoing activities related to HIV/AIDS, patient coverage of HIV/AIDS- and other related services, information on the catchment population for these services, strengths and recommendations to strengthen the capacity of the organizations interviewed, and recommendations for the networks for private sector integration and improving network strategies for each of the three departments.

Major Accomplishments

AIDSTAR-One staff and local consultants conducted field work for the initial assessment between September and November 2008. The draft report for the initial assessment was submitted to USAID/Guatemala on November 21, 2008. A local consultant, supervised by an AIDSTAR-One staff member from headquarters, conducted field work for the follow-on assessment between March

and May 2009. The final report for the follow-on assessment was submitted to USAID/Guatemala on June 8, 2009 and approved on June 23, 2009.

Outstanding Issues, Delays and Constraints

There are no major issues or constraints to report at this time.

4.4 Honduras

Summary

USAID/Honduras provided field support to AIDSTAR-One in FY 2008 to provide technical assistance to the Secretariat of Health and the National Association of People Living with HIV/AIDS (ASONAPVSI DAH). Technical assistance to the Secretariat of Health is provided through the Department of STI/HIV and is focused on improving access and quality of services that include prevention of mother-to-child transmission, counseling and testing, and treatment, care and support. Technical support to ASONAPVSI DAH is concentrated on strengthening the capacity of their two primary programs -- home visits and self-help groups -- to ensure a community-based continuum of care for people living with HIV/AIDS.

Major Accomplishments

1. Assessment of Integrated Care Centers

During the AIDSTAR-One Project Director's initial trip to Honduras in November 2008, it became apparent that the first step in AIDSTAR-One's technical support to the Secretariat of Health should be a field-based assessment of public sector integrated care centers (CAI) that provide HIV/AIDS services. AIDSTAR-One subsequently planned this assessment in consultation with the Department of STI/HIV/AIDS. The purpose of the assessment was to gauge the quality of and access to HIV/AIDS services at the CAIs in order to guide the development of strategies to strengthen service delivery and increase utilization.

The AIDSTAR-One assessment team conducted the assessment during January-February 2009, beginning with a field test of the data collection instruments, which included modules for PMTCT, counseling and testing, ARV treatment, and care and support. Data collection took place over a one-week period at 14 CAI located in various regions of the country. The assessment team

included five representatives of AIDSTAR-One, four representatives of the Department of STI/HIV/AIDS and one representative of USAID/Honduras.

The assessment team presented its findings in a joint meeting of the Secretariat of Health, USAID/Honduras, CDC-GAP, CHF International (Global Fund Principal Recipient), and the Country Coordinating Mechanism Technical Unit and later submitted a written report. Findings and recommendations from this assessment guided subsequent development of the AIDSTAR-One workplan and identification of priorities for technical assistance and capacity building.

2. Opening of AIDSTAR-One Honduras Office and Personnel Recruitment

To more effectively implement the long-term AIDSTAR-One scope of work in Honduras, the project opened a field office in Tegucigalpa in May 2009. At the request of the USAID Mission in Honduras, AIDSTAR-One is sharing office space with another USAID-funded project, AIDSTAR-Two. Since the activities of both projects are complementary, and close collaboration is anticipated, co-location was recommended to facilitate cooperation between project staff.

To staff the office and provide ongoing technical assistance and support to the Department of STI/HIV and ASONAPVSI DAH, AIDSTAR-One recruited and hired a small staff of locally-hired technical and administrative staff. The staff includes a Country Director (Rolando Pinel), a Technical Advisor (Ana Rendon), a Program Officer (Nora Maresh), and a Finance/Administration Officer (Mirna Guzman).

3. Revision of National Comprehensive Care Model

From April 13-24, 2009, AIDSTAR-One, in collaboration with the Secretariat of Health, and CHF International, held a series of technical consultations with national and international experts to discuss how the existing model of Comprehensive Care for HIV/AIDS could be improved. Participants included representatives from CDC-GAP, USAID, Secretariat of the Global Fund, UNAIDS, PAHO/WHO, Tear Fund, CHF International and various PLWH organizations. Five components (Promotion and Prevention, Continuous Care, Care and Support, Knowledge Management and Strategic Information) and twenty-seven subcomponents were identified and reviewed during the consultations.

The revised model that was developed as a result of the technical consultations was validated in June 2009 through national workshops held with staff from the Secretariat of Health and members from civil society. A basic package of activities by level of care was also defined at the workshops.

The national authorities proposed the establishment of two working groups -- a strategic support group and a comprehensive care group -- to support the institutionalization and effective implementation of the revised model, and

facilitate coordination among stakeholders. AIDSTAR-One will play an active facilitation role in both working groups.

4. Development of Assessment Tools for Revised Care Model

A rapid assessment was conducted in July 2009 to identify gaps in 12 sub-components of the revised model of care. These included prevention of mother-to-child transmission services, voluntary counseling and testing, laboratory support, adult clinical care, pediatric clinical care, supply chain management, psychological support, nursing, social support, pharmaceutical services, home visits, and self-support groups. Results show a deficiency in detailed strategies, service delivery protocols, and job aides, and limited training for new and existing personnel. Based on these findings, AIDSTAR-One will support the development of toolkits, comprised of a strategy, protocol, and job aides, for each area of service (PMTCT, counseling and testing, treatment, care and support), and a capacity-building strategy and training plan for health personnel.

5. Development of ASONAPVSI DAH's National Strategic Plan (2010-2015)

AIDSTAR-One hired a local consultant to support ASONAPVSI DAH in drafting their National Strategic Plan. The validation of the first draft of the plan included one workshop with the Board of Directors, followed by eight meetings with various ASONAPVSI DAH self-support groups representing different geographic regions. AIDSTAR-One was invited to participate in ASONAPVSI DAH's annual meeting scheduled for late October, where the strategic plan will be presented to the National Assembly (a prerequisite to finalize the plan).

6. Creation of a Consultant Database

A database was created to centralize information on consultants that can support AIDSTAR-One activities in Honduras.

4.5 Africa Bureau

Summary

USAID Africa Bureau and the Counseling and Testing Technical Working Group (TWG) provided funding to AIDSTAR-One to implement an 18-month activity entitled *Preparing Children for Living with HIV*. HIV-positive children are increasingly being enrolled in treatment programs, and there is growing awareness of the psychological and social challenges that face these children, their caregivers and their health providers. However, information about

approaches addressing the psychological and social needs of HIV positive children, and the needs of their caregivers and health providers, is limited. For children growing up with HIV, care and treatment programs must address a range of interrelated challenges, such as when and how to disclose their serostatus to children, how to help children and their families know how and to whom to disclose the child's status, how to help children adhere to medications and how to equip children and their families to combat external and internalized stigma.

The *Preparing Children Living with HIV* activity seeks to better understand the psychological and social challenges faced by HIV-positive children, their parents/caregivers and their health providers. It seeks to examine factors that contribute to the ability of HIV-positive children to cope and to thrive, and identify the tools and approaches being used to help parents/caregivers and health providers provide psychological and social support to these children.

Major Accomplishments

1. Completion of the Environmental Scan and Literature Review (Phase 1)

Under Phase 1 of this project, AIDSTAR-One completed a literature review of over 50 relevant documents, as well as an environmental scan that consisted of interviews with over 60 experts in HIV, provision of care, psychology, and pediatrics. Information collected included the identification of priority issues involved in providing Psychological and Social Support (PSS) for children growing up with HIV; gaps in current efforts to meet PSS needs; and the identification of promising approaches and tools used by programs in the field.

Initial findings from the literature review and environmental scan were presented to USAID for internal review and discussion. In addition, tools or approaches that were recognized in the literature or by experts were collected by the team to the extent possible.

2. Formation and Meeting of the Technical Advisory Group (TAG)

A Technical Advisory Group (TAG), consisting of 13 key stakeholders including programmers, researchers, health professionals, and advocates for people living with HIV, was organized in May/June 2009. The primary role of the TAG, along with USAID partners, is to provide input on key research documents (e.g., the IRB protocol, data collection tools), as well as review findings and programmatic recommendations generated from the research. The TAG was officially convened in June and conducted its first task to review the IRB protocol.

3. Development and Submission of the IRB Protocol Draft

An IRB protocol was drafted and submitted for review to the TAG, and USAID TWG colleagues. Feedback was received from both groups and appropriately incorporated into the final version of the protocol. [Note: AIDSTAR-One partner, ICRW, has obtained approval for this project from its internal IRB.]

4. Preparation for Field Technical Review of Programs (Phase 2)

Following the development of the study protocol and the completion of the environmental scan and literature review, the team developed an internal synthesis document that highlighted the priority issues and promising trends related to the provision of PSS for children living with HIV. Based on this synthesis analysis, three priority issues were identified for the field technical review: disclosure, stigma and grief and bereavement. In addition, a short-list of four potential countries was drawn up, with USAID taking the lead in approaching missions for approval. With the broad themes and potential countries identified, the team has begun developing field guides and tools for data collection.

Outstanding Issues, Delays and Constraints

There were some delays in activities due to staff transitions (particularly with the Program Manager position) and travel schedules (with USAID partners and project staff). Planning for the field technical review has also been delayed due to the need to ensure that the project team and USAID partners were fully in-sync with regards to the findings emerging from Phase 1 of the project and in planning for Phase 2 field work. Planning and preparation for the field technical review will continue into the next year, with fieldwork beginning as quickly as possible (pending USAID Mission and local IRB approvals).

4.6 LAC Bureau

Summary

The Latin America and Caribbean (LAC) Bureau provided field support funding to AIDSTAR-One for activities primarily focused on prevention among most-at-risk populations in the Latin America and Caribbean region.

A workplan was developed based on AIDSTAR-One's understanding of the priorities for addressing HIV in the region, and based on discussions held with the USAID LAC Bureau and the USAID Missions in Mexico and Guatemala.

Major Accomplishments

1. Regional Technical Consultation

AIDSTAR-One is supporting the planning and implementation of a three-day technical consultation on “Effective Prevention with MARPs in Latin America,” which will take place in Guatemala, December 7-11, 2009.

The main objectives of the consultation are:

- Identify what needs to be done to address the gaps/needs and issues related to prevention, research, advocacy and policies related to MARPs in Latin America
- Identify the state-of-the-art in HIV prevention programs working with MARPs, including lessons learned from programs working with MARPs worldwide and programming to address the enabling environment as part of a strategic approach to HIV prevention with MARPs
- Assist USG to design and implement improved, evidence-based, effective and appropriate prevention programs and better advocate for programming with MARPs.

2. Case studies and technical briefs

Concept notes for a case study and two technical briefs on hidden MSM, one in Latin America and the other in the Caribbean, were submitted and approved. Subsequently, site visits to Projeto Somos in Brazil, and Proyecto Paga in Ecuador, were conducted to collect information for the case study. Drafts of the case study and technical briefs are currently under technical review. The technical brief on Latin America will be finalized in time to be distributed at the technical consultation in Guatemala.

Two case studies are planned for Mexico; one on FBO prevention efforts among MARPs, and the other on prevention efforts among MARPs along the US-Mexico border. Organizations have been identified for both case studies and development of concept notes for USAID approval, are underway.

Outstanding Issues, Delays and Constraints

The Central American Congress on HIV/AIDS and STIs originally scheduled for November 2009, was postponed until April 2010. AIDSTAR-One had planned to participate and submit an abstract for a presentation on the hidden MSM case study. AIDSTAR-One will present abstracts for the rescheduled meeting.

5.0 ANNEXES

ANNEX 1: STATUS OF MAJOR OUTPUTS IN FY 2009 WORKPLAN

Knowledge Management

Workplan budget: \$2,997,277

Major Outputs	Status 9/30/09
Development and population of G3P database	Database developed with 60 G3Ps rated and entered
Functional website	Website functioning; minor enhancements made and redesign is underway for Q1 of FY 2010
25 technical briefs developed and disseminated	10 technical briefs completed, 2 approved, 8 awaiting approval
9 case studies developed and disseminated	10 case studies completed
4 US-based and regional conferences/technical consultations held and documented	3 conferences/technical consultations held and documented
3 technical sessions held at international and regional HIV conferences	3 sessions held
5 topic-specific online discussion forum activities held	Target reduced from 5 to 1; Gender Compendium Forum was cancelled.

Prevention

Workplan budget: \$4,356,495

Major Outputs	Status 9/30/09
Identification of G3Ps	Prevention G3Ps entered into the knowledge management database
Prevention Resources	17 prevention resources posted; 5 additional drafts reviewed by PEPFAR TWGs are being finalized
<i>Prevention Update</i> – monthly newsletter	2 <i>Prevention Updates</i> posted and distributed ¹
“Spotlight on Prevention”	1 posted and distributed ² ; 1 submitted to USAID ³
“Leaders in the Field of Prevention” video clips posted on website	Under development
E-learning module on combination prevention produced and disseminated on website	No longer planned
Expert consultation on Multiple and Concurrent Sexual Partnerships in Generalized Epidemics (Washington, DC)	Meeting held and report ⁴ and presentations posted on website
Expert consultation on Interventions with Most-at-Risk Populations (India)	Meeting held and presentations posted on website; 1 report submitted to USAID ⁵
2 case studies on multiple and concurrent sexual partnerships in Swaziland and South Africa	2 drafts approved by USAID and undergoing final layout ⁶
Technical brief on multiple and concurrent sexual partnerships and HIV	1 draft submitted to USAID ⁷
Pilot project concept paper drafted on multiple and concurrent sexual partnerships	No longer planned

¹ August and September issues posted and disseminated.

² Helen Epstein, Uganda’s Zero Grazing Campaign

³ Rose Wilcher and Ward Cates, “The Astonishing Neglect of an HIV-Prevention Strategy: The Value of Integrating Family Planning and HIV Services”

⁴ Sharon Stash and Deborah Roseman. Addressing Multiple and Concurrent Partnerships in Generalized HIV Epidemics, Report on a Technical Consultation in Washington, DC, October 29-30, 2008

⁵ Quail Rogers-Bloch, Repsina Chintalova-Dallas, Michele Clark, Monica Marini and Sharon Stash. Interventions with Most-at-Risk Populations in PEPFAR Countries: Lessons Learned and Challenges Ahead.

⁶ Aldo Spina. Makhwapheni Uyabulala/Secret Lovers Kill: A National Mass Media Campaign To Address Multiple And Concurrent Partnerships, Aldo Spina, The Scrutinize Campaign: A Youth HIV Prevention Campaign Addressing Multiple And Concurrent Partnerships.

⁷ Tiffany Lillie and Sharon Stash. Multiple And Concurrent Sexual Partnerships.

Adult and Pediatric Treatment

Workplan budget: \$1,365,037

Major Outputs	Status 9/30/09
Technical brief on new pediatric HIV treatment guidelines	Completed
Technical brief on decentralizing ART services at primary health care facilities	Submitted for USAID approval
Technical brief on adherence and patient retention	Draft completed and edited; ready for submission to USAID
National ART guidelines posted on website	29 countries' treatment guidelines collected and posted
Identification and research of treatment G3Ps	40+ potential G3Ps identified; 11 treatment G3Ps posted on website; 23 in development
Toolkit on pediatric guidelines	Draft in development; consultant hired to complete draft
Regional technical consultation on ART (Dominican Republic)	Awaiting OGAC approval
Pilot projects conducted in 2 countries on implementing changes to pediatric treatment programs	No countries identified
Pilot projects conducted in 2 countries on approaches to decentralization of treatment	No countries identified
Pilot projects conducted in 2 countries to identify models of adherence support and patient retention	No countries identified
TA in up to 4 countries implemented	No TA requests to date

HIV Counseling and Testing (CT)

Workplan budget: \$1,176,233

Major Outputs	Status 9/30/09
HBCT Technical Consultation	Scheduled Nov. 3-5 in Nairobi, Kenya with approx. 30 participants from Kenya, Uganda and the US
Technical brief on HBCT	Deferred to next workplan
Case study on HBCT	Deferred to next workplan
PITC literature review and country policy review	Completed; will be reformatted for website in next workplan
PITC in-country assessments	1 assessment completed (Cambodia); draft report submitted to USAID; awaiting comments; other assessments deferred to next workplan
PITC interim report for WHO	Completed
PITC training curriculum translated to French ⁸	Completed; awaiting revisions based on field testing, deferred to next workplan
Technical brief on post-test referrals and linkages	Draft submitted to USAID; activity has been cancelled
Situational analysis on MSM services in Thailand	Draft report submitted; awaiting USAID and USAID/RDMA comments
Stakeholder meeting on Preparing for Community-Based Same-Day CT for MSM in Thailand	Draft report submitted; awaiting USAID and USAID/RDMA comments
Monitoring and Evaluation Plan for USG CT for MSM demonstration sites in Thailand	Draft report submitted; awaiting USAID and USAID/RDMA comments
Technical brief on counseling and testing outreach for MSM	Deferred to next workplan
Case study on CT for MARPs in Thailand	On hold; awaiting guidance from USAID/RDMA
Pilot project developed for counseling and testing outreach targeting MARPs	Activity canceled
TA plans developed for 2 countries participating in PITC assessment	Activity canceled
TA to adapt/revise CT guidelines, policies and training curricula in 2 countries	TA to DRC pending mission approval

⁸ Additional activity not in workplan

Care and Support

Workplan budget: \$1,379,237

Major Outputs	Status 9/30/09
Technical brief on integration of mental health into community and facility-based care and support programs	Technical brief approved by the TWG; awaiting COTR approval
2 case studies on integration of mental health and community and facility-based care and support programs	Concept note for case studies under review by TWG
Evaluation of selected programs in 2 countries that have integrated food by prescription into comprehensive care and support programs	Assessment is completed in Kenya. Malawi has withdrawn from the activity. The TWG is in discussion with other Missions about participating in the assessment.
Technical brief on integration of food by prescription into facility based care and support services	To be completed after the country assessment is conducted
Assessment of cotrimoxazole supply chain in 2 countries (Ethiopia and Lesotho)	USG team and Government of Ethiopia have approved the assessment and have asked AIDSTAR-One to delay the assessment until Nov/Dec. 2009. USAID Lesotho has also asked for a delay until late fall 2009.
Rapid assessment of monitoring and evaluation of care and support activities in 2 countries	The USG team received approval to conduct the study in Nigeria. Protocol and data collection tools are under development.
Development of training curriculum, tools and support materials to integrate safe water, hygiene and sanitation into facility-based care and support programs and conduct training in 2 countries	First section submitted to TWG for review and approval. Conversations ongoing with Missions regarding testing and STTA.
TA plans developed for 2 countries	No TA requests to date
Grant to develop and strengthen integration of pain assessment and management into care and support activities	Grant is being implemented by APCA in Uganda

Orphans and Vulnerable Children

Workplan budget: \$297,797

Major Outputs	Status 9/30/09
Technical brief on comprehensive OVC programs	Re-conceptualized as 4 briefs and accompanying case studies, as described below
Technical brief and case study on early child development within OVC programs	Technical brief in progress; case study reprogrammed for next workplan
Technical brief and case study on child protection within OVC programs	Technical brief and case study programmed for next workplan
Technical brief and case study on integration/referral systems in the context of OVC programming	Technical brief and case study programmed for next workplan
Technical brief and case study on food and nutrition in OVC programs	Working with newly formed food security/nutrition working group (spanning several organizations involved in food and nutrition (F/N) and OVC work) on consultative process leading to the development of published recommendations on quality F/N programming for OVC and subsequent case studies
Concept paper developed for an OVC pilot program	No longer planned
TA in up to 2 countries implemented	No TA requests to date
OVC Technical Forum held in Mozambique ⁹	Forum held; report under development

⁹ Additional activity not in workplan

Prevention of Mother-to-Child Transmission

Workplan budget: \$453,785

Major Outputs	Status 9/30/09
Technical brief on increasing access to and use of PMTCT in generalized HIV epidemics	Awaiting approval from USAID
Technical brief on integration of PMTCT interventions with maternal, newborn and child health	Under development
Pilot project developed to expand access to PMTCT services and address gaps/barriers	No longer planned
Spotlight on PMTCT – “Introducing Complex ARV Prophylaxis Regimens for PMTCT: Considerations for Resource-Constrained Settings” ¹⁰	Completed; to be posted on website
TA plan developed for 1 country	No TA requests to date

¹⁰ Additional activity not in workplan

Gender

Workplan budget: \$1,400,000

Major Outputs	Status 9/30/09
Three technical briefs completed: 1) Addressing Gender in Concentrated Epidemics; 2) Gender-based violence and HIV, and 3) Microfinance, Empowerment and HIV Prevention.	Gender-based violence and HIV, and Microfinance, Empowerment and HIV Prevention TBs submitted to Gender Technical Working Group for review; Addressing Gender in Concentrated Epidemics in final review at AIDSTAR-One
Gender Compendium: review of 31 programs integrating two or more gender strategies into HIV prevention, care and treatment programs	Completed and disseminated on AIDSTAR-One website
Case studies of select programs from Gender Compendium	All site visits completed; case study report being drafted and will be completed by November 30, 2009

Other (Private Sector Engagement)

Workplan budget: \$ 358,673

Major Outputs	Status 10/08/09
Technical brief on private sector involvement in HIV/AIDS service provision	Awaiting USAID approval
Pilot projects on private sector engagement implemented in up to 3 countries	No longer planned
TA plans (at least 3) to include a private sector component	No TA requests to date
Concept note to conduct field case studies on private sector involvement ¹¹	Revised and reprogrammed in FY 2010 workplan

¹¹ This was additional activity not included in 2009 workplan

Strategic Information

Workplan budget: \$442,577

Major Outputs	Status 9/30/09
Monitoring and Evaluation Plan developed	Revised M&E Plan submitted August 13, 2009; approved October 13, 2009
Survey of USAID and TWG staff to identify G3Ps, needs of HIV programs and priorities for implementation	Knowledge management and key informant (KI) interviews completed in 2008; KI report finalized
M&E frameworks developed for selected pilot projects	Pilot projects not implemented as of 9/30/09
TA in the use of strategic information provided to USAID Missions in 4 countries	TA provided to USAID Central Asian Republics, Regional Development Mission/Asia, Cambodia, Guatemala and Honduras that incorporated use of SI in various types of assessments

ANNEX 2: PERFORMANCE MONITORING

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
<p>Result 1: A knowledge base of good and promising programmatic practices in HIV prevention, care and treatment developed, disseminated and expanded, and utilization of good and promising programmatic practices increased</p>					
R1.1 Number and percent of AIDSTAR-One website users who report employing AIDSTAR-One products	<p>Definitions: AIDSTAR-One Web users refer to all individuals who are registered or who have used the site in the previous year and who respond to an online survey.</p> <p>Unit: Number of users responding; Percent = No. of respondents who report using information/Total number of respondents</p>	<p>By:</p> <p>Type of information used:</p> <ul style="list-style-type: none"> • Case Studies • Technical Briefs • G3Ps • Other <p>Type of user:</p> <ul style="list-style-type: none"> • USAID/OHA staff • USAID Mission staff • PEPFAR implementing partner • Other 	<p>Web-based survey of users employing quantitative and qualitative dimensions</p>	<p>Frequency: Annually (January 2010; January 2011)</p> <p>Responsibility: M&E and KM Advisors</p>	<p>2010: 25% 2011: 35%</p>

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
R1.2 Number and percent of individuals who received TA or attended a technical consultation who report using AIDSTAR-One information in their programs	<p>Definitions: Technical consultation attendees are people provided with Technical Assistance by AIDSTAR staff in virtual or face to face consultations or meetings.</p> <p>Unit: Number of users responding; Percent = No. of respondents who report using information/Total number of respondents</p>	<p>By: Type of information used:</p> <ul style="list-style-type: none"> • Case Studies • Technical Briefs • G3Ps • Other 	Web-based survey of users employing quantitative and qualitative dimensions	<p>Frequency: Annually (January 2010; January 2011)</p> <p>Responsibility: M&E and KM Advisors</p>	2010: 50% 2011: 50%
Sub-Result 1.1 Knowledge base of effective HIV/AIDS program approaches developed and available on the website					
SR1.1.1 Website on evidence-based information and good and promising programmatic practices (G3Ps) in seven HIV program areas developed and operational	<p>Definition: The AIDSTAR-1 website is a searchable database of information and evidence-based programmatic practices designed to inform and improve HIV field programs</p> <p>Unit: Yes/No</p>	Not Relevant (NR)	Continual feedback on use based on Google Analytics data	<p>Frequency: Quarterly</p> <p>Responsibility: KM Advisor</p>	Formative research completed: 12/08 Site launched: 3/09 Revised: Annually

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
SR1.1.2 Number and percent of G3Ps with gender component	<p>Definition: A G3P with a gender component is a program/practice whose core focus is gender or includes gender-specific components (e.g. target population, activities)</p> <p>Unit: Number of G3Ps with gender component; Percent = No. of G3Ps with gender component / Total number of G3Ps</p>	NR	Review of online database on aidstar-one.com	<p>Frequency: Semi-Annually</p> <p>Responsibility: KM Advisor</p>	EOP: 50%
SR1.1.3 Number and percent of G3Ps with QA/QI component	<p>Definition: A G3P with a QA/QI component is one that received a score of 1 or higher out of 3 using the AIDSTAR-One rating system; scale of 0-3 (no plan, program has a QA/QI plan, program has implemented plan, program has applied results of plan)</p> <p>Unit: Number</p>	NR	Review of online database on aidstar-one.com	<p>Frequency: Semi-Annually</p> <p>Responsibility: KM Advisor</p>	EOP: 50%

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
SR1.1.4 Number of HIV prevention resource topics available and updated on the website	<p>Definition: Prevention resource topics refer to information on specific areas of prevention that are updated regularly</p> <p>Unit: Number</p>	NR	Program documents and reports; Google Analytics	<p>Frequency: Quarterly</p> <p>Responsibility: M&E Advisor</p>	EOP: 30
SR1.1.5 Total number of unique page views by content area	<p>Definition: Unique files accessed refers to technical resource documents viewed as determined by Google Analytics</p> <p>Google analytic defines a unique page view as how many pages viewed by visitor) and will be based on the Google Analytics monitoring system used for AIDSTAR-One website.</p> <p>Unit: Total number</p>	<p>By:</p> <p>Content area:</p> <ul style="list-style-type: none"> • Prevention • Treatment • Care and Support • Counseling and Testing • PMTCT • OVCs • Gender 	Google Analytics	<p>Frequency: Quarterly</p> <p>Responsibility: M&E Advisor</p>	<p>Sept 08- July 09: 34,000</p> <p>EOP: 110,000</p>

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
SR1.1.6 Number of websites that link to AIDSTAR-One.com	<p>Definition: Postings/references on other websites refers to other websites creating a link to a page on the AIDSTAR-One site</p> <p>Unit: Number</p>	NR	Google Analytics and Webmaster	<p>Frequency: Quarterly</p> <p>Responsibility: M&E and KM Advisors</p>	2009: 6 EOP: 18
Sub-Result 1.2: Good and promising programs and practices (GP3s) and other AIDSTAR products are disseminated and incorporated into programs					
SR1.2.1 Number of AIDSTAR-One resources produced and available for dissemination by type and content	<p>Definition: Resources refer to information and products (G3Ps; case studies, guidelines; etc)</p> <p>Unit: Number</p>	<p>By:</p> <p>Type of material:</p> <ul style="list-style-type: none"> • Case Studies • Technical Briefs • G3Ps • Other <p>Content:</p> <ul style="list-style-type: none"> • Prevention • Treatment • Care and Support • Counseling and Testing • PMTCT • OVCs • Gender 	Program reports, Google Analytics	<p>Frequency: Collected quarterly, reported annually</p> <p>Responsibility: M&E and KM Advisors</p>	2009: 36 2010: 45 2011: 55 EOP: 70

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
SR1.2.2 Percent of clients who rated the usefulness of material on the website as good or excellent	<p>Definition: Usefulness refers to perceived relevance of the information or products for programs. Usefulness is operationalized as a composite score of related questions rated by respondents on a 4-pt scale (4 is excellent; 1 is poor)</p> <p>Unit: Percent = No. of respondents with composite average score of 3 or higher/ Average score for all respondents</p>	<p>By:</p> <p>Type of user:</p> <ul style="list-style-type: none"> • Case Studies • Technical Briefs • G3Ps • Other <p>Content:</p> <ul style="list-style-type: none"> • Prevention • Treatment • Care and Support • Counseling and Testing • PMTCT • OVCs • Gender 	Pop-up survey of sample of website users (every 10 th online user in main content areas), web-based and mailed survey of users, TA recipients, USAID TWG members	<p>Frequency: Annually</p> <p>Responsibility: M&E Advisor</p>	2010: 60% EOP: 80%
Result 2: The quality and sustainability of USG-supported HIV prevention, care and treatment programs is improved					
R2.1 Number of HIV/AIDS core-funded activities provided by AIDSTAR-One by type (excludes 2.1.1)	<p>Definition: Activities refer to program assessments conducted or other forms of TA provided (e.g. program designs, M&E plans, etc)</p> <p>Unit: Number</p>	<p>By:</p> <p>Type of support:</p> <ul style="list-style-type: none"> • Program assessments • Other TA 	Program records and feedback assessments from TA recipients	<p>Frequency: Mid-term and EOP</p> <p>Responsibility: M&E Advisor</p>	2010: 5 EOP: 15

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
R2.2 Number of AIDSTAR-One pilot interventions sustained	<p>Definition: Sustained is defined as the continuance of the program after completion of the AIDSTAR One pilot; assumes that similar program objectives and approaches are maintained.</p> <p>Unit: Number</p>	NR	Program documents and records	<p>Frequency: Annually</p> <p>Responsibility: M&E Advisor</p>	EOP: 5
Sub-Results 2.1: Pilot interventions that translate new scientific findings into programmatic approaches that address HIV acquisition, treatment and care, as appropriate (core-funded) ¹²					
SR2.1.1 Number of pilot interventions implemented	<p>Definition: Indicator refers to pilot programs designed by AIDSTAR-One and implemented through AIDSTAR-One or another funding mechanism</p> <p>Unit: Number</p>	<p>By:</p> <ul style="list-style-type: none"> • Site 	Program documents and records	<p>Frequency: Annually</p> <p>Responsibility: M&E Advisor</p>	2009: 3 EOP: 7
Sub-Results 2.2: Service delivery supported and HIV policies strengthened (core funded)					

¹² Pilots and field-supported AIDSTAR-One-sponsored or -funded programs and activities will have separate M&E plans and/or indicators

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
SR2.2.1 Number of programs/countries that report using AIDSTAR-One products/information in formulating policy or developing intervention guidelines	Definition: Targeted programs/countries are those associated with USAID Missions, Regional Offices and USAID Bureaus using AIDSTAR-One products Unit: Number	By: <ul style="list-style-type: none"> Site 	Program documents and records	Frequency: Annually Responsibility: M&E Advisor	2009: 5 2010: 15 2011: 20 EOP: 25
SR2.2.2 Number of programs/country offices receiving AIDSTAR-One technical assistance (TA)	Definition: AIDSTAR-One technical assistance includes program assessments, program consultations, and training Unit: Number	By: <ul style="list-style-type: none"> Type of TA 	Program documents and records	Frequency: Collected semi-annually, reported annually Responsibility: M&E Advisor	2009: 2 2010: 6 2011: 10 EOP: 14
Result 3: Strategic evidence-based programmatic approaches to HIV prevention, treatment and care developed and implemented in other USAID countries					
R3.1 Number of HIV/AIDS programs supported through field support-funded TA or assessments	Definition: Support refers to country level technical assistance to programs Unit: Number	By: <ul style="list-style-type: none"> Location 	Program documents and records	Frequency: Mid-term and EOP Responsibility: M&E Advisor	2009: 2 2010: 4 2011: 6 EOP: 8

Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
R3.2 Number of field support-funded programs for which evaluation results show improved program quality or use of services	<p>Definition: Evaluations refer to mid-term or final evaluations of the program; these evaluations can be qualitative or quantitative</p> <p>Unit: Number</p>	<p>By:</p> <ul style="list-style-type: none"> • Location 	Program documents and records	<p>Frequency: Mid-term and EOP</p> <p>Responsibility: M&E Advisor</p>	<p>2010: 3 EOP: 5</p>
Sub-Result 3.1: Field-supported service delivery programs developed and implemented (field funded)					
SR3.1.1 Number of programs implemented through AIDSTAR-One assistance	<p>Definition: Refers to comprehensive HIV prevention, treatment, care and support or other programs implemented through AIDSTAR-One field support funding (excludes pilot programs)</p> <p>Unit: Number</p>	<p>By:</p> <p>Location</p> <p>Type of program:</p> <ul style="list-style-type: none"> • Prevention • Treatment • Care and Support • Counseling and Testing • PMTCT • OVCs • Gender 	Program and documents and records	<p>Frequency: Annually</p> <p>Responsibility: M&E Advisor</p>	<p>2009: 1 2010: 2 EOP: 3</p>

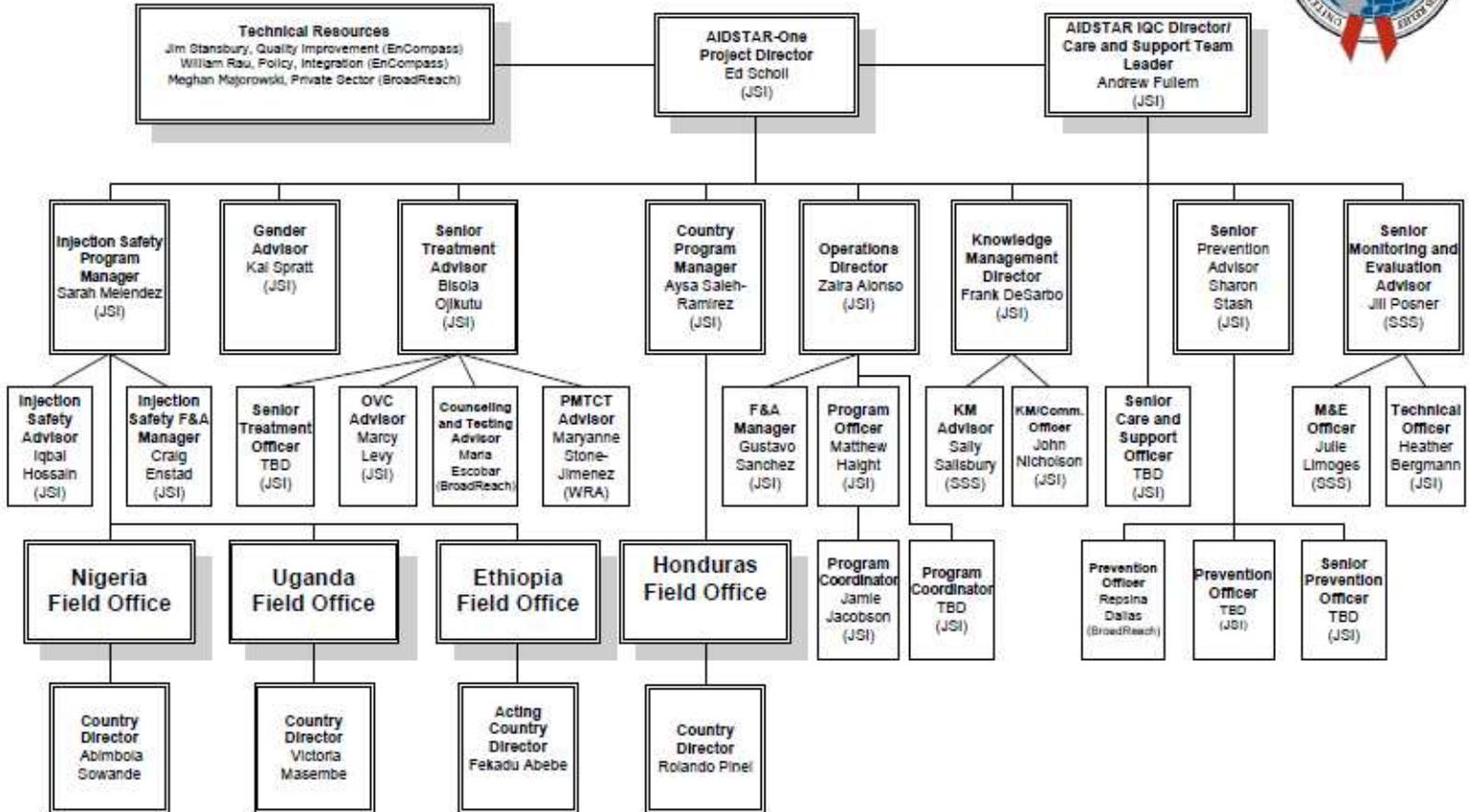
Indicator	Definition of Terms/ Unit of Measurement	Disaggregation of Data	Data Collection Method	Frequency/ Responsible Persons	Benchmarks/ End of Project (EOP) Targets
SR3.1.2 Percent of AIDSTAR One implemented programs that included a gender component	<p>Definition: Refers to supporting a program in developing or strengthening gender-specific components (e.g. target population, activities)</p> <p>Unit: Percent = No. programs developed which included a gender component/ Total number of programs developed</p>	<p>By:</p> <p>Type of program:</p> <ul style="list-style-type: none"> • Prevention • Treatment • Care and Support • Counseling and Testing • PMTCT • OVCs • Gender 	Program documents and records	<p>Frequency: Annually</p> <p>Responsibility: M&E Advisor</p>	EOP: 100%
SR3.1.3 Percent of AIDSTAR One implemented programs that included a QA/QI component	<p>Definition: Refers to supporting a program in developing or strengthening a QA/QI plan, implementation of a QA/QI plan, and application of results</p> <p>Unit: Percent = No. programs developed which included a QA or QI component/ Total number of programs developed</p>	<p>By:</p> <p>Type of program:</p> <ul style="list-style-type: none"> • Prevention • Treatment • Care and Support • Counseling and Testing • PMTCT • OVCs • Gender 	Program documents and records	<p>Frequency: Annually</p> <p>Responsibility: M&E Advisor</p>	EOP: 100%

ANNEX 3: STAFF CHART



USAID
FROM THE AMERICAN PEOPLE

AIDSTAR-One Staff



ANNEX 4: AIDSTAR-ONE TECHNICAL TEAMS

	Care and Support	Counseling & Testing	KM & Strategic Info.	OVC	PMTCT	Prevention	Treatment
Lead	Andrew Fullem, (JSI)	Maria Claudia Escobar, (BroadReach)	Frank DeSarbo (JSI)/Jill Posner (SSS)	Marcy Levy (JSI)	Maryanne Stone-Jimenez (WRA)	Sharon Stash, (JSI)	Bisola Ojikutu (JSI)
Members	<p>Herman Willems (JSI)</p> <p>Matthew Haight (JSI)</p> <p>Jim Stansbury, (EnCompass)</p> <p>Reshma Trasi, (ICRW)</p> <p>Maryanne Stone Jimenez (WRA)</p> <p>Heather Bergmann (JSI)</p> <p>Kai Spratt (JSI)</p>	<p>Matthew Haight (JSI)</p> <p>Jim Stansbury (EnCompass)</p> <p>Katherine Fritz (ICRW)</p> <p>Rebecca Oser (BroadReach)</p> <p>Kai Spratt (JSI)</p> <p>Heather Bergmann (JSI)</p>	<p>Jamie Jacobson (JSI)</p> <p>Heather Bergmann (JSI)</p> <p>John Nicholson (JSI)</p> <p>Jami Johnson (BroadReach)</p> <p>Diane Gardsbane (EnCompass)</p> <p>Micheline Kennedy (GMMB)</p> <p>Sue Griffey (SSS)</p> <p>Marcelo Castrillo (JSI)</p> <p>Harmony Chi (UAB)</p>	<p>Glen Wasek (JSI)</p> <p>Bill Rau (EnCompass)</p> <p>Krupa Shinde (MAP)</p> <p>Lydia Mann-Bondat (World Ed)</p> <p>Upama Khatri (JSI)</p> <p>Heather Bergmann (JSI)</p> <p>Jill Posner (SSS)</p>	<p>Samson Kironde (JSI)</p> <p>Sharon Stash (JSI)</p> <p>Jim Stansbury (EnCompass)</p> <p>Reshma Trasi (ICRW)</p> <p>David Torres (m2m)</p> <p>Bridget McHenry (WRA)</p> <p>Namwinga Chintu (U of Alabama)</p> <p>Eleanor McNab (m2m)</p> <p>Jill Posner (SSS)</p> <p>Heather Bergmann (JSI)</p>	<p>Michele Clark (JSI)</p> <p>La Homa Romocki (JSI)</p> <p>Matthew Haight (JSI)</p> <p>Bill Rau (EnCompass)</p> <p>Katherine Fritz (ICRW)</p> <p>Peter Okaalet (MAP)</p> <p>Maryanne Stone-Jimenez (WRA)</p> <p>Micheline Kennedy(GMMB)</p> <p>Helen Cornman (Consultant)</p> <p>Heather Bergmann (JSI)</p> <p>Repsina Chintalova-Dallas (BroadReach)</p> <p>James Robertson (JSI)</p> <p>John Nicholson (JSI)</p>	<p>Jamie Jacobson (JSI)</p> <p>Lisa Hirschorn (JSI)</p> <p>Bill Rau (EnCompass)</p> <p>Bridget McHenry (WRA)</p> <p>Carolyn Bolton (U of Alabama)</p> <p>Kai Spratt (JSI)</p> <p>Andrew Fullem (JSI)</p> <p>Heather Bergmann (JSI)</p> <p>Rebecca Oser (BroadReach)</p>

ANNEX 5: AIDSTAR-ONE PUBLICATIONS

Completed publications

Prevention

- Technical Brief: *HIV Prevention for Serodiscordant Couples*; Spino, Aldo, Michele Clark, Sharon Stash
- Meeting Report: *Addressing Multiple and Concurrent Sexual Partnerships in Generalized Epidemics*; technical consultation held October 29-30 in Washington D.C.
- *Spotlight on Prevention—Uganda’s Zero Grazing Campaign*
- Case Study: *Makhwapheni Uyabulala/Secret Lovers Kill: A Mass Media Campaign to Address Multiple and Concurrent Partnerships*
- Case Study: *Scrutinize: A Youth HIV Prevention Campaign Addressing Multiple and Concurrent Partnerships*
- Case Study: Hidden MSM: Ghana

Treatment

- Technical Brief: *Implementation of World Health Organization’s (WHO) New Pediatric HIV Treatment Guidelines*; Oser, Rebecca, John Sargent, Andrew Fullem, Mulamba Diese

Publications Under development

Prevention

- Technical Brief: *Risky Sex and Alcohol*; Fritz, Katherine (sent to USAID, awaiting comments)
- (sent to USAID, awaiting comments)
- *Most at Risk Populations Meeting Report* (sent to USAID, awaiting comments)
- *Spotlight on Prevention—Contraception To Prevent HIV-Positive Births* (in development)
- Case Study: *Combination HIV Prevention —Avahan/India*;
- Case Study: *Alcohol and Risky Sex —South Africa*
- Case Study: *Combination HIV Prevention —Alliance/Ukraine*
- Case Study: *MSM--India*

- Case Study: *Alcohol and Related Risky Sex: India*
- Case Study: *Hidden MSM: India, Humsafar Trust Program*

PMTCT

- Technical Brief: *Increasing Access to and Utilization of PMTCT in Generalized HIV Epidemics*; Preble, Elizabeth (USAID comments incorporated, awaiting final approval)
- Technical Brief: *Integration Of Prevention Of Mother-to-child transmission of HIV (PMTCT) Interventions With Maternal, Newborn And Child Health (MNCH) Services* (in development)

Treatment

- Toolkit: *Toolkit for Implementation of the World Health Organization (WHO) Recommendations On the Treatment of Pediatric AIDS In Low Resource Countries*; Diese, Mulamba et al. (in development)
- Technical Brief: *Decentralization of antiretroviral treatment at primary healthcare level in public and private sectors in generalized epidemic resource-constrained settings*; Diese, Mulamba (USAID comments incorporated, awaiting final approval)
- Technical Brief: *Adherence to and Retention in HIV Treatment Programs*; Andrew Fullem, Lisa Hirschhorn, Mulamba Diese, Rebecca Oser, Anita Patel (in development)

Care and Support

- Technical Brief: *Mental Health and HIV*; Gutmann, Mary (USAID feedback incorporated, awaiting final approval)

Counseling & Testing

- *Provider-Initiated Testing and Counseling Interim Report* (submitted to USAID; awaiting USAID approval)

Gender

- *Women's Economic Empowerment and HIV*; Sprat, Kai (undergoing formatting and editing)

Private Sector

- Technical Brief: *Private Sector Involvement in HIV/AIDS Service* (sent to USAID, awaiting comments)

ANNEX 6: FINANCIAL /LOE STATUS REPORT

TECHNICAL AREA	Workplan Budget 2/08-9/09	Obligations FY07-08	ACTUAL EXPENSES FY 08	ACTUAL EXPENSES FY 09				Obligations Less Expenses	% Obligations Spent	% Workplan Elapsed	
				Q1	Q2	Q3	Q4				Total
PMTCT	453,785	475,000	78,772	44,138	50,438	71,610	78,579	244,766	151,462	68.11%	100%
PREVENTION	4,356,495	4,625,000	388,364	391,614	370,348	586,507	488,511	1,836,980	2,399,656	48.12%	100%
CARE & SUPPORT	1,379,237	1,160,000	56,472	39,070	120,195	71,214	167,225	397,703	705,825	39.15%	100%
OVC	297,797	500,000	117,395	64,890	11,925	76,212	76,602	229,628	152,977	69.40%	100%
HIV COUNSELING & TESTING	1,176,233	1,160,000	80,833	53,297	78,029	226,131	177,584	535,041	544,126	53.09%	100%
ADULT/PED HIV TREATMENT	1,365,037	1,700,000	217,485	129,161	126,430	216,178	152,832	624,601	857,914	49.53%	100%
STRATEGIC INFO	442,577	440,000	142,656	36,551	131,982	39,963	79,030	287,526	9,818	97.77%	100%
OTHER	966,907	1,300,000	169,265	150,369	147,299	241,391	227,011	766,070	364,665	71.95%	100%
-- Private Sector	358,673										
-- Integration	331,271										
-- Quality Improvement	276,963										
GENDER	1,400,000	1,400,000	79,389	115,299	70,293	347,702	187,715	721,009	599,602	57.17%	100%
SUBTOTAL CLIN 1	11,838,068	12,760,000	1,330,631	1,024,389	1,106,939	1,876,908	1,635,089	5,643,326	5,786,043	54.65%	100%
FIELD SUPPORT	164,000	164,000	32,414	8,383	30,942	11,793	0	51,117	80,469	50.93%	
Kyrgyzstan	70,000	70,000	1,747	34,947	24,891	0	8,413	68,251	2	100.00%	
Guatemala	1,250,000	1,250,000	0	13,218	80,053	122,870	140,261	356,402	893,598	28.51%	
Honduras	245,790	245,790	0	447	623	0	81,762	82,833	162,957	33.70%	
AFR Bureau	324,400	324,400	0	596	682	9,408	21,381	32,066	292,334	9.88%	
LAC Bureau											
SUBTOTAL CLIN 2	2,054,190	2,054,190	34,161	57,591	137,190	144,071	251,817	590,669	1,429,360	30.42%	
TOTAL	13,892,258	14,814,190	1,364,792	1,081,980	1,244,129	2,020,979	1,886,906	6,233,995	7,215,403	51.29%	

LEVEL OF EFFORT (LOE)	FY 08 Actual	Q1 FY 09 Actual	Q2 FY 09 Actual	Q3 FY 09 Actual	Q4 FY 09 Actual	Cumulative	Contract Ceiling	Balance
CLIN 1								
PMTCT	94	37	64	64	55	315		
PREVENTION	382	328	522	594	548	2,374		
CARE & SUPPORT	91	39	39	69	190	428		
OVC	102	108	58	103	65	436		
HIV COUNSELING & TESTING	42	90	76	268	125	601		
ADULT/PED HIV TREATMENT	183	212	184	310	43	933		
STRATEGIC INFO	191	111	91	47	91	531		
OTHER	168	211	153	198	138	868		
GENDER	350	79	287	162	173	1,050		
TOTAL	1,603	1,215	1,472	1,816	1,429	7,536	15,587	8,051
CLIN 2								
Kyrgyzstan	79	12	146	13	0	250		
Honduras		10	123	138	107	377		
Guatemala	170	95	1	0	25	291		
LAC Bureau		1	1	15	34	50		
AFR Bureau		0	1	0	149	150		
TOTAL	249	117	271	166	314	1,117	82,680	81,563

