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**AIDS Support and Technical
Assistance Resources**



AIDSTAR-One

SEMI-ANNUAL REPORT

OCTOBER 1, 2008 — MARCH 31, 2009

APRIL 2009

This publication was produced by the AIDS Support and Technical Assistance Resources Project, Sector 1, Task Order 1 (AIDSTAR-One), USAID Contract # GHH-I-00-07-00059-00, funded January 31, 2008.

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AIDS Support and Technical Assistance Resources Project

The AIDS Support and Technical Assistance Resources (AIDSTAR-One) project is funded by the U.S. Agency for International Development under contract no. GHH-I-00-07-00059-00, funded January 31, 2008. AIDSTAR-One is implemented by John Snow, Inc., in collaboration with Broad Reach Healthcare, Encompass, LLC, International Center for Research on Women, MAP International, Mothers 2 Mothers, Social and Scientific Systems, Inc., University of Alabama at Birmingham, the White Ribbon Alliance for Safe Motherhood, and World Education. The project provides technical assistance services to the Office of HIV/AIDS and USG country teams in PEPFAR non-focus countries in knowledge management, technical leadership, program sustainability, strategic planning and program implementation support.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral therapy
CT	Counseling and testing
FY	Fiscal year
G3Ps	Good and promising programmatic practices
HIV	Human Immunodeficiency Virus
ICRW	International Center for Research on Women
IPC	Infection prevention and control
IQC	Indefinite quantity contract
JSI	John Snow, Inc.
KII	Key informant interview
KM	Knowledge management
LOE	Level of effort
M&E	Monitoring & Evaluation
MARPs	Most-at-risk populations
MCPs	Multiple and concurrent sexual partnerships
MMIS	Making Medical Injections Safer
MSM	Men who have sex with men
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV and AIDS
OVC	Orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission of HIV
QA	Quality assurance
QI	Quality improvement
SI	Strategic information
SOW	Scope of work
TA	Technical assistance

TWG	Technical working group
UAB	University of Alabama at Birmingham
US	United States
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
USG	United States Government
WHO	World Health Organization

1.0 INTRODUCTION AND SUMMARY OF MAJOR ACCOMPLISHMENTS

1.1 INTRODUCTION

This semi-annual report for AIDSTAR Sector I Task Order 1 (AIDSTAR-One) summarizes the progress and major accomplishments achieved from October 1, 2008 through March 31, 2009. Major accomplishments are divided between those that are core funded and those that are field support funded. Major accomplishments, outstanding issues, delays and constraints, and priority activities for the next six months are described for each of the core-funded technical areas in Section 3.0.

Field support funded activities are reported separately in Section 4.0. To date, AIDSTAR-One has received field support funding from the Africa and Latin America/Caribbean Bureaus, as well as from USAID/Central Asia Regional Mission (for work in Kyrgyzstan), USAID/Guatemala and USAID/Honduras.

Section 2.0 provides information about AIDSTAR-One management and finance.

1.2 MAJOR ACCOMPLISHMENTS

The past six months have witnessed many important accomplishments under the project and the completion or advancement of most workplan deliverables and planned activities. These accomplishments are outlined in the sections that follow. Some of the highlights of core funded activities are the following:

KNOWLEDGE MANAGEMENT

- AIDSTAR-One Website designed, developed and launched in beta version in October;
- Designed, developed and launched beta version of good and promising programmatic practices (G3P) database.

PREVENTION

- Organized and facilitated 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. A companion report on the same subject was also developed;

- Organized and facilitated a technical consultation on Interventions with Most-at-Risk Populations in PEPFAR Countries: Lessons Learned and Challenges Ahead in Chennai, India;
- Completed a technical brief on *HIV Prevention for Serodiscordant Couples*;
- Prevention Resource web pages developed and posted on AIDSTAR-One website for 25 prevention areas.

TREATMENT

- Completed a technical brief on changes to pediatric HIV treatment guidelines;
- Collected national HIV/AIDS treatment guidelines from 28 countries which will be posted to the AIDSTAR-One website in April.

CARE AND SUPPORT

- Concept notes developed and approved for 1) Food by Prescription Assessment, 2) Cotrimoxazole Assessment, 3) Assessment of Monitoring and Evaluation Systems for Care and Support, and 4) in-service training on safe water, hygiene and sanitation in facility-based care and support programs;
- A grant was signed with the African Palliative Care Association (APCA) to support the regional expansion of care and support activities.

COUNSELING AND TESTING

- An assessment of community-based models of counseling and testing targeting men who have sex with men (MSM) in Thailand was initiated. This assessment will identify the elements necessary for developing promising C&T programs that includes HIV rapid testing and same day results for MSM using three different approaches (NGO based C&T, public/private health facility-based C&T or collaboration between health facilities and NGOs).

GENDER

- Completed *Compendium of Multiple Gender Strategies in HIV and AIDS Programming: A Selection of Practices from Africa* which identifies and describes programs within PEPFAR focus countries of Africa that can serve as promising models and provide lessons to future programming efforts.

2.0 PROJECT MANAGEMENT AND FINANCE

2.1 PROJECT MANAGEMENT AND STAFFING

AIDSTAR-One has successfully made the transition from start-up to implementation during this reporting period. The project's interim Project Director is now serving in his original role as overall AIDSTAR indefinite quantity contract (IQC) Manager and AIDSTAR-One Team Leader for the Care and Support Team.

AIDSTAR-One continues to hold quarterly partner meetings with the senior representatives from the participating subcontractors along with conducting monthly "all staff" meetings where all subcontract staff are invited to attend to learn about the project accomplishments to date and brainstorm around special interest topics such as ways to increase funding from the field. In addition, AIDSTAR-One continues to have a bi-weekly management meeting with the CTO and rotating TWG co-chairs. These meetings serve to provide updates on workplan implementation and to review project management issues. Lastly, AIDSTAR-One Technical Working Groups are still meeting at least once a month to review the progress of ongoing work and plan new activities.

AIDSTAR-One has also developed a tracking tool that is used by the Technical Team Leads, the CTO and AIDSTAR-One Management to track the status of deliverables that are submitted to USAID. It has served as an effective management tool since its roll out.

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 departure of the Research and M&E Advisor, Lorie Broomhall. This position is currently being recruited for.

Other staff changes include the following:

- Addition of Maria Claudia Escobar as Testing, Care and Support Officer and as Team Leader for the Counseling and Testing team;
- Addition of Kai Spratt as Gender Advisor;
- Addition of John Nicholson as Knowledge Management/Communications Officer;
- Addition of Aysa Saleh-Ramirez as Country Program Manager;
- Addition of Quail Rogers-Bloch as Prevention Officer (to replace Deborah Roseman who left the project);
- Departure of Linda Sussman as OVC Officer and Team Leader for the OVC team;
- Addition of Rolando Pinel as Country Director, AIDSTAR-One/Honduras;

- Addition of Nora Maresh as Program Officer, AIDSTAR-One/Honduras;
- Additional of Mirna Guzman, AIDSTAR-One/Honduras.

Currently the only vacancy being recruited for at headquarters is that of the Monitoring and Evaluation Advisor (key personnel). In addition, a part-time OVC Officer is being recruited to lead the OVC technical team. Additional staff (Technical Advisor, receptionist, driver) are being recruited locally for the project's office in Honduras.

Appendix 5.1 provides a chart of AIDSTAR-One staff, and appendix 5.2 presents the current makeup of the various AIDSTAR-One technical teams.

2.2 STATUS OF CONTRACT APPROVALS

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

- International Travel: all international travel that was undertaken during the reporting period was completed with CTO approval
- Key Personnel Replacement: AIDSTAR-One continues to recruit for the M&E Advisor and once identified will request approval by the Contracting Officer
- Workplan: a revised workplan through September 2009 was submitted and approved by the CTO
- Small Grants Management Plan was approved by the CTO
- Grant Agreement Award to APCA was approved by the CTO
- Work Days Ordered: JSI has submitted an initial informal draft of a proposed contract amendment to amend the Work Days Ordered section of the AIDSTAR-One contract; a formal contract modification request is pending
- Monitoring and Evaluation Plan: the M&E Plan is currently being revised and will be submitted to the CTO next quarter
- Branding and Marking Plan: the Branding and Marking Plan was submitted to the CTO and is awaiting approval

2.3 FINANCIAL STATUS AND LOE

A summary of the financial status and LOE expended as of March 31, 2009 is provided in Appendix 5.7. A total of \$3,690,901 was expended through March 31, 2009 leaving a pipeline of \$11,123,289. Although the pipeline is still very large, project expenditures are increasing each quarter and are projected to increase at an even fast rate over the next six months as field support funding begins to be fully implemented and as core funded field-based activities (e.g. case studies and short-term TA) occur with increased frequency. For two points of comparison, project expenditures for core funded activities (CLIN 1) for the last two quarters of fiscal year (FY) 2008 totaled \$1,244,551, whereas for the first two quarters of FY 2009 they totaled \$2,131,328 – an increase of 71%.

As AIDSTAR-One is a level of effort contract, work days ordered and actual work days provided are also shown in Appendix 5.7. The number of work days expended in the first two quarters of FY 2009 (2,312) has substantially increased compared to the LOE expended during first eight months of the project ending in September 2008 (1,852). This is due both to the nearly full staffing that the project achieved during this reporting period, as well as the increased use of consultants and subcontractor staff who are heavily involved in our activities.

3.0 MAJOR ACCOMPLISHMENTS – CORE FUNDED

3.1 INTRODUCTION TO CORE FUNDED ACTIVITIES

Core funds for AIDSTAR-One represent approximately 20% of the anticipated total funding for the project and are allocated across various technical program areas. These technical program 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 worked closely with each PEPFAR TWG to develop the AIDSTAR-One workplan and continue to routinely communicate and meet with TWGs to discuss project implementation and progress.

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

3.2 KNOWLEDGE MANAGEMENT

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. The KM “push” strategy disseminates timely, relevant information through a variety of channels including the AIDSTAR-One website, technical publications, technical consultations, listserv mailings and various USAID communications. The KM “pull” strategy provides the opportunity for organizations to share their good and promising programmatic practices via our online searchable database, as well as enhance information exchange through pages devoted to communities of practice and links to key resources.

MAJOR ACCOMPLISHMENTS

AIDSTAR-One Website

AIDSTAR-One Knowledge Management accomplishments for this reporting period included collaboration with our partner, GMMB, in the design and development of the AIDSTAR-One website and its launch in beta version in early October. One important feature of the website are the prevention resource pages. A total of 25, out of a planned 30, prevention categories were posted during this period. In addition, the MCP Meeting held in October in Washington, DC, and the MARPs Meeting held in February in Chennai, India, were designed as e-learning opportunities in the form of slide shows and placed on the website.

AIDSTAR-One Online Database

An online database of good and promising programmatic practices (G3P) was designed, developed and launched in beta version during the 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 175 G3Ps were nominated for possible inclusion in the G3P database. Of these, some 50 rated programs thus far have been entered into the database.

An important resource for the database were 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 is being written and will be shared with USAID. In the next six months a follow-up survey will be conducted to determine the reach, use and usefulness of the AIDSTAR-One website and G3P database.

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 has proven to be a slow and tedious process. The G3P rating criteria and levels were modified in December to ease the constraints and help move the process forward.
- Second survey of USAID staff and TWGs regarding KM needs and expectations in first quarter of 2009 was not conducted. The team decided to postpone this survey until the website revisions were complete.
- Fully functioning online resource center was not completed as planned; it is in the process of being revised and made available.
- Dissemination of key findings from G3Ps, technical briefs and case studies are behind schedule and will begin next quarter.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

The website will be transitioned from beta version to permanent version, and the KM team will work with its AIDSTAR-One website design partner, GMMB, to ensure that the final version of the website is useful and user friendly, and the G3P database is readily accessible and easily searchable.

In order to streamline and expedite the gathering of G3Ps, the KM team will look for opportunities and appropriate fora to educate and engage partners and other organizations in the G3P process.

The KM team will continue to work collaboratively with the other AIDSTAR-One technical teams to ensure the following:

- Production and dissemination of products technical briefs, case studies, toolkits
- The continual gathering of good and promising programmatic practices and entry into the G3P database
- Website updated with stories regarding new G3Ps and other relevant programmatic information
- In collaboration with the Strategic Information team, design, implement and analyze a usability study for the AIDSTAR-One website
- Host three topic-specific moderated on-line activities
- Identify appropriate global/regional meetings and other opportunities to gather G3Ps

3.3. PREVENTION

The Prevention Team, with representation from the majority of AIDSTAR-One partner organizations, completed its much-expanded, revised workplan for activities through September 2009. The team contributed extensively toward content for the Online Prevention Resources, Prevention Updates, Spotlight on Prevention, and Case Studies. All partners have assumed leadership roles in certain aspects of the workplan.

MAJOR ACCOMPLISHMENTS

Knowledge Management

With a goal of making quality information more readily available to program planners and managers, and at the request of the PEPFAR Technical Working Groups (TWG), the Prevention Team developed and launched three new knowledge management products this reporting period. The Prevention team:

- Produced/web-published on-line Prevention Resources Pages in 25 of 32 prevention areas (including a short description of the interventions, status of supporting evidence, summaries of seminal research articles, summaries of exemplary programs, links to reports and guidelines, links to tools, curricula and other resources); followed a rigorous quality control process that involved original authorship by technical experts, three to four expert technical reviews and revisions, and final review by USAID/CDC.
- Produced and disseminated (via website and to a limited listserv) the first two issues (February and March/April, 2009) of the **HIV Prevention Update**, a monthly e-

newsletter; summarized recent research and project experience, program resources, policy developments, and news.

- Produced/web-published the first issue of **Spotlight on Prevention**—an e-“letter to the editor” —featuring a description of the “Zero-Grazing” program by Helen Epstein, making the findings from her recent book, *The Invisible Cure*, accessible to a broader audience.
- Produced/web-published two **e-learning modules** using the materials from two recent meetings on MCP and strategic response for MARPs.

Good and Promising Programmatic Practices (G3Ps)

The Prevention Team contributed toward a project-wide effort to identify G3Ps for prevention programs. During the last six months, the team implemented a series of activities to scale-up identification of G3Ps for potential inclusion in the database, resulting in the identification of more than 135 potential G3Ps. The Project reviewed 1) seminal publications issued around the time of the International AIDS Association Meeting in 2008, 2) recent meta-analyses on behavior change communications, counseling and testing for risk reduction, prevention approaches for injecting drug users (IDUs) and men who have sex with men (MSM) and three online Prevention Resources pages, requesting suggestions for G3Ps from authors and technical reviewers.

Expert Consultations and Meetings

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, that was attended by 78 participants and examined components of a strategic response for MARPS.
- AIDSTAR-One organized and facilitated a technical consultation on Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics in Washington, DC, October 29-30, 2008 attended by 106 participants that identified components of successful programs and advanced the latest technical knowledge of this emerging field.
- AIDSTAR-One finalized a meeting report on *Multiple and Concurrent Sexual Partnerships in Generalized HIV Epidemics* in Washington, DC, October 29-30, 2008, based on recommendations from the General Population and Youth TWG.

Case Studies

During the last six months, the Prevention Team initiated 11 case studies as described below:

- Site visits to programs addressing Alcohol-Related HIV Risk Behavior have been completed in Windhoek, Namibia; Johannesburg and Cape Town, South Africa; and Delhi and Chennai, India. Case studies will be finalized for submission to USAID.

- Three case studies on HIV Prevention Strategies and Interventions for Hidden MSM are planned for Asia, Africa, Latin America/Caribbean. Mission concurrence for cases studies in India and Ghana has been achieved for site visits in May and June; a third case study is pending work plan finalization with the LAC region.
- Mission concurrence for a case study on an MCP program in Swaziland, has been achieved for a site visit May, 2009. A second case study proposed for South Africa or Botswana awaits a favorable response from the program and USAID mission.
- Four case studies on Combination HIV Prevention are planned. A definition of combination HIV prevention was developed and four projects were identified based upon established criteria for in-depth study in preparation for writing case studies. The project awaits approval from USAID of selected sites. The team anticipates completing four case studies by September, and completing one additional case study (not in the current workplan) in fall 2009 (pending sites selection and approval by USAID). A comparative paper on these case studies has been accepted for the PEPFAR Implementers' Meeting, Windhoek, Namibia, June, 10-14, 2009. (A technical brief and e-learning tool will be completed in fall 2009).

Technical Briefs

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. One technical brief has been completed, and project staff members are currently developing four more technical briefs as described below (an additional three technical briefs will be initiated but not completed until fall 2009):

- Completed a technical brief on *HIV Prevention for Serodiscordant Couples* (approved by USAID).
- Completed a concept note on Alcohol-related HIV Risk Behaviors outlining the structure and content of the technical brief (approved by USAID); completed site visits to programs in India, Namibia and South Africa; conducted key informant interviews with local experts in policy and programming to inform the content of the technical brief.
- Completed concept papers for visits to two sites that are conducting early program efforts on HIV Prevention Strategies and Interventions for Hidden MSM (approved by USAID) as a basis from which to draft a concept paper, case studies and technical brief (a third site in the LAC region is awaiting work plan approval).
- Hired a consultant to draft a concept paper on Addressing Multiple and Concurrent Partners; subsequently drafted a technical brief and concept paper for a pilot project on MCP drawing on the expert consultation on MCP (two case studies being completed in spring 2009).
- Selected a project staff member to draft a concept paper and technical brief on Intergenerational and Transactional Sex (ITS) with a focus on southern Africa.

- Initiated three technical briefs from the materials presented at the Chennai Meeting on components of a strategic prevention for MARPS – MSM, IDU, and CSW (to be completed in fall 2009).

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

The Prevention Team has undertaken a relatively ambitious scope of work with many deliverables. The team has managed to staff the development of these materials using a combination of two full-time Prevention Team members and STTA from project staff and consultants. Maintaining the quality of project publications is a continued challenge for the small core team. Individual activities or products outlined in the workplan that have encountered delays are the following:

- One monthly issue of Prevention Update was developed by the end of March, but disseminated only to USAID/HQ. Subsequent issues will be disseminated via a growing listserv.
- A technical brief on effective programs to address key drivers in generalized epidemics will not be written. In its place, a technical brief will be developed on the comparative results of four case studies done on combination prevention, including two in generalized and two in concentrated epidemic settings.
- Site visits to hidden MSM interventions did not occur by March but will occur next quarter.
- The technical brief on using social network applications and internet capabilities to extend prevention to hard-to-reach MARPs will no longer be done as this topic is being covered well by other projects/PEPFAR initiatives.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

The Prevention Team will focus on the following activities:

- Presentation at the June, 2009 PEPFAR Implementers' Meeting in Namibia on the results of three-four case studies on combination prevention.
- Continued and improved production of the On-line Prevention Resources, monthly *HIV Prevention Updates*, *Spotlight on Prevention*, and e-learning modules. New production of *Leaders in Prevention*, including short excerpts and video clips from interviews with leaders in prevention and e-learning modules.
- Draft/finalize meeting report on *Interventions with Most-at-Risk Populations in PEPFAR Countries: Lessons Learned and Challenges Ahead*, Chennai, India, February 18-20, 2009.
- Contribute toward the technical design of a regional technical consultation on prevention among MARPs, to be held in Guatemala (proposed for September, 2009; awaiting approval by USAID/LAC Bureau).
- Three technical briefs completed on intergenerational and transactional sex, hidden MSM and MCP. In place of a technical brief on prevention approaches for generalized epidemics, the team will complete a technical brief comprised of a

comparative analysis of results from five case studies on combination prevention, including three sites in southern Africa (to be finalized in fall 2009).

- Three case studies to be completed on hidden MSM; two case studies to be completed on MCP; two case studies to be completed on Alcohol-Related HIV Risk Behavior; four case studies to be completed on combination prevention (one case study to be completed in fall 2009 to allow site selection in southern Africa).
- Draft three technical briefs from the materials presented at the Chennai Meeting on components of a strategic response for MARPs (MSM, IDU, and CSW).

3.4 ADULT AND PEDIATRIC TREATMENT

During the last six months, AIDSTAR-One has focused efforts in four strategic areas: development of technical briefs and toolkit for the implementation of new pediatric guidelines, scale-up the identification and documentation of G3Ps, preparation of a regional treatment consultation, and responding to requests for technical assistance. During this period, the AIDSTAR-One Treatment Team has worked closely with the PEPFAR TWG to make sure AIDSTAR-One treatment activities are in alignment with PEPFAR strategic objectives.

MAJOR ACCOMPLISHMENTS

National ART Guidelines

In response to a request from the PEPFAR TWG, the AIDSTAR-One Treatment Team has collected National HIV treatment guidelines from PEPFAR focus and compact countries to be posted on the AIDSTAR-One website. This AIDSTAR-One online resource will provide 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.

Presently, 28 HIV treatment guidelines for adults, children and pregnant women in the context of PMTCT have been collected. These guidelines are ready for posting on the website by late April/early May.

Honduras ART Technical Consultation

The Treatment Team finalized plans for a regional technical consultation on antiretroviral treatment to be held in Honduras. The team planned the event in close consultation with the PEPFAR TWG co-chair and prepared an agenda, invitation letters and announcement. This 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. The meeting, originally scheduled for April, has been postponed to allow other international donors to participate and provide sponsorship. Presently, AIDSTAR-One has successfully secured funding commitments from Global Fund Principal Recipients in Honduras and the Dominican Republic and is seeking additional funding and co-sponsorship from the Global Fund and PAHO.

Pediatric HIV Treatment Guidelines Technical Brief

A technical brief on pediatric HIV treatment guidelines was developed and is now ready for website posting and dissemination. 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 anti-retroviral treatment, and the effective treatment regimens that save lives.

Toolkit for the Implementation of the New WHO Pediatric HIV Treatment Guidelines

This toolkit addresses how to implement changes in pediatric HIV treatment programs, with a particular focus on addressing introduction of new program elements or products recommended in the revised WHO pediatric treatment guidelines, and will be released in draft format in May 2009. It tackles a wide range of considerations, including but not limited to human resources, policy, supply chain, pharmacy, training, supervision, laboratory, patient education and clinical monitoring, integration, community support and quality improvement. This toolkit, in the final stage of development, is designed to provide step by step guidance for urgent implementation of the WHO recommendations of April 2008 for pediatric HIV treatment.

Decentralization Technical Brief

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 nurses' legal scope of work, particularly in regard to prescribing and dispensing medicine; the infrastructure necessary to carry out successful programs such as district health management systems, reliable procurement and supply management systems, laboratory services; and the monitoring, evaluation and reporting system. The brief has been developed and sent to USAID and is awaiting USAID review and/or approval.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

The AIDSTAR-One Treatment technical team has yet to draft concept papers for selected treatment pilots, including approaches to implementing changes and adaptations to pediatric treatment programs, decentralization of HIV treatment, and adherence support and patient retention. In addition, the planned technical brief on adherence and patient retention in HIV treatment programs was not completed as planned but is underway. All other activities are on track.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

- Continue to contribute to treatment G3Ps for the Project's database of G3Ps
- Identify need for technical assistance from USAID Missions
- Finalize toolkit for pediatric HIV treatment and technical brief on treatment adherence and retention

- Continue discussions with USAID/TWG for planning of next year's activities and identifying new activities that may be implemented during this period
- Conduct regional technical consultation on ART

3.5 CARE AND SUPPORT

During the reporting period, the AIDSTAR-One Care and Support Technical Team worked closely with the PEPFAR Care and Support TWG to continue implementation of a wide range of assessments and technical briefs related to knowledge management, technical leadership and service delivery support. There has been progress implementing planned activities, but some benchmarks have not been achieved for reasons beyond the control of AIDSTAR-One.

MAJOR ACCOMPLISHMENTS

Cotrimoxazole Assessment

The Care and Support TWG approved the concept note for an assessment of cotrimoxazole supply chain systems in two PEPFAR-supported countries. The concept note was shared with a number of USG teams in focus and non-focus countries to determine interest. To date only the USG Team in Lesotho has committed to the assessment. Discussions with the team and government regarding scope and dates for the assessment are ongoing. The process for obtaining concurrence from all interested parties in Lesotho has taken longer than anticipated. Efforts are still underway to identify a second country. Preliminary discussions are underway with Ethiopia. These conversations will continue into the next quarter.

Food by Prescription Assessment

This concept note was also approved during the reporting period. The TWG and AIDSTAR-One identified a number of countries to contact regarding the assessment. USG teams in Malawi and Kenya expressed interest and planning conversations have been held with both countries. In Malawi, the government requires submission to a local IRB of all non-routine data collection activities. AIDSTAR-One has provided the USG team in Malawi with data collection tools and informed consent documents for review by the IRB. We are awaiting feedback from the review. Materials have been provided to the USG team in Kenya, who is sharing them with their government counterparts to determine their interest and support for the activity.

Care and Support Monitoring and Evaluation Assessment

A concept note for a multi-country assessment of M&E systems for care and support activities was approved by the TWG. The concept note was sent to the USG team in Nigeria who expressed interest. Given the complexity of the care and support (C&S) and the M&E systems in the country, the TWG and AIDSTAR-One have agreed to conduct the assessment only in Nigeria, but doing a more in-depth activity than initially planned. Also, CDC, one of the partners in this and all care and support activities, raised the issue of CDC needing to make a non-research determination for this and all other assessment activities. USAID and CDC have had discussions regarding this requirement and have agreed to an

approach whereby CDC will manage this process, using the approved concept note plus additional information from AIDSTAR-One, to make the submission.

Water Safety and Hygiene Training Materials

A concept paper, which incorporates work currently supported by USAID and activities and approaches developed by the Making Medical Injection Safer (MMIS) Project, was approved by the TWG. Initial meetings were held with AED who has been developing some modules, which will be considered for inclusion in the final curricula. The TWG has contacted Liberia and Indonesia to determine if they are interested in hosting the field testing of the curriculum. The team is waiting for feedback from both Missions. Curriculum development is ongoing.

Mental Health Technical Brief

The final draft of a technical brief examining mental health integration into HIV C&S activities was completed. The document is currently under final review by AIDSTAR-One staff and will be submitted to the TWG for review in the coming quarter.

Grants Under Contract

AIDSTAR-One completed negotiations with the African Palliative Care Association (APCA) to implement a grant under contract to support regional expansion of palliative care activities, including distribution of opiates. A conference call was held with other donors supporting APCA activities to ensure that workplans and scopes of work were harmonized. AIDSTAR-One and the TWG have routine conference calls with the grantee to monitor implementation of activities.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

All of the activities described above are behind schedule. There have been challenges in engaging USG country teams and in moving the country approval process forward. Also, the issue of IRB review, both local and by CDC, have added additional steps, which have slowed progress with implementation. AIDSTAR-One will continue to work with the TWG and USG country teams to move activities forward.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

- Contribute care and support G3Ps to the Project's database of G3Ps
- Complete all three of the planned assessments and finalize reports
- Conduct field testing of water and hygiene curricula and finalize training materials based on training feedback
- Continue to support APCA. This will include a site visit by AIDSTAR-One staff
- Conduct two case studies of mental health and C&S programs based upon findings from the technical brief

3.6 COUNSELING AND TESTING

HIV counseling and testing (CT) is often the main avenue by which people infected with HIV are diagnosed and then connected to treatment, care and other support services. Increasing uptake of HIV CT is often viewed as the goal to increase the number of people entering into treatment. Yet, access to CT remains difficult in many countries and especially for those most at risk such as MSM, CSW and other often marginalized groups.

During the first 12 months, the AIDSTAR-One CT team has documented and promoted good and promising CT practices while also learning about the challenges of implementation on the ground. The AIDSTAR-One CT team has provided technical assistance and recommendations in Honduras and Thailand to improve CT services and address some of the barriers and challenges CT programs face in contexts that vary by epidemic, culture and risk groups.

MAJOR ACCOMPLISHMENTS

Home-based Counseling and Testing Working Session

USAID has expressed renewed interest in conducting a working session on home-based counseling and testing (HBCT) to be held in East Africa. The meeting will focus on standardizing HBCT practices, assuring quality, and developing consensus on resources for an implementer's toolkit. A concept note has been submitted to USAID/TWG. The approval for this meeting is pending and is tentatively scheduled for June, 2009.

Provider-Initiated Counseling and Testing

The PITC assessment continues to move forward. The concept note was approved and Kenya, Malawi and Cambodia have expressed interest in participating in this activity. Draft tools have been developed and are awaiting approval from Malawi IRB. Ongoing conversations with mission offices in each of these countries address assessment sites, logistics, and timing of the assessment. The literature review on PITC was completed and pending approval will be posted on the website in the 2nd quarter, Apr – Jun 2009.

Referrals and Linkages Technical Brief

The concept note for a technical brief on HIV post-test referrals and linkages has been developed and is pending approval. This brief will primarily explore referrals for HIV positive individuals after testing, but will also include a brief discussion of potential referrals for HIV negative individuals.

Outreach targeting MARPs

A literature review has revealed various CT G3Ps that focus on reaching MARPs. This literature review and the field work in Thailand will help inform the technical brief on CT targeting MARPs to be completed by the 3rd quarter, July - September, 2009.

Targeted CT for MARPs

The CT team has conducted the first part of an assessment in Thailand to document community models of CT for MARPs. In addition, an evaluation framework will be designed for the Thailand mission as it will be implementing CT models at six pilot sites. The field work in Thailand and the report will be completed by the 3rd quarter, July - September, 2009.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

- The PITC assessment has been delayed due to IRB approval from Malawi and capacity constraints in some of the mission offices leading to slow communications. AIDSTAR expects to produce the final PITC assessment report by the 3rd quarter, Jul – Sep 2009, barring any future obstacles or constraints.
- There have been no requests for technical assistance in various areas in the CT workplan. AIDSTAR-One will increase its visibility to mission offices through forthcoming field activities in various countries and through communications and marketing strategies.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

The CT Team will focus on the following in the next six months:

- Evaluate CT programs nominated as a G3P and enter into the online database
- Conduct an HBCT working session in East Africa
- Write a technical brief and two case studies on HBCT following the HBCT working session
- Update the PITC policy scan and conduct PITC assessments in Kenya, Malawi and Cambodia with production of final report and dissemination by the 3rd quarter, July –September, 2009
- Finalize documentation of community-based models of CT for MARPs in Thailand and design evaluation for USG CT pilot sites
- Write technical brief on CT targeting MARPs based on field work conducted in Thailand
- Develop and implement a pilot program on CT targeting MARPs based on fieldwork in Thailand, possibly in Latin America or the Caribbean
- In the DRC, provide technical assistance with a PITC training curriculum developed by CDC/WHO. AIDSTAR-One will translate the curriculum into French and conduct a pilot training
- In the DRC, develop a job aid for HIV counselors and provide a pilot training on couple's counseling

3.7 ORPHANS AND VULNERABLE CHILDREN

The OVC Team has 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. In consultation with the PEPFAR TWG co-chair, the OVC team agreed to refocus the OVC workplan on two major areas of work: the development of technical briefs and accompanying case studies, and planning and facilitating an OVC Forum, as further described below.

MAJOR ACCOMPLISHMENTS

Technical Briefs and Case Studies

Plans to develop a technical brief on comprehensive OVC programs outlined in the workplan were revised part-way through the reporting period, as was the planned concept paper for an OVC pilot program. Instead, the OVC team and the PEPFAR OVC TWG co-chair agreed to address specific OVC topics via technical briefs and accompanying case studies. Four topics were identified, two of which are planned to be developed during the remainder of this fiscal year (through September), and two will be developed in FY 2010. The four topics are:

- Early child development within OVC programs
- Child protection within OVC programs
- Referral systems in the context of OVC programming
- Food and nutrition in OVC programs

For each topic there will be a technical brief developed based on a desk review of the published literature, programs reports and key informant interviews. As an optional second phase (depending on time and resources), there may be an accompanying case study that will provide further in-depth information based on field visits.

OVC Forum

AIDSTAR-One was asked by the PEPFAR OVC TWG to assist them in planning and implementing a regional OVC Forum in Mozambique in May. AIDSTAR-One has been working diligently to prepare for the Forum and is in the process of hiring a consultant to serve as facilitator and report writer for the Forum.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

One significant issue that has affected the OVC team has been the departure of the OVC Team Leader, Linda Sussman, in March. AIDSTAR-One has identified her replacement, Marcy Levy, who will assume responsibilities for leading the OVC team beginning in late May.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

Plans for the next six months include the following:

- Begin work on two technical briefs (from four topics described above)
- Begin work on accompanying case studies for technical brief topics selected
- Facilitate and develop report on OVC Forum in Mozambique

AIDSTAR-One will also respond to any technical assistance requests from non-focus countries to assist them in developing or strengthening existing OVC programs beyond the activities described above.

3.8 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

During the reporting period the PMTCT team placed priority attention on writing and reviewing the Technical Brief, *Increasing access to and utilization of PMTCT in generalized epidemics*. A comprehensive PMTCT program addresses strategies during the continuum of care in the antepartum, intrapartum and postpartum periods: increasing ANC attendance, opt-out HIV counseling and testing, antenatal ARV prophylaxis, HAART eligibility assessment, provision of HAART, infant feeding advice (AFASS), CD4 testing, encouraging facility-based delivery and delivery with skilled birth attendant, safe delivery techniques, intrapartum ARV prophylaxis, postpartum ARV prophylaxis, cotrimoxazole prophylaxis, early infant diagnosis (EID), infant feeding support and adherence, links to care, treatment and support to women and their families (safer sex, contraception, family planning, disclosure) and community mobilization and peer support. An integrated PMTCT program introduces these HIV-related services into all maternal and newborn care, sexual and reproductive healthcare service delivery and sick child settings.

MAJOR ACCOMPLISHMENTS

Knowledge Management

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

- Antiretroviral prophylaxis for infants born to HIV-positive mothers
- Infant feeding for HIV-positive mothers
- Contraception for prevention of unintended pregnancies

The first of these resource pages is awaiting approval. The remaining two have been approved and will be posted shortly.

Technical Briefs

The PMTCT Team drafted the technical brief *Increasing access to and utilization of PMTCT in generalized epidemics*. This brief was submitted to USAID for review and is currently undergoing final editing and formatting. A second technical brief, *Integration of PMTCT within maternal-neonatal-child health (MNCH)*, is under development after USAID provided comments that shifted the original scope of the brief.

Technical Assistance

The PMTCT Team Leader participated in the assessment of HIV/AIDS integrated care centers in Honduras in January-February which included PMTCT services (see section 4.4). The assessment report identified the need for revised PMTCT guidelines, protocols and strategy, which will become part of the AIDSTAR-One/Honduras Workplan.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

- Submission of the technical brief *Increasing access to and utilization of PMTCT in generalized epidemics* was delayed because the brief was expanded to address community outreach as an essential strategy for improving access to and utilization of PMTCT.
- The second technical brief was also delayed. After on-going discussions with the TWG, the focus of the second technical brief was changed to *Integration of PMTCT within maternal-neonatal-child health (MNCH)*. This new focus/approach is currently being addressed.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

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

- Contribute PMTCT G3Ps to the online database
- Submit two Technical Briefs: *Increasing access to and utilization of PMTCT in generalized epidemics; Integration of PMTCT within maternal-neonatal-child health (MNCH)*
- Complete the concept paper for a pilot project on *Integrated and Comprehensive PMTCT Program*, a “one-stop shopping” approach for HIV infected pregnant women
- Continue discussions with USAID regarding a regional technical consultation on the integration of a comprehensive PMTCT program into MNCH as a precursor to developing a pilot project
- Develop a pilot project plan in one non-focus country to expand access to PMTCT services, address identified gaps or barriers in existing efforts, test new approaches and alternatives and estimate costs and benefits
- Identify countries in need of technical assistance in strategic and operational design of comprehensive and integrated PMTCT programs
- Respond to technical assistance requests from non-focus countries in developing or strengthening comprehensive and integrated PMTCT programs

3.9 GENDER

The 2008 reauthorization of the President’s Emergency Plan for AIDS Relief (H.R. 5501) recognizes “gender issues are critical components in the effort to prevent HIV/AIDS and to care for those affected by the disease.” As mandated in the legislation, PEPFAR supports activities to address the unique vulnerabilities of boys and men, and women and girls through the following five gender strategies: 1) increasing gender equity in HIV and AIDS activities and services; 2) reducing violence and coercion; 3) addressing male norms and behaviors; 4) increasing women’s legal protection; and 5) increasing women’s access to income and productive resources. In order to implement these five strategies, field missions need access to resources and tools that facilitate the integration of gender across their prevention, care and treatment programs. The program of gender-related activities outlined in the AIDSTAR-One Workplan has contributed substantially to achieving PEPFAR

gender-related objectives through the identification, dissemination and application of good and promising gender programmatic practices (G3Ps) as well as by mainstreaming gender issues across its own prevention, care and treatment activities.

MAJOR ACCOMPLISHMENTS

With the addition of a half-time Gender Advisor in December 2008 and new membership in the USAID Gender Technical Working Group (GTWG), the activities of the workplan were revised slightly to reflect several new priorities: gender issues in concentrated epidemics, technical support to USG teams to integrate gender strategies into their country programs and the compilation and/or development of tools for gender and HIV program strategic planning and strategy development. Four of the six gender technical briefs are in development or will soon be ready for review by the GTWG: Relationship between Gender-based Violence and HIV/AIDS, Women's Economic Empowerment and HIV, Addressing Male Norms and Gender Issues in Concentrated Epidemics.

A significant accomplishment was the approval in March 2009 by the Office of the Global AIDS Coordinator of *Integrating Multiple Gender Strategies to Improve HIV and AIDS Interventions: A Compendium of Programs in Africa* (the "Gender Compendium"), which summarizes 31 programs integrating one or more gender strategies into their community-based programs. The Gender Compendium will be posted to the AIDSTAR-One website early next quarter.

Five G3P gender programs have been included in the AIDSTAR-One G3P database.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

There are no outstanding issues, delays and constraints to report at this time.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

- Finalize consultancies for completion of technical briefs on "Land, property, and inheritance rights" and "Programs targeting vulnerable girls," and submit all six briefs for final review by the GTWG. Post technical briefs to the AIDSTAR-One website
- Host a one or two week Q&A **online forum** about the Gender Compendium and its findings on the AIDSTAR website. The forum will be facilitated by AIDSTAR-One partner, ICRW
- **Case Studies.** Conduct In-depth description and analysis of six of the G3P programs in Zambia, Mozambique, South Africa selected from the Gender Compendium that are working with specific populations or technical areas, which may serve as models for replicability and scale-up. The intended audiences for these studies are program planners and implementers with primary leadership in the design, implementation and monitoring of prevention programs
- Compilation and/or development of **tools for gender and HIV program strategic planning and strategy development.** These tools will be made available through the AIDSTAR-One KM platform
- Contingent on approval by Office of HIV and AIDS (OHA), AIDSTAR-One will facilitate a **global consultation** for USG country teams on gender strategic planning

and implementation of gender initiatives. AIDSTAR-One will also provide technical assistance during the consultation

- **Technical assistance** will be provided as requested by USAID/HQ and individual USG country teams in strategic planning and implementation of gender initiatives
- At least 15 additional G3Ps in gender programming will be posted to the AIDSTAR website

3.10 OTHER POLICY ANALYSIS & SYSTEMS STRENGTHENING

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 private sector involvement, integration and quality improvement. AIDSTAR-One does not have a technical team per se that addresses these cross cutting issues but has three separate ad hoc groups that seek to further each of these cross-cutting issues in the various technical areas of AIDSTAR-One’s work. Recently a Health Systems Strengthening Team was formed within the USAID Office of HIV/AIDS that will oversee PEPFAR-supported work in the area of health systems strengthening. AIDSTAR-One will meet with representatives of this team in the coming quarter to share the AIDSTAR-One workplan and seek guidance on PEPFAR priorities in these cross cutting areas.

3.10.1 PRIVATE SECTOR ENGAGEMENT

In the area of Private Sector Engagement, the focus has primarily been on the technical brief, identifying opportunities for technical assistance and identifying private sector G3Ps.

MAJOR ACCOMPLISHMENTS

As per the workplan, the Private Sector team developed an initial concept note that presented a framework representing a comprehensive overview of all of the ways that the private sector can be involved in HIV/AIDS. Based on feedback from USAID, this concept note was modified to focus specifically on leveraging private healthcare providers in the care, support and treatment of patients. This revised concept note was submitted for review in March. The technical brief will be developed pending approval of the concept note.

Additionally, the Private Sector team published a two-page marketing piece, at the request of our CTO, describing the experience and qualifications of the AIDSTAR-One team in private sector involvement from assessments, to policy and strategy formulation, to implementation assistance etc. The hope is that this will stimulate demand for field work in the near future. It is anticipated that one to two specific opportunities will be identified in the next quarter.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

Of the workplan activities scheduled to be completed by March 2009, those that were not completed were the following:

- Technical brief on private sector involvement in HIV service delivery; as described earlier, the scope of the technical brief was modified based on feedback from USAID and the revised concept note is under review at USAID
- Identification of focus and non-focus countries that have requested assistance in developing private sector programs; no TA requests have been received to date

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

By September 2009, we plan to accomplish the following:

- Continue collecting G3Ps in private sector engagement in HIV/AIDS
- Finalize HIV/AIDS private service providers technical brief
- Identify focus and non-focus countries that have requested assistance in developing private sector programs
- Develop private sector concept paper for pilot programs based upon G3Ps
- Submit concept paper to USAID for review
- Identify up to three countries (focus and non-focus) for field visits to develop SOW and TA plan; ideally some of the visits can be conducted during this timeframe as well
- Finalize TA plan, field team as appropriate and provide TA

3.10.2 QUALITY IMPROVEMENT

During the reporting period, the AIDSTAR-One Quality Improvement (QI) Team worked to diffuse the importance of this cross-cutting issue across AIDSTAR-One technical groups. A key activity was a presentation to project staff by members of the group.

MAJOR ACCOMPLISHMENTS

The January all-staff meeting featured a useful presentation on QI principles, perspectives and examples, including work by AIDSTAR partner organizations. Participants found the discussion of core principles to be useful in defining quality improvement and stressed greater appreciation for integrating QI into future assessments and case studies.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

Much of AIDSTAR-One's technical content, particularly in the most clinical domains, is implicitly about QI. Nonetheless, the project has not diffused good and promising models for quality improvement and assurance in clinical or community-based settings. Additional G3P information with quality dimensions and development of the technical brief will prove useful in advancing greater cross-fertilization of QI perspectives into AIDSTAR One's work.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

The key activities for advancing quality improvement perspectives across AIDSTAR-One's work will include:

- Continued work on preparation of cross-cutting G3P examples that incorporate an explicit QI component
- Preparation of a concept note and approval for a technical brief on good and promising QI approaches in HIV prevention, treatment and care
- Respond to requests for technical assistance for integrating QI into program areas from focus and non-focus countries

3.10.3 INTEGRATION

Integration is being implemented in several forms across AIDSTAR-One, including through technical briefs on specific topics, prevention case studies and regular input into activities of technical teams as appropriate. AIDSTAR-One sees Integration as a means to link multiple approaches and issues. The project is identifying ways to increase opportunities for such linkages between technical areas.

A draft outline for a background paper on Integration was developed. Feedback was provided for revision of the draft into a more methodological piece, with a strong emphasis on costing factors (affordability, cost-effectiveness and sustainability) related to Integration. An ongoing literature search of documentation on Integration, including on costing aspects, has occurred over the period.

A number of AIDSTAR-One activities include aspects of integration. In particular combination prevention case studies, a PMTCT technical brief and gender case studies are designed to illuminate Integration elements. As these documents are finalized, they will provide current and practical examples of several forms of Integration and how Integration was achieved. In order to fully draw lessons from these other AIDSTAR-One documents, drafting of an Integration background paper is being postponed until September 2009 or later.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

As mentioned above, the background paper on Integration will be delayed beyond its originally scheduled completion in June.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

- Provide input to the shaping of AIDSTAR-One technical briefs and case studies that contain aspects of Integration
- Monitor and draw lessons from AIDSTAR-One drafted technical briefs and case studies that include aspects of Integration
- Continue a literature search for examples of Integration, including the costing of Integration

3.11 STRATEGIC INFORMATION

Strategic Information (SI) is integrated into all AIDSTAR-One activities. In all technical areas measurement, analysis, interpretation and reporting of program outputs and outcomes takes place and contributes to overall project monitoring and evaluation. Given the many overlapping responsibilities of Strategic Information and Knowledge Management, within AIDSTAR-One these two focal areas are combined into one technical team.

MAJOR ACCOMPLISHMENTS

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

- Development of a comprehensive, flexible M&E Plan including a Results Framework and Performance Monitoring Plan
- Implementation of KM activities related to identifying and assessing G3Ps
- Design, implementation and analysis of formative assessments on behalf of USAID/Guatemala and USAID/Honduras

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

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 and a revised Results Framework was submitted on September 12, 2008. Feedback from the AIDSTAR-One CTO and the USAID M&E Technical Working Group provided guidance for the revision of the Results Framework, a component of the overall M&E Plan. A revised Results Framework was submitted to USAID on December 11, 2008 and a final revision was submitted on March 24, 2009 (see Appendix 5.3) and subsequently approved by the CTO. The Results Framework was revised to capture outcomes of the project in addition to outputs. AIDSTAR-One has begun revising the M&E Plan to reflect M&E activities that reflect results from activities under the project task areas.

Program Assessments

SI team members participated in various stages of planning, implementation and report writing for assessments conducted in Guatemala and Honduras during the reporting period (see sections 4.3 and 4.4). The SI team developed the tool for use in the AIDSTAR-One assessment of community-based continuum of care and prevention activities in Guatemala, participated in the field work (data collection, interviews), analyzed the data and wrote and submitted the assessment report to USAID. Based on feedback from USAID/Guatemala, a follow-up assessment was planned and initiated. The follow-on assessment is being led by a local consultant under supervision by the SI Research Associate.

The SI team also participated in the tool development, data analysis and reporting of the AIDSTAR-One assessment of HIV services in Honduras.

KM/SI Activities

The KM/SI team meets monthly. In the past six months, activities have focused on the identification of potential G3Ps, the assessment of their programmatic documentation and entry into the online database. The process of assessing programs nominated for inclusion in the G3P database and the type of data collected was analyzed and revised to ensure a more helpful output of information for the website users.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

One major issue that affected the SI team was the departure of the AIDSTAR-One Research, Monitoring and Evaluation Advisor in January. This key personnel position has not yet been filled, although several candidates have been interviewed. Nevertheless, the SI team has continued to advance various aspects of the workplan and has drafted a revised Monitoring and Evaluation Plan that will be submitted to USAID for approval shortly.

One planned activity that was not completed during this period was the brief survey of USAID and TWG staff on G3Ps. The team will revisit this planned survey after the database revisions are in place and a new M&E Advisor is on board.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

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

- Complete and submit the revised M&E Plan
- Develop methods for measuring AIDSTAR-One results using the website
- Design, implement and analyze a usability study for the AIDSTAR-One website
- Collaborate with other technical teams as requested to conduct program assessments
- Support the analysis of assessment data from the follow-on assessment in Guatemala
- Continue to review new G3Ps prior to entry into the G3P database
- Develop M&E frameworks for pilot interventions as needed
- Provide technical assistance to USAID Missions in non-focus countries on the use of strategic information as requested

4.0 MAJOR ACCOMPLISHMENTS—FIELD SUPPORT FUNDED

4.1 INTRODUCTION

Field support funds represent approximately 80% of the anticipated total funding for the project and include both USAID mission funding and USAID regional bureau funding. To date, AIDSTAR-One has received field support funding from the Africa and Latin America/Caribbean Bureaus, as well as from USAID/Central Asia Regional Mission (for work in Kyrgyzstan), from USAID/Guatemala and from USAID/Honduras. Major accomplishments for each of these sources of field support funding are presented below.

4.2 KYRGYZSTAN

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. Improvements in IPC practices are shown in the graph below.



MAJOR ACCOMPLISHMENTS

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

- 100% compliance was observed in general cleanliness in conducting procedures and in washing hands with soap and running water before conducting procedures among health workers in all hospitals
- Use of gloves before conducting a 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 for 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. A similar initiative and approach are required to improve the IPC system beyond the 9 health facilities included in this activity.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

There are no outstanding issues, delays and constraints to report at this time.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

None (activity completed).

4.3 GUATEMALA

From October – November, 2008, AIDSTAR-One conducted an assessment of 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 persons (MARPs) and people living with HIV/AIDS (PLWHA). A draft report of this assessment was submitted to USAID/Guatemala in November 2008, summarizing the results of these key informant

interviews and describing 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 AIDSTAR-One conduct a complementary assessment in the departments of San Marcos, Zacapa and Izabal. The follow-on assessment will focus on existing community-based care and prevention activities for most-at-risk persons (especially PLWHA) 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.

MAJOR ACCOMPLISHMENTS

The initial assessment field work began on September 30, 2008 and continued through early November. The follow-on assessment field work began on March 30 and will continue through mid April. Through the end of March, the following tasks have been accomplished:

- 37 interviews conducted with a mix of participants from NGOs, clinics, hospitals and labs
- Interview data analyzed
- Draft report submitted to USAID on November 21, 2008
- Follow-on assessment tool (interview guide) and interview schedule developed

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

A local consultant is currently conducting field work as planned. There are no major issues or constraints to report at this time.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

Priority tasks for April and May include the following:

- Conduct interviews with organizations providing HIV/AIDS prevention, care and support activities in San Marcos, Zacapa and Izabal and with members of at-risk populations
- Draft follow-on assessment report in Spanish for submission to USAID
- Submit finalized report to USAID

Field work will continue through April 2009 and the report for the follow-on assessment will be completed in May 2009.

4.4 HONDURAS

USAID/Honduras provided field support funding to AIDSTAR-One in FY 2008 to help strengthen the national response to HIV/AIDS in Honduras through technical assistance and capacity building provided to the Secretariat of Health and the National Association of Persons Living with HIV/AIDS (ASONAPVSI DAH). Technical support to the Secretariat of Health will be done through the Department of STI/HIV/AIDS and focus primarily 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 will focus on prevention, care and support and the continuity of care between community-based organizations and organizations representing persons living with HIV/AIDS (PLWHA). The technical support will also seek to strengthen referral mechanisms between the Secretariat of Health's integrated treatment centers (*Centros de Atención Integral*, or CAI) and community and PLWHA associations.

To further define AIDSTAR-One's role and develop its workplan, the AIDSTAR-One Project Director traveled to Honduras in November 2008 for planning meetings with USAID/Honduras, Department of STI/HIV/AIDS personnel, CDC, and CHF International (the Global Fund principal recipient). The need for a field-based assessment of public sector integrated care centers (CAI) was identified as the first step in AIDSTAR-One's technical support to the Secretariat of Health.

MAJOR ACCOMPLISHMENTS

Assessment of Integrated Care Centers

AIDSTAR-One planned the assessment in consultation with the Department of STI/HIV/AIDS. The purpose of the assessment was to gauge the quality and access to HIV/AIDS services at the CAI in order to guide the development of strategies to strengthen service delivery and increase utilization. Validation of the data collection instruments, developed by AIDSTAR-One, took place during a 2-day meeting, held January 26-27, with key staff from the Secretariat of Health and the CDC-GAP Honduras Country Director. In addition to providing crucial input for adapting the instruments to better respond to the context of public services in Honduras, the validation also served as a training exercise for team members on the instruments and data collection procedures. The instruments that were reviewed and subsequently revised included four modules (one for each service area: PMTCT, counseling and testing, ARV treatment, and care and support), observation checklist, and service statistics checklist.

Data collection took place from January 29-February 6, 2009 at 14 CAI located in Tegucigalpa, San Lorenzo, Choluteca, Danlí, San Pedro Sula, Santa Rosa de Copán, Tela, La Ceiba, and Roatán. The assessment team included five representatives of AIDSTAR-One, four representatives of the Department of STI/HIV/AIDS and one representative of USAID/Honduras. In addition to the structured interviews conducted at the 14 CAI, 50 exit interviews with clients and 8 key informant interviews with representatives from NGOs were carried out to provide complementary information about the quality of services.

The assessment team and AIDSTAR-One Project Director presented the assessment findings to the Secretariat of Health, USAID, CDC, CHF International, and the Country Coordinating Mechanism Technical Unit. Discussion and agreement was reached concerning

follow-up to the assessment. It was agreed that a strategic consultation should take place for the purpose of redefining the model of integrated HIV/AIDS treatment, care and support based on the assessment findings. AIDSTAR-One agreed to recruit and provide a senior-level consultant to help facilitate this process, working in tandem with a local consultant provided by CHF International. Following this strategic consultation, it was agreed that a national workshop would be held to validate the revised model. The final report of the assessment has been submitted to USAID and the Secretariat of Health.

Key recommendations for strengthening services at the CAI included the following:

- Revise national protocols and guidelines
- Provide training of new and current CAI staff for implementation of national guidelines and protocols
- Work to integrate the CAI within the hospital services
- Provide HIV testing at the CAI
- Work towards transitioning CAI staff from being supported by Global Fund to being absorbed by the Secretariat of Health
- Ensure adequate staffing to provide a multidisciplinary approach for CAI patients
- Institute an integrated management information system
- Formalize the relationship between the CAI, NGOs, and community groups
- Link providers of prenatal and obstetric care to the PMTCT strategy

Development of Workplan

An 18-month workplan was submitted to USAID-Honduras for approval for the period April 1, 2009 – September 30, 2010. The workplan describes AIDSTAR-One's proposed technical support to the Secretariat of Health and ASONAPVSI DAH. The goal of AIDSTAR-One technical support in Honduras is to strengthen the national response to HIV/AIDS through improved provision of prevention, PMTCT, counseling and testing, treatment, care and support services. The specific objectives are:

1. Revise the existing national model for integrated care for HIV/AIDS services to improve the quality and accessibility of PMTCT, counseling and testing, treatment, care and support services.
2. Improve the capacity of service delivery providers to provide client-oriented, high quality HIV/AIDS services.
3. Strengthen the technical capacity of ASONAPVSI DAH and its ability to provide prevention, care and support services to PLWHA in coordination with the CAI.
4. Strengthen the referral system between the CAI and ASONAPVSI DAH to ensure a continuum of care for PLWHA.

Personnel Recruitment and Office Start-up

AIDSTAR-One began recruitment and hiring for its core staff in Honduras. Nora Maresh was hired as Program Officer and began work in late March. Rolando Pinel was hired as Country Director and will begin work May 4. The Finance and Administration Officer, Mirna Guzman, will also begin on May 4. The remaining core staff position to be filled is that of Technical Advisor. In addition, a Country Program Manager was hired (Aysa Saleh-Ramirez) to provide support from headquarters.

Plans to open a project office in Tegucigalpa are underway. AIDSTAR-One contacted the AIDSTAR-II project and both parties have agreed to seek to co-locate, if possible, and share certain office expenses.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

Several challenges limited data collection during the assessment. The team only had eight days to collect information at the CAI, and from key informants and clients. On several occasions, key health personnel from the CAI were away on vacation and the person left in charge did not have access to the information that the teams needed. Some of the service statistics were often not available. Finally, the manner in which the health services are organized within the CAI, hospitals and health centers increased the amount of time spent locating necessary information.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

The list of planned activities below is based upon initial discussions held with the Secretariat of Health and USAID/Honduras and the AIDSTAR-One assessment of the integrated health centers conducted in January-February 2009. It will be further detailed and updated over the life of the 18-month workplan.

- Open AIDSTAR-One office
- Hire remaining personnel for country office
- Submit results framework and M&E plan
- Facilitate strategic consultation for revision of integrated service delivery model
- Facilitate national workshops to validate revised model of integrated service delivery
- Identify TA needs of Secretariat of Health in implementation of revised model of integrated service delivery

4.5 AFRICA BUREAU

The Africa Bureau provided field support funds to AIDSTAR-One to implement an 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 how and when 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 for 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

Literature Review and Environmental Scan

AIDSTAR-One reviewed the literature on pediatric treatment in the US and developing countries, with particular attention to the psychological and social issues around disclosure, stigma and treatment adherence. Working closely with USAID, AIDSTAR-One began the process of forming a Technical Advisory Group (TAG), composed of experts in the fields of pediatrics, caregiving and HIV. An environmental scan involving interviews with 75 to 100 experts on this topic is in progress to identify programs, tools and approaches being used to provide support to HIV-positive children, their parents/caregivers and their health providers.

OUTSTANDING ISSUES, DELAYS AND CONSTRAINTS

One source of delay for this activity was the departure of the ICRW Project Manager for this activity. A new Project Manager has since been identified and work is proceeding.

PLANNED ACTIVITIES FOR NEXT SIX MONTHS

The environmental scan will be completed in the next six months, during which time interviews will be conducted with representatives of organizations and institutions that support or deliver pediatric HIV services to learn about their experiences related to the key issues, perceived research and program gaps, and what resources exist to help children, parents/caregivers, and health providers deal with the challenges of supporting HIV-positive children.

Other activities for the next six months include the following:

- Formation of and regular meetings with the TAG
- Submission of the IRB protocol draft
- Completion of literature review
- Selection of programs and tools/approaches to feature in case studies
- Setting up trip logistics
- Development of study tools

- Beginning of field visits

4.6 LAC BUREAU

The Latin America/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/Caribbean region. Discussions have resulted in a tentative agreement for AIDSTAR-One to conduct two regional technical consultations on prevention among MARPs as described below.

REGIONAL TECHNICAL CONSULTATIONS ON PREVENTION AMONG MARPS

AIDSTAR-One plans to convene two regional technical consultations on prevention among MARPs in the LAC region, one in Guatemala for Spanish-speaking countries and the other in Barbados or Jamaica for the English-speaking Caribbean. The technical consultations will bring together USG personnel, researchers, policy makers and program implementers to share the latest evidence and program experience concerning effective approaches for prevention among MARPs and other at-risk populations in the Latin American and Caribbean region. The meetings will focus primarily on how to develop, implement and scale up effective programs to reach MARPs.

OTHER ACTIVITIES

Other planned activities to be partially or fully funded by field support from the LAC Bureau include the following:

- Case study on hidden MSM in the LAC region
- Pilot project on counseling and testing for MARPs in LAC
- Participation and presentations at the Central American Congress on HIV/AIDS and STIs (November 9-14 in San Jose, Costa Rica)

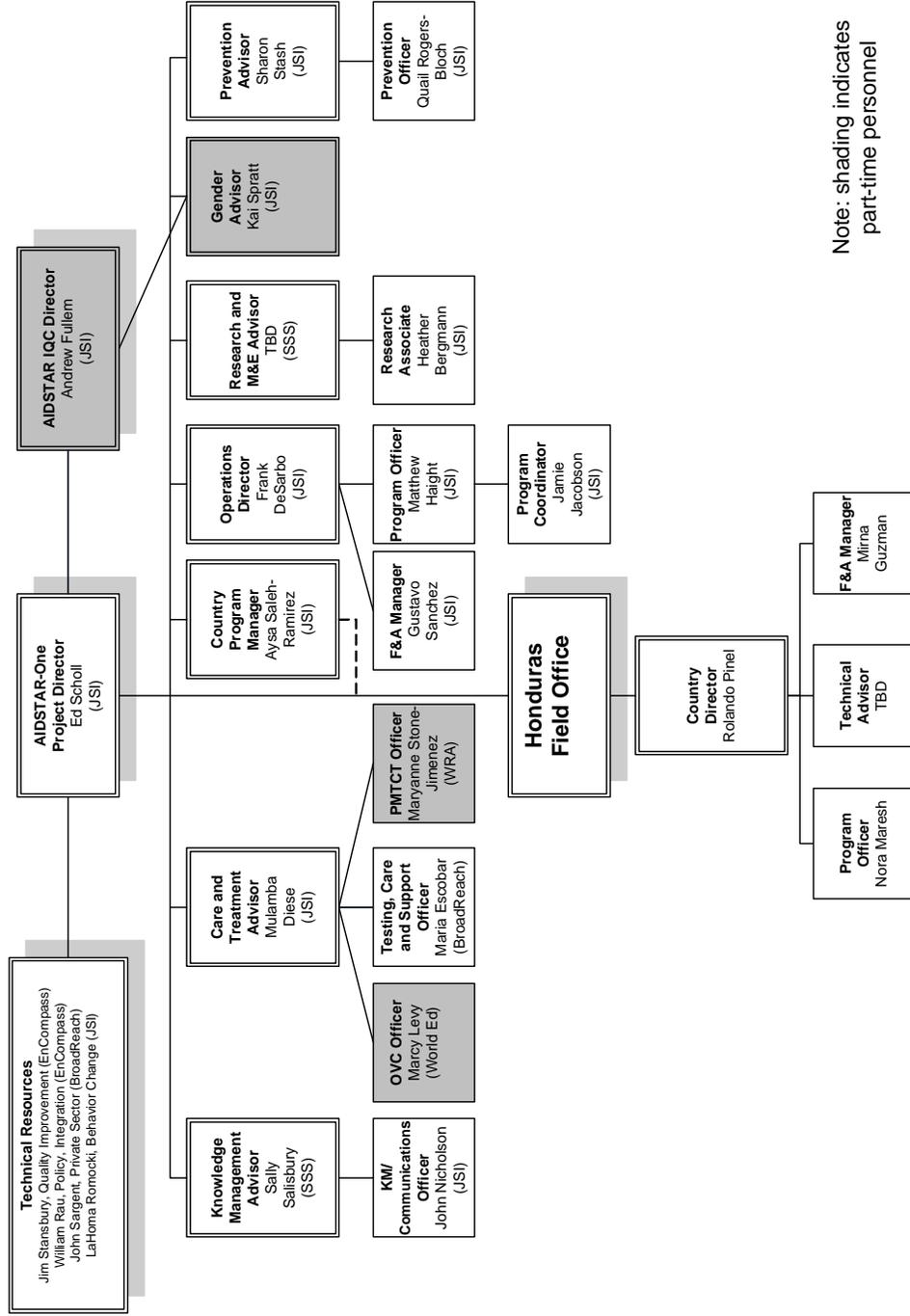
5.0 APPENDICES

5.1 AIDSTAR-ONE STAFF



USAID
FROM THE AMERICAN PEOPLE

AIDSTAR-One Staff



Note: shading indicates part-time personnel

5.2 AIDSTAR-ONE TECHNICAL TEAMS

	Care and Support	Counseling & Testing	KM & Strategic Info.	OVC	PMTCT	Prevention	Treatment
Lead	Andrew Fullem, JSI	Maria Claudia Escobar, BroadReach	Sally Salisbury, SSS	Marcy Levy World Ed	Maryanne Stone-Jimenez WRA	Sharon Stash, JSI	Mulamba Diese JSI
Members	Herman Willemms, JSI Matthew Haight, JSI Jim Stansbury, EnCompass Reshma Trasi, ICRW Maryanne Stone Jimenez WRA Mulumba Diese JSI Heather Bergmann JSI Kai Spratt JSI	Matthew Haight, JSI Mulumba Diese JSI Jim Stansbury EnCompass Katherine Fritz ICRW Rebecca Oser BroadReach Andrew Fullem JSI Kai Spratt JSI Bill Rau EnCompass Heather Bergmann JSI	Jamie Jacobson JSI Heather Bergmann JSI Jami Johnson BroadReach Diane Gardsbane EnCompass Micheline Kennedy GMMB Sue Griffey SSS Karen Semkow SSS Marcelo Castrillo JSI Harmony Chi UAB John Nicholson JSI	Glen Wasek JSI Bill Rau EnCompass Krupa Shinde MAP Lydia Mann-Bondat World Ed Upama Khatri JSI Mulumba Diese JSI Heather Bergmann JSI	Samson Kironde Uphold Sharon Stash JSI Jim Stansbury EnCompass Reshma Trasi ICRW David Torres M2M Bridget McHenry WRA Namwinga Chintu U of Alabama Renee Fiorentino JSI Eleanor McNab M2M Heather Bergmann JSI Mulumba Diese JSI	Michele Clark JSI La Homa Romocki JSI Matthew Haight JSI Bill Rau EnCompass Katherine Fritz ICRW Peter Okaalet MAP Maryanne Stone-Jimenez WRA Micheline Kennedy GMMB Kai Spratt JSI Heather Bergmann JSI	Jamie Jacobson JSI Lisa Hirschorn JSI Bill Rau EnCompass Bridget McHenry WRA Carolyn Bolton U of Alabama John Sargent BroadReach Kai Spratt JSI Andrew Fullem JSI Heather Bergmann JSI Rebecca Oser BroadReach

Cross-cutting Initiatives Focal Points

Gender: Kai Spratt, JSI

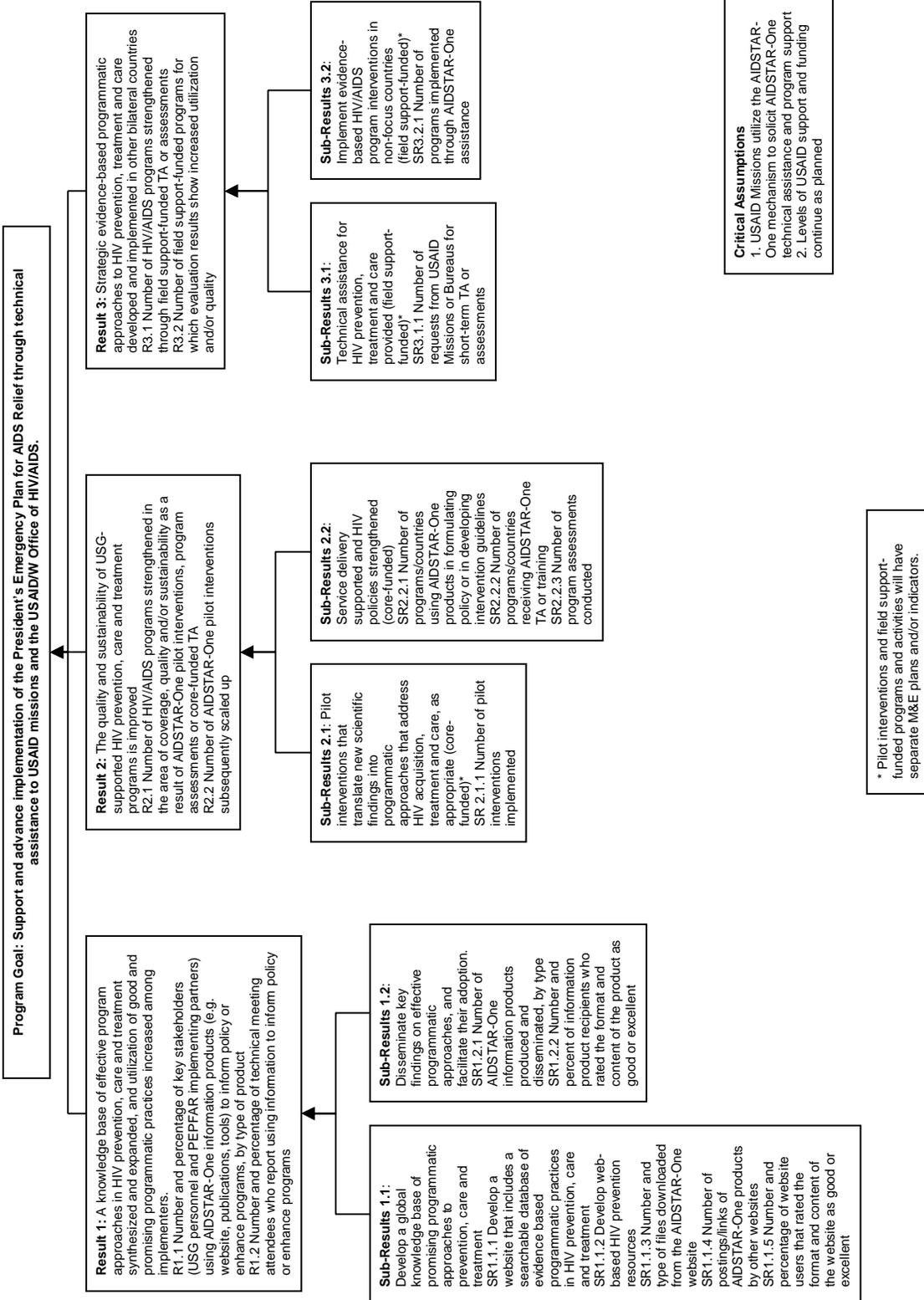
Quality Improvement: Jim Stansbury, EnCompass

Policy and Integration: William Rau, EnCompass

Private Sector Engagement: John Sargent, BroadReach

5.3 Results Framework

AIDSTAR-One Results Framework and Performance Indicators



March 23, 2009

5.4 AIDSTAR-ONE PUBLICATIONS

COMPLETED PUBLICATIONS

Prevention

- Technical Brief: *HIV Prevention for Serodiscordant Couples*; Spino, Aldo, Michele Clark, Sharon Stash (final formatting and dissemination pending)
- Meeting Report: *Addressing Multiple and Concurrent Sexual Partnerships in Generalized Epidemics*; technical consultation held October 29-30 in Washington DC
- *Update on Prevention*, February Issue, 2009 (monthly newsletter)
- *Spotlight on Prevention*, March Issue, 2009

Treatment

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

Field Support -- Kyrgyzstan

- Assessment Report: Situation Analysis of Infection Control Practices in Bishkek and Osh, Kyrgyzstan; Hussein, Iqbal

Field Support - Honduras

- Assessment Report: *Diagnóstico de los Servicios de VIH/SIDA Ofrecidos en los Centros de Atención Integral en Honduras*. Saleh-Ramirez, Aysa

PUBLICATIONS UNDER DEVELOPMENT

Prevention

- Prevention Update: Monthly issues
- Spotlight on Prevention: Three remaining quarterly issues focusing on prevention
- Meeting Report: Interventions with Most-at-Risk Populations in PEPFAR Countries: Lessons Learned and Challenges Ahead; Stash, Sharon; Repsina Chintalova-Dallas, Abu Abdul Quader, Monica Martini
- Technical Brief: *Reducing Alcohol-related HIV-risk*; Fritz, Katherine
- Technical Brief: Approaches to Addressing Multiple and Concurrent Sexual Partners; Lillie, Tiffany; Sharon Stash
- Technical Brief: Approaches to Prevention for Hidden MSM; Robertson, James

- Technical Brief: *Combination Approaches to Prevention*; Bergmann, Heather, Michele Clark, William Rao, LaHoma Romocki, Jim Stansbury, Sharon Stash
- Case Studies: Three Case Studies on Approaches to Hidden MSM; Robertson, James
- Case Studies: Two Case Studies on Reducing Alcohol-related HIV-risk; Fritz, Katherine
- Case Studies: Five Case Studies on Combination Prevention; Bergmann, Heather, Michele Clark, William Rao, LaHoma Romocki, Jim Stansbury, Sharon Stash
- Case Studies: Two Case Studies on Approaches to Addressing Multiple and Concurrent Partners; Spina, Aldo

PMTCT

- Technical Brief: *Increasing Access to and Utilization of PMTCT in Generalized HIV Epidemics*; Preble, Elizabeth (incorporation of USAID comments in process)
- Technical Brief: *Integration of PMTCT within maternal-neonatal-child health (MNCH)*; Diese, Mulamba, Renée Fiorentino,

Treatment

- Technical Brief: Decentralization of antiretroviral treatment at primary healthcare level in public and private sectors in generalized epidemic resource-constrained settings; Diese, Mulamba (sent to USAID, waiting for comments)
- Technical Brief: *Treatment adherence and retention*; Diese, Mulamba, Chris Kambay, Andrew Fullem (concept note approved – technical brief under development)
- Toolkit: *Implementation of the new pediatric HIV treatment guidelines*; Diese, Mulamba, Amusa Inambao (concept note and outline approved; document currently under development)

Care and Support

- Technical Brief: *Mental Health and HIV/AIDS Care and Support Programs*; Gutterman, Mary (under review by AIDSTAR-One Care and Support Technical Team and Knowledge Management , in process)

Counseling and Testing

- Technical Brief: *Post-test referrals and linkages for HIV counseling and testing*; Harkins, Judith, Maria Claudia Escobar (concept note approved; technical brief draft in process)

5.5 G3P DATABASE DESCRIPTION

To capture information from the vast array of HIV prevention, treatment and support programs, AIDSTAR-One is categorizing practices and programs by variables such as program content, geographic region/country, epidemic stage, target population, service delivery type, as well as identify it as a good or promising programmatic practice (G3P). Efforts in the past decade have focused on identifying “best practices”. There have been several initiatives to collect, but little ability to categorize practices, in large part because of a lack of consensus on what is “best.” AIDSTAR-One’s focus on good and promising programmatic practices overcomes the consensus issue. The goal is to create a searchable database available to program planners and implementers that will allow them to tailor a search for already implemented HIV programs that may be used to inform their efforts.

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

- **Level 1:** A well described program that has been implemented for at least one year with a specified target population. Some level of formative evaluation has taken place and M&E data has been collected for at least one year. The program achieved most of its expected results and there are plans for quality improvement.
- **Level 2:** The program has been implemented for at least two years, there is a mid-term or final evaluation, and the program has met or exceeded its stated performance goals.
- **Level 3:** More than two years of program experience is documented, the program has measurable outcomes or impacts, and the effort has been externally evaluated.

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

5.6 G3P RATING FORM

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

Rater/reviewer name:		
Research Assistant:		
Review date	Start:	
	End:	
Program or Practice Name:		
Program or Practice Description:		
Stated Goals and Approach		
Implementing Organization:		
Location:		
Year Program Started:		

Total Score:		
RATING: (Mark an X next to the rating you give this)	Not ready for inclusion in the database (5 or less)	
	Level 1: Good and Promising Practice (6-11)	
	Level 2: Good and Promising Practice (12-17)	
	Level 3: Good and Promising Practice (18) *Must include External evaluation with rigorous evaluation methodology to be rated a Level 3 practice	
Rating Rationale:		

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

Scoring: Each row receives one score (1,2 or 3). Total Score is calculated by summing the Criterion Score column.

Criterion	Level 1	Level 2	Level 3	Criterion Score and any Comments
	Base review for a program or practice			
Target population	Target population defined with rationale for population selected and with an updated work plan	Target population defined with rationale based on general priorities for HIV program intervention type	Target population defined with rationale for population selected based on local epidemiology or program data	
	1	2	3	Score =
Program implementation	Program/practice description with specific goals and objectives	At least two years of program implementation experience (e.g., updated work plan and/or annual review)	More than two years of program implementation and has been scaled up or replicated	
	1	2	3	Score =
Availability of Program Evaluation Documentation	Formative or process evaluation or internal evaluation	Summative, midterm or final project evaluation detailing results and identifying positive effects	External evaluation with rigorous evaluation methodology	
	1	2	3	Score =
Monitoring and Evaluation	At least one year of results (not baseline) that meet most stated objectives	Two years of results that meet or exceed stated objectives	More than two years of results that meet or exceed stated objectives	
	1	2	3	
Quality assurance (QA) and quality improvement (QI)	Quality improvement document listing QI measures and QI implementation plan	Quality assurance/quality improvement has been implemented and showing results	Measurable results have been achieved through quality assurance/quality improvement	
	1	2	3	Score =
Funding support	At least one year of funding	Two to three years of funding	Continued funding commitments	
	1	2	3	Score =
Sources of documentation				
TOTAL SCORE				

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

5.7 FINANCIAL/LOE STATUS REPORT

AIDSTAR-One
 Quarterly Expense Report
 Contract No.: GHH-I-00-07-00059-00 TO1
 Reporting Period: October 1, 2008 – March 31, 2009

Project Start Date 1-Feb-08
 Project End Date 31-Jan-11
 Workplan Months 20
 Total Workplan elapsed months 14

TECHNICAL AREA	Workplan Budget 2/08-9/09	Obligations FY07 08	ACTUAL EXPENSES		ACTUAL EXPENSES FY 09			Obligations Less Expenses	% Workplan Budget Spent	% Workplan Elapsed
			FY 08		Q1	Q2	Total			
			Total	Total						
PMTCT	453,785	475,000	78,772	44,138	50,438	94,577	301,651	38.20%	70%	
PREVENTION	4,356,495	4,625,000	388,364	391,614	370,348	761,962	3,474,674	26.40%	70%	
CARE & SUPPORT	1,379,237	1,160,000	56,472	39,070	120,195	159,265	944,263	15.64%	70%	
OVC	297,797	500,000	117,395	64,890	11,925	76,815	305,790	65.22%	70%	
HIV COUNSELING & TESTING	1,176,233	1,160,000	80,833	53,297	78,029	131,326	947,841	18.04%	70%	
ADULT/PED HIV TREATMENT	1,365,037	1,700,000	217,485	129,161	126,430	255,591	1,226,924	34.66%	70%	
STRATEGIC INFO	442,577	440,000	142,656	36,551	131,982	168,533	128,811	70.31%	70%	
OTHER	966,907	1,300,000	169,265	150,369	147,299	297,668	833,067	48.29%	70%	
-- Private Sector	358,673									
-- Integration	331,271									
-- Quality Improvement	276,963									
GENDER	1,400,000	1,400,000	79,389	115,299	70,293	185,592	1,135,019	18.93%	70%	
SUBTOTAL CLIN 1	11,838,068	12,760,000	1,330,631	1,024,389	1,106,939	2,131,328	9,298,041	29.24%	70%	
FIELD SUPPORT	164,000	164,000	32,414	8,383	30,942	39,324	92,262	43.74%		
Kyrgyzstan	70,000	70,000	1,747	34,947	24,891	59,838	8,415	87.98%		
Guatemala	1,250,000	1,250,000	0	13,218	80,053	93,270	1,156,730	7.46%		
Honduras	245,790	245,790	0	447	623	1,070	244,720	0.44%		
AFR Bureau	324,400	324,400	0	596	682	1,278	323,122	0.39%		
LAC Bureau										
SUBTOTAL CLIN 2	2,054,190	2,054,190	34,161	57,591	137,190	194,781	1,825,248	11.15%	70%	
TOTAL	13,892,258	14,814,190	1,364,792	1,081,980	1,244,129	2,326,109	11,123,289	26.57%	70%	

Project Start Date 1-Feb-08
 Project End Date 31-Jan-11
 Workplan Months 20
 Total Workplan elapsed months 11

LEVEL OF EFFORT (LOE)	FY 08 Actual	Q1 FY 09 Actual	Q2 FY 09 Actual	Cumulative	Contract Ceiling	Balance
CLIN 1						
PMTCT	94	24	36	155		
PREVENTION	382	298	436	1,116		
CARE & SUPPORT	91	28	34	153		
OVC	102	36	16	154		
HIV COUNSELING & TESTING	42	27	72	141		
ADULT/PED HIV TREATMENT	183	122	138	443		
STRATEGIC INFO	191	57	114	362		
OTHER	168	129	182	479		
GENDER	350	92	85	528		
TOTAL	1,603	814	1,113	3,530	15,587	12,057
CLIN 2						
Kyrgyzstan	79	12	136	227		
Honduras		10	123	132		
Guatemala	170	82	22	273		
LAC Bureau		1	1	1		
AFR Bureau		0	1	1		
TOTAL	249	104	281	634	82,680	82,046

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

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