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AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES



# AIDSTAR-ONE SEMI-ANNUAL REPORT

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## ACRONYMS

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

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

# 1.0 INTRODUCTION

This semi-annual report for AIDSTAR Sector I Task Order 1 (AIDSTAR-One) summarizes the progress and major accomplishments achieved from October 1, 2009 through March 31, 2010. The AIDSTAR-One task order is now into its final year of the three-year base period of implementation. This semi-annual report marks the halfway point of the current FY 2010 workplan, which began October 1, 2009.

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

- Re-design and development of the AIDSTAR-One website and the launch of a new homepage and site map, accompanied by a large increase in the number of visitors to the website
- Improvements on database of promising practices, development of rating manual, and additional posting of promising practices that now total 65
- Online survey of web users, conference attendees and recipients of technical assistance showed high degree of satisfaction with the website and with conference participation
- Completion and dissemination of a technical brief on Private Sector Involvement in HIV Service Provision
- Completion and dissemination of a case study on The Scrutinize Campaign in South Africa to address multiple and concurrent sexual partnerships
- Completion and dissemination of a case study on HIV programming for MSM in Ghana
- Convening regional technical consultation on home-based counseling and testing for implementers from Kenya and Uganda
- Convening Gender Technical Exchange in South Africa for participants from Africa, Asia, Latin America and the US
- Convening a regional technical consultation in Guatemala on Effective Prevention with MARPs in Latin America
- Completion of Kenyan food by prescription program assessment
- Initiation of AIDSTAR-One work in injection safety and health care waste management through field support from USAID Missions in Nigeria, Ethiopia and Uganda
- Initiation of AIDSTAR-One technical assistance in India and Tanzania through field support
- Initiation of project support for HIV positive pregnant women and new mothers in Swaziland through subcontract with mothers2mothers South Africa.

This report is divided into three main sections: 1) project management and finance, 2) major accomplishments in the core-funded technical areas, and 3)

major accomplishments from field support-funded activities. Annex 1 lists the status of major outputs that were included in the workplan that began October 1, 2009. Annex 2 provides performance monitoring data in accordance with the project's approved Monitoring and Evaluation Plan. Annexes 3-4 present updates on AIDSTAR-One staffing and the composition of its technical teams. Annex 5 includes a list of publications that are completed or under development, and Annex 6 provides a financial/level of effort (LOE) status report as of March 31, 2010.

## 2.0 PROJECT MANAGEMENT AND FINANCE

### 2.1 Project Management and Staffing

AIDSTAR-One continues to grow, both in the size of its staff, number of field offices, and number of USAID Mission funding sources. Project staff and technical team leaders meet together twice a month, including once a month with all project partners, to provide project updates and discuss implementation challenges. Also, the technical teams look for opportunities to complement and build on each other's work. AIDSTAR-One continues to have a bi-weekly management meeting with the COTR, which now include a new USAID Technical Advisor assigned to the project, as well as rotating OHA Advisors. These meetings serve as a venue for updates on workplan implementation and for reviewing project management issues. AIDSTAR-One Technical Teams also meet at least once a month to review the progress of ongoing work and plan new activities.

During this reporting period several field support workplans and budgets were approved by the COTR and Mission Activity Managers. These include the workplans and budgets for Honduras, Tanzania and India. Descriptions of these activities, and other field support activities, are given in section 4 of this report. Still pending are additional field support obligations expected from the USAID Missions in Guatemala, Honduras, Tanzania, Swaziland, and the LAC Bureau.

During this reporting period, AIDSTAR-One did not open additional field offices, but it did establish an in-country presence in India by placing a resident advisor in New Delhi who is managing the project's field support funding from USAID/India. The resident advisor was a current JSI employee moving to India, so the project has the benefit of a senior manager in-country, with no associated moving costs or allowances.

During the reporting period there were several changes to the composition of project staff and leadership of the various AIDSTAR-One technical teams. Among key personnel, one change was the addition of Bisola Ojikutu, who assumed the role of Senior Treatment Advisor and is leading the AIDSTAR-One Treatment Team.

Other staff changes during this period include the following:

- Departure of Frank DeSarbo as Senior Knowledge Management Advisor Director, and addition of Erin Broekhuysen as his replacement
- Departure of Zaira Alonso as Operations Director, and addition of Beth Mueller as her replacement
- Departure of Julie Limoges as Monitoring and Evaluation Officer
- Departure of Sally Salisbury and addition of Neha Desai, Knowledge Management Officer, as her replacement

- Departure of Sarah Melendez as Injection Safety Program Manager, and addition of Susana de la Torre as her replacement
- Addition of Victoria Rossi as Senior Treatment Officer
- Addition of Melissa Sharer as Senior Care and Support Officer
- Addition of Leigh Ann Evanson as Senior Prevention Officer
- Addition of Elizabeth Hurwitz as Prevention Officer
- Addition of Jodi Garber-Simon as Communications Officer
- Addition of Lauren Galinsky as Program Coordinator
- Addition of Margaret Dadian as Senior Editor

Currently, recruitment is underway to fill a vacancy at project headquarters for the position of Monitoring and Evaluation Officer. Annex 3 provides a chart of AIDSTAR-One staff, and Annex 4 presents the current makeup of the various AIDSTAR-One technical teams.

## **2.2 Contract Approval Actions/Modifications**

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

- All international travel that was undertaken during the reporting period was completed with COTR approval
- A workplan for FY 2010 was submitted and approved by the COTR

In addition to these approvals by the COTR, a contract modification was signed by the Contracting Officer on 10/23/09 that included:

- An additional obligation of \$382,500 was added to the contract via a MAARD from USAID Uganda for injection safety and health care waste management activities
- Approval of change in key personnel to hire Bisola Ojikutu as Care and Treatment Advisor

## **2.3 Financial Status and LOE**

A summary of the financial status and LOE expended as of March 31, 2010 is provided in Annex 6. A total of \$12,894,305 was expended through March 31, 2010 leaving a pipeline of \$13,553,212. Although the pipeline remains large, project expenditures have been rapidly increasing. For example, average monthly expenditures for FY 2009 were \$519,500. For the first half of FY 2010, average monthly expenditures increased 70% to \$882,586.

As AIDSTAR-One is a level-of-effort contract, work days ordered and actual work days provided are also shown in Annex 6. Similar to project expenditures, the number of work days provided has been steadily rising. The total work days provided in the first six months of FY 2010 (13,620) was double the amount provided for all of FY 2009 (6,811). This has been due to a combination of factors, including increased staffing at project headquarters, and initiation of new field support-funded activities.

## 3.0 MAJOR ACCOMPLISHMENTS – CORE FUNDED

### 3.1 Introduction

Core funds for AIDSTAR-One represent approximately one-third of the anticipated funding for the base period of the contract and are allocated across various technical program areas. These areas correlate to PEPFAR technical working groups (TWGs) that coordinate United States Government (USG) efforts in each of these technical program areas. AIDSTAR-One staff work closely with each PEPFAR TWG to develop the AIDSTAR-One workplans and routinely communicate and meet with TWGs to discuss project implementation and progress.

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

### 3.2 Knowledge Management

#### Summary

AIDSTAR-One's Knowledge Management (KM) Team's efforts continue to focus on raising awareness of the project's technical resources and improving program implementation. During this reporting period, AIDSTAR-One responded to user feedback and redesigned sections of its project website to improve usability. The KM and SI Teams identified ways of improving the promising practices database section of the website and expanded its content. More visitors continue to access the AIDSTAR-One.com website with a 66% increase in unique page views in the Prevention area over the past six months. In addition, the KM Team worked closely with each technical team to better highlight AIDSTAR-One's technical publications, promising practices, and related content, as well as feature cross-cutting themes across the site.

## Major Accomplishments

### 1. AIDSTAR-One Website

AIDSTAR-One Knowledge Management accomplishments over the past two quarters include collaboration with AIDSTAR-One partner, GMMB, in the redesign and development of the AIDSTAR-One website and the launch of a new homepage and site map in February 2010. In response to user feedback, the website was redesigned to ease site navigation and allow users in bandwidth-limited settings to quickly find and access resources with as few clicks as possible. Each technical team, in collaboration with their respective USAID Technical Working Group representative, has identified knowledge management needs that are being addressed by the redesign effort. As part of the overall process, AIDSTAR-One submitted the site URL to the Office of Legislative and Public Affairs (LPA) for review in December 2009. LPA requested that the project modify its branding and remove transient cookies from the site. AIDSTAR-One complied with these requests and subsequently launched the new homepage and site map in February 2010.

The new site map includes an area for AIDSTAR Sector I Task Orders to disseminate project information and contribute resources and tools developed under the AIDSTAR IQC. AIDSTAR-One also collaborated with Management Sciences for Health to create a landing page and host content for AIDSTAR-Two. This project has indicated that they will begin development of a stand-alone site in the next quarter. AIDSTAR-One will continue to seek opportunities to cross-link content with AIDSTAR-Two where appropriate. A new Resources section of the site is designed to serve as a robust knowledge management platform for the Office of HIV/AIDS and will host a broad array of technical materials from a wide range of sources outside of the AIDSTAR-One project.

In addition to the redesigned homepage and site navigation, the Knowledge Management Team worked closely with each Technical Team to better meet the knowledge management needs of each Focus Area section of the site. This included identifying common elements across the technical areas to better highlight AIDSTAR-One technical publications and promising practices, link related content, and feature cross-cutting themes across the site. The redesigned website is more user-friendly and allows visitors more flexibility when accessing key products, such as the *Gender Compendium* and the *Treatment Guideline Matrix*. Users can easily search and access specific sections of content within these large documents. In addition, the redesigned focus areas are dynamically driven and allow visitors to access content in several different ways. For example, within the PMTCT section, treatment guidelines that include PMTCT recommendations will be dynamically pulled to the PMTCT section of the site, as well as relevant content from the Prevention Knowledge Base.

## 2. AIDSTAR-One Online Database

The online database of promising practices continues to expand in content and is currently undergoing a redesign as part of the re-launch of the AIDSTAR-One website. During the reporting period, a focus was placed on continuing research and ratings of nominations, reviewing the rating process with the technical teams, and improving the promising practices section of the website. The project also received its first organic nomination during this period (a submission from Community Care in Nigeria in December 2009).

Through the end of the reporting period, there were five promising practices published and added to the database for a cumulative total of 65 published practices (see Table 1). The top three technical areas with published promising practices include prevention, gender, and OVC. The technical teams are in the process of finding new practices to go through the rating process. Practices are culled from conferences, newsletters, and desk research on the part of technical team members.

**Table 1.** Number of promising practices published by content area, and quarter

| Content area         | Oct-Dec 09 | Jan-Mar 10 | Cumulative |
|----------------------|------------|------------|------------|
| Prevention           | 0          | 0          | 16         |
| Treatment            | 0          | 1          | 4          |
| Care & support       | 0          | 0          | 6          |
| Counseling & testing | 0          | 0          | 7          |
| PMTCT                | 0          | 1          | 6          |
| OVCs                 | 0          | 1          | 9          |
| Gender               | 2          | 0          | 11         |
| Private Sector       | 0          | 0          | 4          |
| Policy               | 0          | 0          | 2          |
| <b>Totals</b>        | 2          | 3          | 65         |

Important activities completed during this reporting period to facilitate the promising practices rating process include the development of a manual that provides guidance on how ratings are assigned, and a training held in early March by the Strategic Information (SI) Team for all team members who will be involved in rating promising practices. More than 25 staff members attended the training across all technical areas. This training oriented staff to the purpose of the rating process and improved inter-rater reliability and standardization. As part of the training, participants independently rated practices and discussed their ratings with other staff to test their understanding of the definitions used and the overall process.

During this period, the KM and SI staff worked together to identify ways of improving the promising practices database section of the website, reviewing multiple iterations of proposed wireframes, and giving suggestions for improving the functionality of the promising practices database. AIDSTAR-One revised the

description for promising practices, the description of the three levels, as well as the promising practices nomination form.

Over the past six months, visitors continue to access the project's website. The project monitored the number of unique page views in the different content areas on the AIDSTAR-One website from October 2009 through February 24, 2010. As presented in Table 2, the Care & Support, Counseling & Testing, Prevention, and Treatment technical areas had more unique page views from October 2009 to February 2010 than in all of FY 2009 -- in particular, the Prevention area had a 66% increase in unique page views. The Treatment technical area had an increase of 69% in the first five months of the fiscal year compared to last year. During this reporting period, the other content areas of PMTCT and Gender also exceeded last year's unique page views by February 2010. The general trend for the majority of technical areas represents a positive increase in the number of visitors to the AIDSTAR-One website.

**Table 2.** Total number of unique page views<sup>1</sup> by content area

| Content area   | Total FY 09  | Oct-Dec 09   | Jan-Feb 10*  | Total Oct-Feb 10 | Cumulative    |
|--|--------------|--------------|--------------|------------------|---------------|
| Prevention   | 5,081        | 5,432        | 2,984        | 8,416            | 13,497        |
| Treatment  | 1,798        | 2,632        | 402          | 3,034            | 4,832         |
| Care & support   | 164          | 196          | 189          | 385              | 549           |
| Counseling & testing   | 215          | 272          | 116          | 388              | 603           |
| PMTCT  | 600          | 524          | 199          | 723              | 1,323         |
| OVC  | 395          | 154          | 133          | 287              | 682           |
| Gender   | 680          | 634          | 297          | 931              | 1,611         |
| Quality assurance  | 4            | 0            | 0            | 0                | 4             |
| <b>Totals</b>  | <b>8,937</b> | <b>9,844</b> | <b>4,320</b> | <b>14,164</b>    | <b>23,101</b> |
| *Only data from January-February 24 - Google Analytics disabled without cookies on website |              |              |              |                  |               |

<sup>1</sup> Unique page view: One unique page view is counted as the page(s) viewed by a visitor during a 30-minute session.

## **Outstanding Issues, Delays and Constraints**

At the request of LPA, AIDSTAR-One removed cookies from the site in order to launch the re-designed homepage and site map. At the request of the AIDSTAR-One COTR, development on the site was halted for several weeks to allow further exploration of how cookies might be allowed on the site. This contributed to a delay in releasing the redesigned focus area sections of the site.

Without transient cookies, the site is no longer able to support login functionality or user accounts. The removal of cookies has also severely limited the project's ability to accurately track web traffic on the site. The lack of a user account function has affected the ability to support user-driven submissions of promising practices and the project's ability to host online registration for AIDSTAR-One Technical Consultations. A cookie-less environment will also curtail the original plans for the redesigned site. Although workarounds have been designed and implemented for promising practices submissions and event registration, they are less desirable, and user-friendly, and result in slower response times and additional coordination and follow-up from project staff, website visitors, and technical consultation participants. Also, without the use of cookies, the process of identifying and nominating potential promising practices, as well as gathering the necessary information for rating and entering them into the promising practices database continues to be a challenge. The project is exploring alternative solutions to address these issues while, at the same time, requesting approval for permission to use transient cookies on the website.

As part of USAID's review and approval process for the AIDSTAR-One website, LPA recommended making changes to the way the project brands its materials. The KM Team is currently revising its approved AIDSTAR-One Branding and Marking Plan and will be re-submitting it to USAID in May 2010.

## **3.3 Prevention**

### **Summary**

Through the contributions of AIDSTAR-One partner organizations, the Prevention Team continues to develop a series of knowledge management products for programmers and decision makers. The primary target audience for these materials remains US government staff who are supporting HIV and AIDS prevention projects in multiple countries throughout the world. AIDSTAR-One online materials, however, were designed for a much broader audience, including policy makers, researchers and in-country partners. We have received a growing number of positive comments from users with regard to key Prevention products, suggesting that the Prevention Update, Case Studies, and Prevention Knowledge Base, among other products, are filling a pre-existing need for information.

Over the past six months, the Prevention Team has worked hand-in-hand with the Knowledge Management team to assist in the redesign of the website with the goal of making it more accessible and user-friendly. Monthly issues of the Prevention Update, and quarterly issues of the Spotlight on Prevention will continue to drive new users to the site, as project-wide plans are enacted to strengthen the dissemination of AIDSTAR-One materials overall. Now, with a large amount of content already approved by the TWGs and an enhanced web-interface, AIDSTAR-One is poised to scale-up its dissemination to an even broader audience of users.

## **Major Accomplishments**

### **1. Re-design of Prevention materials on the new AIDSTAR-One Website**

During the last six months, AIDSTAR-One has made a significant investment in re-designing AIDSTAR-One.com. Together with the Knowledge Management Team and GMMB, the Prevention Team has focused much of its efforts on making the content, especially the Prevention Knowledge Base (PKB), more accessible to users. The new website structure has enabled more effective linkages of related materials (eliminating the need for Prevention Hubs originally proposed in the FY2010 Workplan). With a major focus on the technical areas prioritized by the prevention TWGs, related resources are cross-referenced with one another on the website, allowing access to full sets of complementary materials regardless of where the user first 'enters' the content.

The Prevention Team has led the effort to transition information from the original Beta site to the enhanced AIDSTAR-One website, with other technical teams following close behind. A series of updated PKB entries, case studies, and a couple of recently completed technical briefs will be published for the first time with the redesigned Prevention section during the first half of Q3.

### **2. AIDSTAR-One Web-based Resources and Database**

#### ***Continued development of a Prevention Knowledge Base***

Launched in February 2009, the PKB has grown into a unique web-based resource for the HIV Prevention Community. The PKB includes a large and growing amount of technical content, which can be daunting to the user. The KM and Prevention Teams and web-developer GMMB revamped the format for the PKB, permitting easier access to information through intuitive, well-organized landing pages. A medical editor was engaged to bring a clear and consistent voice to all of the PKB entries, drafting new entries and revising previously approved content. Key members of the PEPFAR prevention TWGs are now involved in early stages of content development to ensure that the materials resonate with the orientation of PEPFAR II and are technically sound.

PEPFAR TWGs have approved the content for 23 (of 25 proposed) prevention areas (including 9 prevention areas that were added between October and March). A total of 16 Prevention Resource entries will be posted at re-launch of the website, and an additional seven areas will be posted after reformatting and/or editorial revisions. Other prevention areas are under development.

### ***Contributions to the Promising Practices Database***

The Prevention Team continues to be a major contributor to the Promising Practices database. The documentation for 69 (of 168) programs screened has been completed. A review panel will now screen these candidates for inclusion in the database. The Prevention Team is part of a project-wide process, led by the Strategic Information Team, to standardize and streamline the way program staff nominate and review programs for inclusion in the database.

### ***Development of a portal for National HIV/AIDS Strategies***

At the request of the General Population and Youth (GY&P) TWG, AIDSTAR-One will launch on its website a Portal for National HIV/AIDS Strategies. The project is ready to post approximately 61 National Strategic Plans from PEPFAR-funded countries. This new section of the website will debut with the launch of the revised website. The project is also in possession of at least 50 plans from non-PEPFAR-funded countries, which are being prepared for posting on the website. The website is also capable of including other related documents (e.g., national monitoring and evaluation plans).

## **3. Monthly and Quarterly Dissemination Products**

### ***HIV Prevention Update***

Since September 2009, the Prevention Team published five issues of the HIV Prevention Update (total of eleven publications per year, excluding the month of December). An internal committee of reviewers nominates articles to appear in the monthly publication, and counterparts approve the monthly selection prior to publication. We have received numerous emails from USAID and other users in the field suggesting that the Prevention Update is a welcome addition in the HIV prevention arena. Our subscribers are increasing at a steady pace (total of approximately 900 subscribers, March 2010).

### ***Spotlight on Prevention***

The Prevention Team publishes three issues of the SpotLight on Prevention each year (during Q1, Q3, and Q4). In the fall, the team published an issue on the relationship between family planning and HIV prevention written by two leaders in this field, Ward Cates and Rose Wilcher. Three additional issues are under development for release this fiscal year, including the epidemic in Southern Africa, by Quarraisha Abdool Karim; HIV prevention and MSM, by George Ayala; and the rollout of male circumcision, by Catherine Hankins.

#### 4. Technical Areas

The Prevention Team continues to develop technical resources in a growing number of technical areas. A brief update on each of these technical areas follows:

- Combination prevention – AIDSTAR-One colleagues completed the fieldwork toward a fourth (of four) case study on a national combination prevention planning exercise in Namibia in early 2009. Prevention Team staff are drafting a white paper on combination prevention for potential submission to a journal. Two previously completed case studies on the Avahan Project and the Alliance Ukraine are almost ready for posting on the new website, while a third case study, on the APHIA II Project in Kenya, awaits final editing and approval in Q3.
- Prevention in Mixed Epidemics in West and Central Africa – AIDSTAR-One colleagues completed fieldwork for a case study on mixed epidemic programming in March in Nigeria. Country selection for a second case study (Cote d'Ivoire) is in process (pending final selection and mission approval). The GY&P TWG and AIDSTAR-One have begun planning a technical consultation on mixed epidemics for the summer of 2010.
- Reducing alcohol-related HIV risk –Two case studies completed in FY2009 (“Wising Up’ to Alcohol-Related HIV Risk: A Counseling Program for STI Patients Attending Primary Health Care Clinics in South Africa” and “Alcohol Consumption and HIV Risk: A Peer Education Strategy for Bar Patrons”) have led to the design of a demonstration project protocol, described later in this report. AIDSTAR-One submitted a first semi-annual report to USAID at the end of March.
- Addressing Multiple and Concurrent Sexual Partnerships (MCP) - Fieldwork for the third (or four) case studies on approaches to addressing MCP was completed in Botswana during March, covering the *O lcheke* Campaign of the National AIDS Coordinating Agency. Team members will complete the fieldwork for a fourth case study on “Club Risky Business Series: One Love! Campaign”, Zambia in May.
- Cultural approaches for Generalized Epidemics – Team members are preparing a program selection matrix for submission in April. After an initial meeting in February with USAID, the Prevention Team began to scan for local programs employing cultural frameworks in Namibia, Swaziland, South Africa, and Botswana. This extra step was intended to permit the Prevention Team to identify truly indigenous efforts, including small- to medium-size projects that might otherwise be overlooked, on the assumption that they may be best situated to reflect local cultural frameworks.
- Male Circumcision – A Creative Brief toward the development of a 12-minute video on male circumcision was endorsed by the Male

- Circumcision TWG (pending final COTR approval). The video aims to encourage national political leadership to support the introduction and scale-up of MC in fourteen countries in Africa where the prevalence of HIV is high and male circumcision low. AIDSTAR-One commissioned an issue of the SpotLight on Prevention on Male Circumcision.
- HIV prevention for hard-to-reach MSM – USAID approved a concept note toward a technical brief exploring MSM in Generalized Epidemics on March 31 and we are initiating work. AIDSTAR-One submitted a concept note towards a technical brief on Human Rights in HIV Programming for MSM on March 23 (pending approval). Through AIDSTAR-One, PEPFAR will co-sponsor (contribution of \$50,000) a pre-conference meeting of the Global Forum on MSM & HIV prior to the International AIDS Conference in Vienna, Austria, July 2010. AIDSTAR-One is disseminating two case studies completed in FY 2010 (“CEPEHRG and Maritime, Ghana: Engaging New Partners and New Technologies to Prevent HIV among Men Who Have Sex with Men” and “The Humsafar Trust, Mumbai, India: Empowering Communities of Men Who Have Sex with Men to Prevent HIV”). The Prevention Team is collaborating with the LAC Bureau on the development of two technical briefs on MSM in Latin America and the Caribbean and a case study highlighting HIV programming for MSM in the region.
  - Transactional sex work in Southern Africa – Prevention Team members will commence fieldwork for a case study on the *Fataki* Program in Tanzania in mid-May. The team continues to search for an appropriate subject for a second case study on transactional sex (pending continued discussions with USAID). Over the last six months, the Prevention Team worked closely with a South African organization to lay the groundwork for a collaborative demonstration project to address transactional sex in South Africa (included in the revised FY 2010 work plan). AIDSTAR-One will work collaboratively with the Center for AIDS Programme of Research in South Africa (CAPRISA) to document and disseminate the results of a project in Vindulela District, South Africa that aims to limit transactional sex and other risk behaviors among young women through conditional cash transfers (to be completed FY 2011).
  - Comprehensive Approaches for Injecting Drug Users – The Prevention Team is preparing for a case study in Georgia, and is in the process of finalizing a concept note. A second case study proposed for Kyrgyzstan is on hold due to political unrest. AIDSTAR-One is currently updating a PKB entry, which will provide a venue for the new PEPFAR Guidelines for IDU prevention programs, once released.

## **5. Meetings and Technical Consultations**

### ***Technical consultations on size estimation for most-at-risk populations***

This year, the MARPs TWG has tasked AIDSTAR-One with making the logistical arrangements for a series of expert consultations on Size Estimation of Most-at-Risk populations. These meetings represent a close collaboration between USAID and CDC, and they build upon a technical consultation that was organized and facilitated by AIDSTAR-One in FY2009 on Interventions with Most-at-Risk Populations in PEPFAR Countries: Lessons Learned and Challenges Ahead in Chennai, India, February 18-20, 2009.

The first Size Estimation meeting, Capacity Building Workshop on Methods of Size Estimation of Most-at-Risk Populations, was successfully conducted in March in Tanzania for a total of 51 participants. AIDSTAR-One will arrange additional Size Estimation meetings this year in Kazakhstan and Barbados.

### ***Presentations at meetings***

The Prevention Team has been an invited participant and speaker at several meetings during the last six months, including:

- MSM Institute at the United States Conference on AIDS (USCA), San Francisco, October 2009. James Robertson spoke on "HIV Prevention for MSM: Programmatic Examples from Ghana and India" at this satellite meeting sponsored by the International AIDS Society.
- The Hivos/Schorer International Expert Meeting on MSM, WSW, and Transgenders, Amsterdam, November 2009. James Robertson was an invited participant.
- UNDP Meeting of Intermediary Organizations Working on MSM and HIV. Amsterdam, November 2009. James Robertson was an invited participant.
- Feedback Meeting on the UNAIDS Prevention Toolkit, London, November, 2009. Sharon Stash presented AIDSTAR-One's Prevention Knowledge Base.
- UNAIDS Prevention Reference Group Meeting on Combination Prevention, Montreaux, Switzerland, December 2009. Sharon Stash presented findings from three case studies on combination prevention and she will continue to serve on a UNAIDS PRG sub-committee on combination prevention.
- Meeting of the Cambodia PEPFAR Country Team and Implementing Partners, March 2010. Katherine Fritz presented on "Preventing alcohol-related HIV risk: what do we know and how can we respond?"

## 6. Demonstration Project

Since approval of the concept brief in October of 2009, AIDSTAR-One has made two trips to Windhoek, Namibia to receive feedback, visit potential intervention communities in Katatura (a peri-urban area near the capital, Windhoek), and meet with potential implementation and research partners. AIDSTAR-One will implement the demonstration project in three phases:

- Phase I: Selection of partner organizations, site selection, formative research, intervention design, and preparation for implementation. This phase commenced with the IRB Submission in January 2010 and field activities began in March.
- Phase II: Intervention implementation, intervention monitoring and process evaluation (qualitative and quantitative data collection).
- Phase III: Endline data collection, analysis, and report writing.

Katherine Fritz traveled to Phnom Penh in March to meet with the USG PEPFAR team to discuss the context of alcohol use in Cambodia and alcohol as a trigger for HIV risk behavior in drinking venues (beer gardens and karaoke bars). At the request of the USAID mission, Dr. Fritz met with implementing partners, and toured high-risk drinking venues with outreach workers (employed by Population Services International). The results of this site visit will inform the development of a concept note that AIDSTAR-One will submit to USAID/Washington and USAID/Cambodia in May for review and approval.

## Outstanding Issues, Delays and Constraints

- The FY2010 workplan schedule prepared by the Prevention Team did not adequately anticipate the time needed to approve the workplan and obtain approvals for its component activities. As a result, several activities scheduled to begin in Q1 began in Q2.

## 3.4 Adult and Pediatric Treatment

### Summary

During the last six months of the project, the Treatment Team has worked closely with the PEPFAR TWG and AIDSTAR-One partner organizations to complete the carryover activities from the last workplan and to begin implementation of new adult and pediatric treatment deliverables. These deliverables include a wide range of case studies, technical briefs and assessments which support PEPFAR strategic treatment objectives.

## Major Accomplishments

### 1. Completion of Activities from Prior Workplan

#### ***ART Consultation in Latin America***

In collaboration with the PEPFAR TWG, the Treatment Team led planning and managed logistics for a regional HIV treatment technical consultation in Latin America which is scheduled to take place May 3-5, 2010, in the Dominican Republic. The event is co-sponsored by AIDSTAR-One, PEPFAR, PAHO and the World Bank. Approximately 100 adult and pediatric HIV care and treatment experts from seven Latin American countries are expected to attend this consultation. The objectives of the meeting are:

- To provide the latest updates in evidence-based delivery of ART services for children, adolescents and adults
- To examine the implications of the latest WHO/PAHO HIV treatment guideline updates on national programs in regards to access, quality, and sustainability
- To discuss barriers to treatment access from the perspective of both the clients and the providers
- To explore models of service integration and review the practical implementation of HIV/AIDS service delivery integration in the region
- To discuss regional strategic monitoring and evaluation plans, including harmonization of indicators
- To provide a framework for adaptation and harmonization of guidelines and supply chain logistics to promote regional collaboration and improve cost effectiveness

#### ***Technical Briefs***

Two technical briefs which will provide key treatment and service provision information have been completed. Both briefs required additional work to ensure they were representative of the highest standards of both AIDSTAR-One and USAID.

- “*Decentralization of ART Services*” is a technical brief which provides cross-cutting themes that HIV program managers and implementers should consider when designing and managing ART decentralization. In addition, it focuses on critical components of an effective ART program, including human resource development, infrastructure development necessary to carry out successful programs, and supply chain management. This brief has been approved by USAID and is in the final stages of editing.

- “*Adherence to and Retention in HIV Treatment Services*” is a technical brief which thoroughly reviews the evidence for effective and practical approaches to improve both adherence to treatment and retention in care for HIV infected patients. This brief explores barriers associated with poor adherence to ART and retention in care, outlines current methods to measure and monitor adherence, reviews program strategies to retain individuals on effective treatment for life and discuss the applicability of these interventions for integration into ART programs, and provides programs with guidance on key steps to strengthen efforts to promote adherence to ART and retention in care. This brief has been approved by USAID and is undergoing formatting by the AIDSTAR-One Knowledge Management Team.

## **2. Case Studies and Field Assessments**

### ***Contingency planning for ART in complex emergencies***

The treatment team is preparing for a series of field assessments to inform case studies highlighting best practices for providing and sustaining adult and pediatric ART in emergency settings. Concept notes describing these field assessments and case studies have been approved by the TWG. Field assessments in the Democratic Republic of Congo (DRC), Uganda and Kenya are being planned for May and June of 2010. A desk study is underway for all three case studies and the DRC and Ugandan missions have been engaged in this activity. Additional case study and field assessment sites will be determined in collaboration with the TWG. A toolkit based on the outcome of these assessments will be prepared in the second half of this year.

### ***Engaging collaborators in ART guideline revision***

Field assessments in Zambia, Guyana and Rwanda will inform case studies of countries which have successfully executed changing their national HIV treatment guidelines to reflect revisions to protocols, including simplification of regimens or adding new products and changing of initiation criteria, and will highlight what prompted them to make the changes, what steps they took, who the key stakeholders were in the process, and expected or actual outcomes, benefits and costs. The concept note for this activity was approved and the assessments are underway. The assessment in Zambia is being led by AIDSTAR-One partner University of Alabama-CIDRZ and is ongoing. The assessment in Guyana is currently being conducted by AIDSTAR-One staff, and the Rwanda assessment is scheduled for May. A technical brief and toolkit will be prepared in Q4.

### ***Scale-up of access to and utilization of pediatric HIV treatment in southern Africa***

The treatment team is partnering with the African Network for Care of Children Affected by HIV/AIDS (ANECCA) to assess scale-up of pediatric care and

treatment in sub-Saharan Africa. This activity will be comprised of development of a comprehensive pediatric care and treatment rapid assessment tool, rapid assessment of 2-3 countries to determine barriers to pediatric and adolescent access to high quality HIV/AIDS care and treatment services, and development and dissemination of action oriented technical assistance plans based upon the findings of the rapid assessments. Proposed potential countries for the rapid assessment are Malawi, Mozambique, Nigeria, and Zambia. The concept note for this activity was submitted to USAID and is awaiting approval. A pediatric treatment specialist is currently being engaged to ensure technical accuracy and quality. Assessments are anticipated to take place in late spring 2010.

### **3. Crosswalk of Available Costing Tools and Their Various Capabilities**

The AIDSTAR-One treatment team has contracted with a consultant to conduct a crosswalk analysis of the various utilities of costing software, including Spectrum, HAP SAT (Abt Associates), ASAP (World Bank), and others. The resulting report will highlight areas in which each tool has been used in the past, identify criteria for use of each of the models, and detail the strengths and weaknesses of each of the models for adult and pediatric ART programs. A case study of the use of these models will be written in the second half of 2010. Concept notes detailing the crosswalk and the case study were submitted and the first has been approved, with the case study concept note still pending approval by USAID.

### **4. Creating e-Learning Tools from the Toolkit for Implementation of WHO Pediatric Treatment Guidelines**

During the last six months, the Treatment Team completed development of a Toolkit for Implementation of WHO's 2009 Pediatric Treatment Guidelines. The Toolkit is designed to provide program planners, country-level policy makers and program staff working to incorporate the recommendations into their local efforts. The team is currently working with the project's knowledge management team and EnCompass to develop a dynamic web-based learning tool from the Toolkit. The first e-learning module, based on section 2.2 of the Toolkit, "Administering a Rapid Assessment of Current Site Resources", is in development with the goal of testing the tool with attendees at the 2010 IAS conference in July.

### **5. Knowledge Management Activities**

#### ***Promising Practices***

The identification, research and rating of promising practices in the area of treatment is ongoing and will continue throughout the remainder of the fiscal year. In addition to the promising practices currently listed on the site, another 12 practices are in the nomination process, and additional practices are being identified and contacted on an ongoing basis.

### ***National Treatment Guidelines***

The adult, adolescent, and/or pediatric National Treatment Guidelines for 21 countries have been summarized and posted on the AIDSTAR-One website. Those for seven countries in Central America, as well as those of the United States, are currently in development and will be posted to the website to complement the LAC ART technical consultation in May.

### **Outstanding Issues, Delays and Constraints**

The departure of the Treatment Team Leader in the fall of 2009, and the hiring of Dr. Bisola Ojikutu in November, resulted in a transition period during which progress on deliverables was delayed.

In addition to Dr. Ojikutu, Victoria Rossi joined the team as Senior Treatment Officer in February 2010 and has helped to facilitate timely completion of deliverables.

The technical consultation for the Latin American/Caribbean region on ART was originally planned for Honduras in April 2009. The meeting was delayed for a number of reasons, including political unrest in Honduras, the earthquake in Haiti, and challenges securing approval and funding from various key players. The consultation is scheduled for May 3-5, 2010, in Santo Domingo, Dominican Republic.

The Adherence and Decentralization Technical Briefs were led by a staff member who is no longer with the project and, upon inspection, required significant reworking to be considered final. These briefs are in final formatting and editing and will be available through the AIDSTAR-One website by Q3 of this year.

## **3.5 HIV Counseling and Testing**

### **Summary**

The AIDSTAR-One Counseling and Testing (CT) Team, in collaboration with USAID and the CT Technical Working Group, has been building upon activities initiated in 2009, creating breadth and depth in various CT areas. The successful technical consultation on home-based counseling and testing (HBCT) has led to a technical assistance request from Swaziland and will also result in the development of various technical products and resources for implementers. Work on provider initiated counseling and testing (PITC) now includes experience in the private sector in Kenya. Putting CT technical expertise into practice and while dealing with the challenges of implementation is at the center of the assistance currently being provided to the Democratic Republic of Congo. The work in these various areas outlined below will continue to enrich the expertise of the CT team

and will enhance the products and technical assistance that can be provided to implementers of CT globally.

## **Major Accomplishments**

### **1. Provider-Initiated Counseling and Testing (PITC):**

A review of existing country policies for PITC has been completed and approved and will be posted on the AIDSTAR-One website. This review permits users to identify PITC policies by country or region and discover whether countries have PITC guidelines that stand alone or are integrated into national CT policy, when the policies were introduced and which groups are targeted for PITC.

A final draft of the Cambodia PITC assessment (assessed in FY2009) has been completed and is being reviewed by USAID/Cambodia, as well as the Government of Cambodia's National Center for HIV/AIDS and Dermatology (NCHAD). Once this is complete it will be posted on the AIDSTAR-One website.

The technical brief on PITC and the private sector was changed to a case study at the request of USAID. The concept note for this case study has been approved by both USAID Washington and the Kenya Mission. The CT Team, in collaboration with the Private Sector Team, is finalizing the case study methodology with the in-country assessment tentatively set for May 2010.

### **2. Home-based Counseling and Testing (HBCT) Technical Consultation, November 2009**

AIDSTAR-One successfully hosted a three-day consultative meeting in Nairobi, Kenya, bringing together 40 experienced implementers from Kenya and Uganda. The meeting focused on identifying best practices and implementing HBCT in resource-poor settings; assuring quality, and developing consensus on resources for an implementer's toolkit.

The meeting report is currently awaiting final approval by USAID/Washington and the next steps are to identify follow-on activities with the meeting planning committee. Following the success of the HBCT meeting in Nairobi, the government of Swaziland has requested South-to-South technical assistance to train counselors for a pilot home-based counseling and testing roll out. Trainers from The AIDS Service Organization (TASO) Uganda will travel to Swaziland to support these activities (see #9 below).

### **3. Rapid Testing:**

AIDSTAR-One and members from the USG CT and lab technical working groups (USAID and CDC) will be drafting an agenda/scope for the technical consultation on rapid testing that will be held in Asia. The main themes have not yet been finalized, but will likely bring countries together to share experiences in rapid testing. With a variety of models in place countries can learn from each other

what might or might not work in different settings. The technical consultation will serve to:

- Discuss the barriers and challenges to rapid testing
- Address the lack of confidence in the results given by rapid testing
- Address the quality of testing
- Address the quality of training that the providers require
- Identify the different settings in which rapid testing could be applied (home-based CT, PITC, etc.)

#### **4. CT Costing:**

A preliminary review of peer reviewed published literature on different approaches that have been used to measure cost/cost effectiveness of different counseling and testing interventions has been done. Following a recommendation from USAID, a further review of the informal and grey literature has begun, in part to highlight the existing literature on counseling and testing costing. From this review, the AIDSTAR-One team will identify the major gaps in costing that warrant further investigation/documentation.

#### **5. Targeted CT for Most-at-Risk Populations (MARPs):**

The situational analysis of CT services and identification of potential CT models for MSM in Thailand was completed. The report is under review with USAID/RDMA and will be posted on the AIDSTAR-One website as soon as it is approved.

The concept note for two case studies in Thailand has been approved by USAID/RDMA. The case studies will document the counseling and testing outreach and programming for men who have sex with men and other most-at-risk populations in two different settings-- Silom Community Clinic and SISTERS NGO. The field work and documentation process for these case studies will be completed by the end of the 3rd quarter, 2010. USAID has requested a participatory involvement process that allows for the target group to participate in the data collection process

USAID/RDMA is interested in a broader study with the Thai Red Cross in Chiang Mai to document the process of rolling out community-based VCT. AIDSTAR-One has developed a process evaluation framework to assist RDMA but funding for this activity has not been finalized and this activity might be pushed back to FY 2011.

#### **6. Knowledge Management and Promising Practices**

The CT Team is currently reviewing four different CT programs in southern Africa to assess their qualification as promising practices for the AIDSTAR-One database.

## **7. Technical Assistance to the DRC**

AIDSTAR One is providing technical support to the DRC National AIDS Commission, (PNLS). The current phase of TA is supporting the development of an operational plan and quality assurance framework of new CT guidelines which place emphasis on provider initiated counseling and testing. The TA will also support the development of a pocket guide for HIV counselors. This phase of TA will be complete by end of April 2010. The next phase of this TA will support training for counselors in couples counseling and testing.

## **8. Technical Assistance**

Following a request from USAID, AIDSTAR-One is facilitating a South-to-South exchange of technical assistance to Swaziland's National AIDS Program, as they roll out home-based counseling and testing activities. Trainers from Uganda, identified from the HBCT Consultative Meeting in November 2009, will go to Swaziland to provide training in counseling and laboratory skills as well as to support their HBCT pilot project and to provide input to their HBCT protocols.

## **Outstanding Issues, Delays and Constraints**

- Neither the Kenya nor the Zambia missions have approved the concept notes for the PITC country assessments and the number of available target countries is very limited. This delay may impede the ability to conduct further PITC country assessments.
- Lengthy delays in obtaining feedback from the RDMA and Cambodia missions on the MSM and PITC 2009 assessments, respectively, has affected AIDSTAR-One's ability to complete the work in these countries.
- Securing data/material for promising practices remains challenging. While several programs have been nominated, programs contacted either do not respond or do not have the level of documentation required.
- Technical assistance requests from the field remain limited. AIDSTAR-One continues to undertake efforts to increase its visibility to USAID missions through field activities in various countries and through targeted communications.

## **3.6 Orphans and Vulnerable Children**

### **Summary**

During this workplan period, the OVC Technical Team undertook field visits for two early childhood development case studies, and submitted additional concept

notes for case studies on promising program approaches in child protection and food security/nutrition for OVC and their families. The team continued its ongoing work on a food security/nutrition consultative process to develop recommendations for designing and implementing food security/nutrition programs for OVC, working closely with other stakeholders. The team also provided support for a two-day technical consultation on Food and Nutrition Programming for OVC and Their Families held in December, 2009. During this reporting period, the OVC Team also nominated new promising practices and entered additional OVC-oriented promising practices into the database. Several additional promising practices have been identified and are under evaluation.

## **Major Accomplishments**

### **1. Early Childhood Development**

During this reporting period, the OVC Technical Team continued its work on an ECD technical brief, and completed the fieldwork for two ECD case studies on center-based care, in Malawi and Zimbabwe respectively. The technical brief and case studies will be completed during Q3.

### **2. Food Security/Nutrition**

During this workplan period, the OVC Technical Team intensified its work on a food security/nutrition consultative process to develop recommendations for designing and implementing food security/nutrition programs for OVC, working closely with other stakeholders such as Africa's Health in 2010, the FANTA project and Save the Children, as well as representatives from USAID and OGAC.

In December 2009, AIDSTAR-One helped support a two-day technical consultation titled *Food and Nutrition Programming for OVC and Their Families*. The consultation provided an opportunity to create inter-sectoral dialogue among OVC, food security, and nutrition specialists, from both the policymaking and implementing communities. The discussions at the consultation helped identify a set of recommendations on food security and nutrition, and HIV/AIDS and OVC programming that will be elaborated further as the consultative process continues into the next reporting period.

Also during this reporting period the OVC Team prepared and submitted two concept notes for food security/nutrition case studies, in Ethiopia and Malawi respectively. These case studies will highlight different promising practices related to implementing food security/nutrition programs for OVC and their families.

### **3. Child Protection**

During this reporting period, the OVC Team worked closely with OVC TWG members to produce a draft child protection technical brief to elevate the understanding of child protection in the context of PEPFAR OVC programs, with a specific focus on abuse, exploitation, violence and neglect of children. The draft brief has been completed and is now undergoing internal AIDSTAR-One editing and review.

The OVC Team also developed a shortlist of three potential child protection case studies, and initiated discussions with the TWG on these possibilities. The team received approval on a concept note for a case study on an integrated legal/human rights program in Côte d'Ivoire, and is now moving forward with the logistics of developing this case study.

### **4. OVC Donor and Intermediary Groups**

During this reporting period, the OVC Team reached agreement with the TWG on the terms of reference for an assessment focusing on donor and intermediary proposal and reporting requirements for OVC programs. This assessment will compare and contrast requirements across donors and intermediary groups, towards the goal of identifying which requirements can be easily harmonized across donors to create a more streamlined and efficient flow of funds. The team is in the process of locating the appropriate consultant, and the assessment will commence during Q3.

## **Outstanding Issues, Delays and Constraints**

The technical brief on early childhood development was delayed and is currently in development. The delay was largely the result of challenges related to the loss of members of the OVC Technical Team and subsequent staffing challenges. A team has been mobilized to complete the brief and it is anticipated that a draft will be submitted to the TWG during Q3.

## **3.7 Care and Support**

### **Summary**

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

## **Major Accomplishments**

### **1. Food by Prescription or Nutrition and Counseling Support**

AIDSTAR-One staff finalized an assessment of the Kenya food by prescription program. The final report has been written and approved by the Technical Working Group and USAID Kenya. The report finds programs are generally well implemented and supported by providers and clients. Existing challenges relate to having adequate human resources, including nutritionists, as well as issues of client management such as food sharing, how to handle borderline cases and how to graduate clients from the program. Upon approval from USAID Kenya, the final report will be posted on the AIDSTAR-One website. Additionally an abstract describing this work has been accepted for a poster presentation at the XVIII International AIDS Conference in Vienna. Current efforts include engaging with Kenya and other countries to implement a more complete package that also examines quality improvement and quality assuredness issues and measures resulting impact. If another country is selected, a Technical Brief on Food by Prescription will be produced.

### **2. Cotrimoxazole Supply Chain and Distribution Assessment**

During this period, AIDSTAR-One worked with USG Teams in Lesotho and Ethiopia to develop a comprehensive national assessment of cotrimoxazole distribution systems. Both planned assessments were cancelled by the respective Missions. Currently AIDSTAR-One is planning to conduct a desk review, including interviews of supply chain staff responsible for cotrimoxazole in selected countries. The desk review will provide information about the cotrimoxazole supply chain system(s) in select countries and specifically identify key national and facility policies, infrastructure, and human resource issues; review national policies regarding procurement (both suppliers and registration issues) of cotrimoxazole; document successes and challenges in implementing comprehensive cotrimoxazole supply chain systems; and identify lessons learned of global significance. It is anticipated that the desk review, key informant interviews and drafting of the final outcome report will be completed by September 2010. Also during this period, AIDSTAR-One conducted an 11-country review of opiate and other palliative drugs and pharmaceutical registration.

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

AIDSTAR-One and the TWG worked with the USG team in Nigeria to develop plans for an assessment of the country's unique program for monitoring and evaluating HIV care and support activities. At this time there have been a number of barriers to moving forward. To complete this activity by the end of September, AIDSTAR-One is actively working with the Technical Working Group,

CDC and USG/Nigeria to pursue a timeline that will result in a final report being submitted to the TWG by the end of September.

#### **4. Facility-based Water Safety and Hygiene**

AIDSTAR-One is in the final stages of revising the training materials to strengthen the water, sanitation and hygiene practices in health facilities based upon feedback from TWG members. Completed materials include a trainer's guide, participant materials, a resource guide and job aids. AIDSTAR-One, in conjunction with the TWG, is currently identifying key countries to field test these materials. AIDSTAR-One is awaiting confirmation from USAID on pursuing pilot field testing in Kenya and Ethiopia -- countries identified by AIDSTAR-One to coordinate with and complement the USAID Hygiene Improvement Project (HIP) home-based care efforts. In addition to pilot-testing the curriculum, AIDSTAR-One has presented online examples to the TWG and is soliciting feedback from TWG WASH specialists to create one to two modules to reinforce and complement the larger training curriculum.

#### **5. Mental Health and HIV Care and Support**

Building upon the momentum created by the Mental Health and HIV Technical Brief, AIDSTAR-One is preparing two to three case studies to document successful delivery models providing mental health and HIV care and support services. Having received oral concurrence from USAID Vietnam, AIDSTAR-One is currently planning to travel to Vietnam to document FHI's program targeting IDUs to provide a strong example of a mature, successful intervention providing a depth of experience and multiple lessons-learned. A concept note has also been submitted for Northern Uganda and is awaiting concurrence from USAID/Uganda. Other programs being considered are India and Rwanda. In addition, AIDSTAR-One is speaking with the African Network for the Care of Children Affected by HIV/AIDS (ANECCA) to identify a site that focuses on mental health issues among children both affected by and infected with HIV. Design of the case studies in both Vietnam and Uganda have taken place, and it is anticipated the Vietnam case study will be completed by June, with at least one more case study being completed during the final quarter of the fiscal year. Discussions between the Care and Support TWG and the Treatment TWG are on-going regarding adaptation and testing of psychological assessment tools in clinical care and support and HIV treatment programs. Lastly, AIDSTAR-One is developing a concept note for a technical brief that will examine mental health and children living with and affected by HIV.

#### **6. Palliative Care**

AIDSTAR-One continues to support the African Palliative Care Association (APCA) as they strengthen their efforts to build national palliative care programs in the region. Specifically the grant provides critical assistance to integrate pain management into adult and pediatric care. Also, the grant provides funding for

small grants to palliative care programs in West Africa and supports strategic planning to expand palliative care programs in North Africa. During this period, technical activities included reviewing workplans and providing substantive feedback on the materials developed under the grant, specifically the two pocket books (Pain Management and Palliative Care) and the Palliative Outcome Scale (POS) guide. APCA recently held a consultation in Kenya to review the progress of the AIDSTAR-One workplan to date and in particular to discuss the piloting process of the POS. Additionally AIDSTAR-One is scheduling regular support calls to provide constructive feedback to strengthen the organization's efforts at scale-up. To date, APCA has completed final drafts of two pocket-guides and the POS guide all aimed to improve the standards for and quality of palliative care services. All tools are planned to be finalized during the next six months. AIDSTAR-One will continue to work with APCA to develop a comprehensive dissemination and marketing plan for tools and materials developed under this grant using AIDSTAR-One knowledge management functions, as well as the capabilities within the organization. At the request of the TWG, AIDSTAR-One submitted a concept note to increase AIDSTAR One's level of technical assistance and support to APCA. This is currently with the TWG for consideration.

## **7. Knowledge Management**

During this period, AIDSTAR-One has formalized the outline for the Care and Support website, using the continuum of care model as an entrance path that was developed/adapted in 2000 by WHO and UNAIDS. The information portal has been formatted as a wire frame and documents are being collected to be placed on the website. The Care and Support Team is using lessons learned from other technical areas to ideally maximize uniformity and website flow and minimize barriers related to scale-up. During the next six months, AIDSTAR-One will prioritize formatting, designing and uploading key Care and Support resources, based on analyzing the data provided by current AIDSTAR-One website use. Posting mental health resources will be the first priority and information collection will focus on collecting information that the TWG has requested. AIDSTAR-One will ensure that the website is user-friendly and provides key and applicable resources for programmers in the field. Similar work has been done by the project for the Treatment TWG and has been positively received.

## **8. Regional Workshop on Integration**

AIDSTAR-One is working with a number of USAID technical working groups (Care and Support, OVC, Treatment and PMTCT) to organize an integration regional workshop. After numerous discussions with specialists from across the TWGs and USG agencies, it has been decided that AIDSTAR-One will conduct interviews with USG program staff in eight countries in East and Southern Africa in order to identify key themes for the development of an agenda, as well as potential speakers and program presentations. This workshop is planned for

September 2010. The TWG and AIDSTAR-One are in discussions regarding an additional meeting that will focus on retention in HIV care.

## **Outstanding Issues, Delays and Constraints**

The assessments for food by prescription, cotrimoxazole, and monitoring and evaluation, as well as field testing of the WASH curriculum have all been delayed. Additionally there have been significant delays related to collecting information and planning for the Integration Workshop. AIDSTAR-One and the TWG have worked diligently to identify countries in which to conduct these activities, and in some cases have adjusted activities accordingly. There have been challenges in identifying countries, as well in gaining in-country approval. These have taken longer than anticipated and, in a few cases, have resulted in the cancellation of activities, such as the cotrimoxazole assessment planned in Ethiopia and Lesotho. There are currently concerns about the Monitoring and Evaluation activity scheduled to take place in Nigeria, and AIDSTAR-One will work with the TWG to determine if this activity can still take place during the current workplan or should be dropped.

## **3.8 Prevention of Mother-to-Child Transmission**

### **Summary**

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

## Major Accomplishments

### 1. Promising Practices

The PMTCT Technical Team identified and assessed one new promising practice in the area of PMTCT for inclusion in and dissemination through the AIDSTAR-One project database. Another possible promising practice is waiting approval for nomination.

### 2. PMTCT Resources

In collaboration with the Knowledge Management Team, the PMTCT section of the AIDSTAR-One website was redesigned to include:

- Explanation of the four-pronged Approach to PMTCT Strategy
- Description of the PMTCT Continuum of Care Services during antenatal care, intrapartum, postpartum/postnatal periods - coordinated with community services
- Resources/PMTCT Update: Latest Must-Read Literature/ Reports & Publications with a link to 17 Prevention updates specific to PMTCT
- Mother-Infant Health Cards: 8 mother-infant cards will be posted from Botswana, Ethiopia, India, Mozambique, South Africa, Swaziland, Zambia and Zimbabwe
- PMTCT Country Guidelines: 11 country-specific guidelines will be posted from Ethiopia, India, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Uganda, and Zambia
- PMTCT Country Assessments and PMTCT Case Study (to be posted)

Electronic and hard copies of the 2009 Rapid Advice and key recommendations (in English and French) were shared with 15 national alliances of the White Ribbon Alliance for Safe Motherhood (WRA) and 7200+ WRA members around the world. The final WHO PMTCT Guidelines will be published in the 3rd quarter of the fiscal year.

The PMTCT Team continues to incorporate feedback and input to two briefs submitted to USAID: “Increasing access to and utilization of PMTCT in generalized epidemics”, and “Integration of prevention of mother to child transmission of HIV (PMTCT) interventions with maternal, newborn and child health (MNCH) services”. At the request of the PMTCT/Peds TWG, the PMTCT document originally prepared as a Spotlight on Prevention submission is being revised as a PMTCT update for the website and will focus on the WHO Rapid Advice documents of November, 2009, “Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants” and “HIV and infant feeding - Revised Principles and Recommendations Rapid Advice”. The PMTCT technical team is making revisions to the “Risk of HIV Transmission during

Breastfeeding – Table of Research Studies”with feedback provided from the PMTCT/Peds TWG.

### **3. Comprehensive PMTCT Assessments**

A concept note to conduct comprehensive PMTCT assessments in two different country contexts – a generalized epidemic in sub-Saharan Africa and a concentrated epidemic – was submitted and reviewed by the PMTCT/Peds TWG. The concept note focused on outlining detailed documentation on how, where and what aspects of PMTCT interventions have been integrated with maternal, newborn, and child health (MNCH), identifying lessons learned, and highlighting aspects of the interventions that are transferable to other programs. The concept note is presently being reviewed by senior PMTCT experts before final submission to USAID for approval.

### **4. Case Study**

A draft case study matrix has been submitted to the AIDSTAR-One Monitoring and Evaluation Team for review in order to develop a case study to showcase how to integrate PMTCT interventions with MNCH services.

### **5. Regional Integration Meeting**

The PMTCT Team is working internally with the Care and Support, Treatment, and Orphans and Vulnerable Children technical teams to conduct informant interviews with USAID Mission staff to inform the Regional Integration Meeting about integration efforts within existing HIV programs, specifically the integration of HIV among program areas targeting mother and child during pregnancy, labor and delivery, postpartum, 0 - 2 years of age, and 2 to 5 years of age. One Regional Integration Meeting planned for September 2010.

## **Outstanding Issues, Delays and Constraints**

In order to strengthen the technical resources available to the PMTCT Team, AIDSTAR-One is seeking to contract a senior PMTCT expert from within the AIDSTAR-One partner organizations or externally.

## **3.9 Gender**

### **Summary**

Three technical briefs planned for FY 2010 have been dropped from the workplan. All other activities are being implemented, albeit later than originally planned.

## Major Accomplishments

### 1. Gender Technical Briefs

Three technical briefs begun in FY 2009 have been completed and were submitted to the Gender Technical Working Group: *Gender-based Violence (GBV) and HIV and Microfinance, Gender Empowerment and HIV Prevention, and Addressing Gender in Concentrated Epidemics*. All technical briefs are under review by the Gender Technical Working Group.

### 2. Case Studies

Gender case studies were conducted by staff from an AIDSTAR-One partner organization, International Center for Research on Women (ICRW), on five programs highlighted in the Africa-focused Gender Compendium. Case studies were conducted with:

- Maanisha (Kenya)
- Mulheres Primero (Mozambique)
- Polyclinic of Hope Care and Treatment Project (Rwanda)
- The Fatherhood and Child Security Project (South Africa)
- Corridors of Hope II (Zambia)

The objectives of the case studies are to:

- Examine how gender strategies are being combined and integrated into programs that use two or more PEPFAR gender strategies
- Analyze the specific approaches that each program has developed to respond to the gender-specific needs of its target populations
- Describe the ongoing challenges of HIV programs in integrating gender and how they are being overcome. Challenges can include financial and human capacity constraints, community-level barriers to social change, and lack of national policy to support gender-responsive programming.
- Identify lessons for advancing the use of multiple gender strategies in HIV programming.

The intended audiences for these studies are program planners and implementers with primary leadership in the design, implementation and monitoring of prevention programs. The final report contains recommendations at the program, public policy and systems levels, recommends funding priorities, and discusses the challenges programs face monitoring and evaluating the

outcome of gender integration. The draft report is currently under review by the Gender Technical Working Group.

### **3. Technical Consultation**

To support the expansion of gender integration into USG programs, the President's Emergency Plan for AIDS Relief (PEPFAR) Gender Technical Working Group (the GTWG), in collaboration with AIDSTAR-One, convened the first-ever USG supported Gender Technical Exchange from October 28 to 30, 2009. Entitled *Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models and Resources*, the Exchange took place in Johannesburg, South Africa, where local organizations have demonstrated their capacity and innovation in integrating gender into their HIV programs.

Thirty-seven participants from 16 countries in Asia, South America, and Africa, as well as US-based GTWG members attended the meeting. The objectives of the meeting were to:

- Create a shared understanding of PEPFAR's framework for gender for the next five years
- Exchange good and promising programmatic practices in gender programming
- Introduce gender strategic planning and program monitoring tools to assist with longer-term planning, preparation of the FY 2010 COP, and management of the gender program portfolio
- Identify program and evidence gaps to inform partnership frameworks, program evaluation and technical assistance priorities.

Invited experts made presentations on current experience and evidence from programs integrating gender strategies. Participants took part in site visits to local programs with demonstrated success in integrating gender into their activities. Finally, facilitated breakout and small group sessions generated inspiration and practical strategies for participants to use in their own programs.

A second technical consultation on gender-based violence, sponsored by the GTWG and OGAC, is being planned for May 2010 in Washington, DC.

### **4. AIDSTAR-One Website**

Much more gender-related content has been developed to 1) integrate gender more explicitly across all the technical areas and 2) make the content more interactive and current. New content includes:

- "A gendered approach to [name of technical area] is"... This headline will appear on the landing page of each technical area and will introduce a gender strategy for a particular technical area. So, for example, under C&T a headline might read "A gendered approach to Counseling and

Testing means engaging women's partners by making clinic services and hours of operation more welcoming to men and by providing mobile C&T services at places where men frequent (e.g., mosques, churches, shabeens, bars)". Or under Treatment the headline might read "A gendered approach to Treatment is to implement behavior change communication strategies to influence male norms that prevent men from seeking early treatment when experiencing signs and symptoms of AIDS". These messages will be changed on a routine basis to expose viewers who may not routinely visit the Gender landing page to ideas for integrating gender strategies into their work.

- Video recordings of expert presentations on gender issues. During the regional Technical Exchange Meeting in Q1 in South Africa (#3 above), invited experts provided in-depth presentations on gender and PEPFAR gender strategies. All the presentations were videotaped. Each has been edited and will be posted, along with each presenter's Power Point presentation, to the Gender section of the website. Three videos will be posted to the website at one time and changed on a regular basis until all 14 presentations shown. All videos will be archived and viewable at any time.
- Modeled on the highly successful "Spotlight on Prevention", the gender landing page will host a "Spotlight on Gender" site. Commentaries on current gender issues and topics from select gender experts will be posted to the website. New commentaries will be posted on a routine basis.
- Pending approval by the GTWG, AIDSTAR-One has proposed conducting a series of interviews with gender experts within and outside of the USG. The interviews will be transcribed and posted on the website or, possibly, be available as videos.
- Pending approval by the GTWG, a special policy section will appear on the Gender landing page. The section will briefly highlight international policies related to gender or will feature information on a site specializing in gender-based policy. Users will be linked to highlighted sites for more detail. In the remaining period of the FY 2010 workplan, the policy section will focus on gender-based violence policies and policy implementation.
- Factsheets highlighting the accomplishments of three GTWG-sponsored Initiatives - Male Norms, Vulnerable Girls, and Sexual and Gender-based violence – will be produced in collaboration with each initiative's implementing partners, posted to the gender landing page, and updated at least bi-annually.

## **5. AIDSTAR-One Online Database**

In collaboration with the SI Team and the technical team leads, the project's Results Framework now has an indicator and target for the number of promising practices that have been reviewed for gender content ("number and percent of

G3Ps with gender component”). This is defined as a program/practice whose core focus is gender or includes gender-specific components (e.g. target population, activities). The end-of-project goal is 50%.

## **Outstanding Issues, Delays and Constraints**

The major challenge for the gender team has been the extensive delays in the review and approval process of all work products as well as initial concept notes. These delays will make it difficult to complete all planned activities by the end of the fiscal year and threaten to make some of the documents outdated by the time they are finalized.

## **3.10 Private Sector Engagement**

### **Summary**

AIDSTAR-One received funds in FY 2007 and 2008, earmarked as “Other Policy and Systems Strengthening”, that have been used to support a number of cross-cutting systems issues, including private sector engagement. The PSE team, in close collaboration with USAID, is in progress on various activities aimed at involving the private sector to support promising practices that increase access to high quality HIV/AIDS services. During the reporting period the PSE team made notable achievements in activities promoting optimal impact of private sector resources and approaches on service provision in HIV/AIDS. Completed outputs and status updates for activities planned in the FY 2010 workplan are summarized below.

### **Major Accomplishments**

#### **1. APHIA II Western: Case study of private sector involvement of provider-initiated testing and counseling**

Working in collaboration with USAID and the Counseling and Testing team, the PSE team developed a concept note describing a case study of a program that involves private sector providers in provider-initiated testing and counseling (PITC) in Kenya. The concept note was approved by USAID, concurrence was obtained by the Kenya Mission, and a site visit is planned for the end of May. At that time data will be collected to inform the case study, to be developed in June.

## **2. Case study on the Health Initiatives for the Private Sector (HIPS) Project**

Working in collaboration with USAID, a concept note was developed describing a case study of the HIPS project, a program aiming to promote cost-effective means of increasing accessibility to HIV prevention, care, and treatment, while building capacity among Ugandan district departments of health (DOH) and the Ugandan business community. The concept note was approved by USAID. The PSE team is currently awaiting concurrence from the Uganda Mission, and will subsequently plan a site visit to collect data for the case study.

## **3. Collaboration with SHOPS Project: Case study on North West model**

At the recommendation of USAID, and working in collaboration with the Strengthening Health Outcomes through the Private Sector (SHOPS) Project, the PSE team developed a concept note describing a case study of the BroadReach Healthcare North West model in South Africa. SHOPS, along with partners, will conduct a multi-year effort to generate evidence on models of contracting, implications of contracting, gathering tools and methodologies applied in successful models, conducting a secondary literature review, and developing 3-4 case studies of promising models. The SHOPS/AIDSTAR-One collaboration will result in the first of these case studies, specifically of the Broad Reach contracting-out model for provision of ART in the North West province of South Africa.

The concept note has been approved and the PSE team is currently planning a site visit in coordination with the SHOPS team to collect data for the case study.

## **Outstanding Issues, Delays, and Constraints**

In collaboration with USAID, it was decided that particular deliverables scheduled for completion under the FY 2010 workplan would no longer be pursued, while others underwent modification. The costing output outlined in the 2010 workplan will be replaced by the case study on the North West model described above, which will contain a substantial cost-effectiveness component. The PSE-driven deliverables under the treatment team workplan have been modified so that, moving forward, the PSE team will advise on numerous activities carried out by the treatment team, but not drive those activities. The output on technology use in HIV care, which is to replace the technical brief on lessons learned from private sector involvement in TB management efforts, will be developed as scheduled in the third and fourth quarters of FY 2010. The case study on private sector engagement in prevention of HIV for MARPs, a collaborative effort with the prevention team, will also continue as scheduled in quarters three and four.

## **3.11 Family Planning and HIV Integration**

### **Summary**

AIDSTAR-One received funds in FY 2007 and 2008, earmarked as “Other Policy and Systems Strengthening”, that have been used to support a number of cross-cutting systems issues, including family planning and HIV integration. As outlined in the revised FY 2010 workplan, three activities are planned, including a technical consultation and two case studies. Status updates for these activities are summarized below.

### **Major Accomplishments**

#### **1. Technical consultation on integration of family planning and HIV programs**

During the reporting period several meetings were held with the USAID OHA and PRH FP/HIV Integration Advisors to discuss and tentatively plan for the proposed technical consultation. The original plan was to conduct the technical consultation in Q2 and convene in sub-Saharan Africa. The COTR and Advisors subsequently directed AIDSTAR-One to suspend plans for the technical consultation pending further direction and clarification on the timing of PEPFAR field guidance on FP/HIV integration. AIDSTAR-One has moved this activity to Q4 of the revised workplan, with the hope that PEPFAR guidance will be issued and OHA and OGAC will approve of this technical consultation going forward.

AIDSTAR-One has also been in discussions with colleagues at Family Health International, with whom the project proposes to collaborate, both in terms of planning, implementation and funding.

#### **2. Case studies on the integration of family planning and HIV programs**

AIDSTAR-One identified two tentative programs for a case study on the integration of family planning and HIV programs. One is in Ethiopia, where a community-based program has integrated family planning into an HIV home-based care program. The other program is in Kenya, where there are several good examples of family planning integration into facility-based HIV services.

A second case study is proposed in the revised workplan. This will focus the integration of family planning and HIV programs among MARPs. Specific programs have not yet been identified to highlight in the case study.

A concept note will be prepared in Q3 for approval for both of these case studies, with field work to follow.

## **Outstanding Issues, Delays, and Constraints**

The major outstanding issue is when PEFAR will issue specific field guidance on family planning and HIV integration that is seen as a necessary precursor to holding the technical consultation on this subject. It also remains to be seen what role will be required for AIDSTAR-One and whether it will be asked to take a lead technical role in planning and implementing a technical consultation, or play more of a logistical support role.

## **3.12 Strategic Information**

### **Summary**

Strategic Information (SI) has been integrated into all AIDSTAR-One activities during this reporting period. The SI Team has served as a resource for each of the technical areas, collecting and reporting data on program outputs and outcomes in each program area and providing technical updates to staff that show data on web activity for specific content areas. The team has also been involved in developing and reviewing assessments for the Care and Support, OVC, PMTCT and Gender teams. The SI Team works especially closely with the KM Team reviewing all promising practices and providing on-going guidance and training in the rating procedure for all staff members. Given the many overlapping responsibilities of the SI and KM Teams, these two focal areas are combined into a single technical team and conduct joint meetings and activities.

### **Major Accomplishments**

During this six-month reporting period, the SI Team has been actively involved in the following key activities:

- Maintaining a project monitoring database that includes all project indicators, updated on a quarterly basis
- Capturing, summarizing and disseminating web traffic data to KM and other project staff
- Developing a promising practice rating manual to provide guidance to staff on the rating procedure and providing a workshop to staff on the rationale and the process involved in rating practices; carrying out the external rating of all nominated practices; providing for the redesign of the promising practice section of the website
- Conducting the first annual survey of AIDSTAR-One web users, recipients of technical assistance and conference attendees

- Developing a revised assessment protocol on Monitoring and Evaluation of Care and Support services in Nigeria
- Reviewing proposed assessment and final reports for the PMTCT, Care and Support and OVC technical teams.

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

## 1. Maintaining the Database Project Achievements

The project's Monitoring and Evaluation Plan was approved in October 2009 and a database with all project indicators was established at that time, serving as a data collection, tracking and reporting resource for the entire project. The database has been useful to the teams in providing information on achievements within and across content areas and informing them whether they are on track for meeting targets. For example, the table below shows the progress made cumulatively on a key project indicator: Number of AIDSTAR-One Resources produced and available for dissemination. Resources and products that have been approved to date (March 2010) total 88; three-quarters of these are promising practices (74%). The table also shows the number of resources by content area that have been produced and are pending final approval, a total of 16.

**Table 3. Number of AIDSTAR-One resources produced and available for dissemination, by type and content area for the current reporting period and cumulatively**

| Content area         | Resources available on the website-<br>Project Total |                |                        |           | Resources completed and pending approval as of<br>March 2010 |                |                        |          | Pending<br>Approval |
|----------------------|--|----------------|------------------------|-----------|--|----------------|------------------------|----------|---------------------|
|                      | Case<br>studies                                      | Tech<br>briefs | Promising<br>Practices | Other     | Case<br>studies  | Tech<br>briefs | Promising<br>Practices | Other    |                     |
| Prevention           | 3  | 1              | 16                     | 11        | 1  | -              | -                      | -        | 1                   |
| Treatment            | -  | 1              | 4                      | 2         | -  | 3              | 2                      | -        | 5                   |
| Care & support       | -  | 1              | 6                      | -         | -  | -              | -                      | 1        | 1                   |
| Counseling & testing | -  | -              | 7                      | 1         | -  | -              | -                      | 4        | 4                   |
| PMTCT                | -  | -              | 6                      | 2         | -  | 2              | -                      | 1        | 3                   |
| OVC                  | -  | -              | 9                      | -         | -  | -              | -                      | 1        | 1                   |
| Gender               | -  | -              | 11                     | 1         | -  | -              | -                      | -        | -                   |
| Private Sector       | -  | -              | 4                      | -         | -  | -              | -                      | 1        | 1                   |
| Policy               | -  | -              | 2                      | -         | -  | -              | -                      | -        | -                   |
| <b>Totals</b>        | <b>3</b>   | <b>3</b>       | <b>65</b>              | <b>17</b> | <b>1</b>   | <b>5</b>       | <b>2</b>               | <b>8</b> | <b>16</b>           |

## 2. Analyzing and disseminating web traffic data

Capturing, analyzing and reporting on traffic to the AIDSTAR-One website has been an important activity for the SI team during this reporting period. The Web traffic information is based on data that is automatically collected by Google Analytics and reported to AIDSTAR-One.com on a monthly basis in a lengthy report. Google Analytics is a free Web tracking tool that enumerates and aggregates a wide range of information on website activity. The SI team extracts

and customizes key variables from this report such as unique page views (a project indicator), number of new and returning visitors, top content rankings, bounce rates and geographic location of visitors, among others. A summary of key findings, tables and graphs are reported to USAID (monthly) and to AIDSTAR-One team leaders (quarterly) as requested. This information, particularly trends over time, is important because it provides staff with the best available data on who is visiting the website (new and old visitors, geographic location) how often they come and what they look at. In many important ways, web analytics measures the performance of the website. The table below presents a number of metrics that are useful in determining who and how long visitors are on the site. The data shows that return visitors have spent more time on site, visit more pages and bounce less than new visitors.

**Table 4. Website metrics by time period and new versus returning visitors**

| Metric                       | Nov-Dec 09 |           | Jan-Feb 10 |           |
|------------------------------|------------|-----------|------------|-----------|
|                              | New        | Returning | New        | Returning |
| Bounce rate (%) <sup>1</sup> | 52         | 42        | 54         | 41        |
| Pages viewed per visit       | 2.8        | 4.0       | 2.7        | 3.8       |
| Average time on site (mins.) | 3.8        | 6.5       | 4          | 6         |

<sup>1</sup> Percent visits when a user enters and exits the same page without visiting any other pages on the site.

With the launch of the new website in late February, cookies (files temporarily saved to users' hard drives that can be used to track their activities on the site) were disabled. Cookies are essential to reporting data like that shown above, as well as other important web functions that will affect the systematic monitoring and evaluation and effective functioning of the website.

### 3. Promising Practices

The SI Team completed a 25-page instruction manual in January 2010 to guide staff members who perform ratings of promising practices. The manual describes focal examples, taken from the database, of all categories and levels and illustrates the steps and procedures that are involved in rating nominated promising practices. The SI Team also conducted a workshop for 21 staff members in March at which participants rated practices and discussed their ratings in small groups. All participants who completed post-workshop evaluations indicated that the training was useful. The team also revised the rating form, and made other changes that will improve the accuracy and validity of the ratings. They will be incorporated in the revised website. Lastly, the SI Team reviewed all promising practices that were nominated (n=10) during this period. Five practices were published.

#### 4. AIDSTAR-One Annual survey

The SI Team conducted the first annual survey in January 2010 using an online survey instrument and a subsequent solicitation by email. An invitation to participate in the survey was sent to 850 people among them were: registered Web users, recipients of technical assistance and/or those who attended an AIDSTAR-One-sponsored conference (316). In all, 132 people completed the survey in two waves (online and through an email request). This represents a 16 percent response rate. Online surveys like this one generally capture between 10 and 20% of the intended sample frame. Results of the survey reinforce the view that AIDSTAR-One has already attracted a group of regular users. A third of the survey respondents indicated that they visit the website monthly or weekly, while about 40 percent are “occasional” visitors. Seventy-three percent of the sample described themselves as program managers or technical advisors who work in a developing country. This suggests that the project is reaching its intended target audiences. Most respondents (92%) who used the website reported finding useful information (see table below). Moreover, 50 percent of this group used two or more AIDSTAR products or resources. The resources reported to be used most were prevention updates (37%) and the promising practices database (35%). Examples provided spontaneously by people on how they used the material indicated respondents had used the prevention update or other prevention materials, especially “Secret Lovers Kill”, to inform program design. The Gender Compendium was also mentioned as a resource for informing program design. Finally, virtually all respondents were very satisfied with AIDSTAR’s products and events: 96 percent of respondents reported that they would be likely/highly likely to recommend the site to a colleague. A full report on the results will be produced in the next quarter.

**Table 5. Respondents who rated the usefulness of material on the website as good or excellent**

| Type of user (no. responding to question) | Number    | Percent    |
|---|-----------|------------|
| Web User (n=51)                           | 47        | 92         |
| Conference Attendee (n=52)                | 48        | 92         |
| TA recipient (n= 4)                       | 3         | 75         |
| <b>Total (N=107)</b>                      | <b>98</b> | <b>92%</b> |

#### 5. Evaluation on the monitoring and evaluation of care and support services in Nigeria

The SI Team has been actively involved in the development of a protocol for an evaluation of the M&E system to assess the quality of care and support services in Nigeria. The main goal of the evaluation is to describe the routine monitoring of facility-based HIV care and support systems that receive funding and/or technical assistance from the U.S. Government (USG) and its partners including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The Senior Advisor for Monitoring and Evaluation is the Co-Principle Investigator for the evaluation and all members of the SI Team will lead work on the study in the field once approved by the Institutional Review Boards of the CDC and the MOH in Nigeria. After a technical review by the CDC (received in March 2010), the AIDSTAR-One team has revised the protocol and will re-submit it to the CDC for IRB approval. In response to the reviewer, changes in the number of sites examined and improvements in the study procedures and instruments were made. The timeframe for the study and the budget was also revised. As currently proposed, the study would take six months from initiation to completion. The start date is dependent on obtaining IRB approval.

## **6. Review of proposed assessment, final reports and development of M&E frameworks for technical teams and Honduras field program**

Members of the SI Team have participated in the activities of many of the technical groups during the reporting period. Once the three-person SI Team was in place, members were assigned different technical areas to support, allowing SI presence at bi-monthly team meetings in each technical area. The SI Team leader has reviewed and helped revise proposals and/or final reports for Care and Support, PMTCT, Gender and OVC. SI Team involvement in Care and Support has engaged all three team members, in the Nigeria study mentioned above, as well as the development of assessment instruments for other proposed work. Team members have provided significant technical input and methodological reviews for some assessments. The Integration Assessment was originally designed as a survey and the SI Team purchased a survey instrument and used it to develop an online survey. In the final analysis, a telephone interview was agreed upon. Notwithstanding, the M&E Officer took the opportunity to instruct other staff in the use of this software and it is being used by the Treatment group to conduct an online survey. Team members also helped the AIDSTAR-One Honduras field office develop a Project Monitoring Plan and an Excel spreadsheet that will serve as a database for the Honduras project.

## **Outstanding Issues, Delays and Constraints**

An issue that will have a temporary effect on the SI team is the unexpected departure of the AIDSTAR-One M&E Officer to the State Department. Recruitment for her replacement is currently in process and the new M&E Officer is expected to be in place by mid-May. The Usability Study that the KM/SI group has been planning since October 2009 is on hold until the website is completely revised and all sections of it have been launched (June-July 2010). The study will be an important source of information on the functionality of the new architecture and how users are able to maneuver the site. Planning for this will be reinitiated in May. The departure of the KM Advisor in December affected the identification and nomination of promising practices during this reporting period. However, a new officer is now in place and the technical teams will benefit from the training on promising practices they received and the manual that was

developed. The most important constraint for the SI Team is the loss of the ability to monitor web traffic, which had just begun to generate longitudinal data on the performance of the website. AIDSTAR-One has requested that USAID obtain approval for the use of transient cookies on the project's website that would allow for this web traffic monitoring to continue in a robust form. In the interim, the KM/SI Team will look into other approaches to gathering data on website use.

## 4.0 MAJOR ACCOMPLISHMENTS – FIELD SUPPORT FUNDED

### 4.1 Introduction

Field support funds, from both USAID Missions and Bureaus, represent approximately two-thirds of the anticipated funding for the base period of the contract, but so far have represented only a little over one-quarter of funds obligated to AIDSTAR-One to date. AIDSTAR-One has received field support from the following sources: Africa Bureau, Latin America/Caribbean Bureau, USAID/Central Asia Regional Mission (for work in Kyrgyzstan) and the USAID Missions in Guatemala, Honduras, Mexico, India, Uganda, Nigeria and Ethiopia. Additional field support is waiting to be obligated to the AIDSTAR-One contract from USAID Tanzania and Swaziland and project activities have already begun in those two countries.

This section of the Annual Report summarizes the major accomplishments for field-support activities during the first six months of FY 2010.

### 4.2 Kyrgyzstan

#### Summary

The original scope of work from the USAID/Central Asia Regional Mission for AIDSTAR-One in Kyrgyzstan was completed in 2009. Approximately \$80,000 of the original field support obligation of \$164,000 remained at the completion of the scope of work. AIDSTAR-One and the Regional Mission in Almaty have been in discussion regarding activities that could be supported with these funds.

#### Major Accomplishments

AIDSTAR-One and the Regional Mission have identified an activity which the project can support. It has been agreed that AIDSTAR-One will conduct a service delivery mapping exercise. The project will map HIV prevention and care and treatment services in the areas where USAID's Health Outreach Project is working in order to provide assistance to the Mission's planned Health Improvement Project. AIDSTAR-One will work closely with the Health Outreach Project to identify sites, locations, and services where the new project should focus its support.

## **Outstanding Issues, Delays and Constraints**

AIDSTAR-One is waiting for a scope of work from the Regional Mission to begin the service delivery mapping exercise.

## **4.3 Honduras**

### **Summary**

USAID/Honduras provided field support to AIDSTAR-One to provide technical assistance to the Secretariat of Health and the National Association of People Living with HIV/AIDS (ASONAPVSI DAH). Technical assistance to the Secretariat of Health is provided through the Department of STI/HIV/AIDS and focuses on improving the capacity of service delivery providers to offer client oriented, high quality and HIV/AIDS services. Technical support to ASONAPVSI DAH is concentrated on strengthening their ability to provide prevention, care, and support services to PLWHA in coordination with the National Centers for Comprehensive Care. The AIDSTAR-One 18-month workplan (April 2009 – September 2010) for project activities in Honduras was approved by the Mission during this reporting period. Highlights of project activities and accomplishments are reported below.

### **Major Accomplishments**

#### **1. Review and prioritization of activities to be included in the basic package of services**

A national workshop was held to review and prioritize the basic package of services to be provided under the comprehensive care strategy for STI/HIV/AIDS.

Participants included representatives from the Health Secretariat's National AIDS Program, the Metropolitan Health Region Authority of Tegucigalpa and San Pedro Sula, Health Region Authority of Comayagua and Atlántida, various integrated service delivery centers, ASONAPVSI DAH, AIDSTAR-One Honduras representatives, and other stakeholders.

Eighty seven (87) activities were selected from the original basic package of services (257 activities were originally defined in a workshop held in June, 2009). This is part of a larger process in the development of a conceptual framework for a national strategy for STI/HIV/AIDS in Honduras.

## **2. Development of a conceptual framework for a national strategy for STI/HIV/AIDS in Honduras**

Based on an extensive review of AIDSTAR-One Honduras technical reports and existing national strategies, AIDSTAR-One developed the first conceptual framework for the Strategy for a Comprehensive Approach to STI/HIV/AIDS in Honduras. This technical approach establishes the strategic, political, and technical framework for the provision of STI/HIV/AIDS services within the health reform framework in Honduras.

AIDSTAR-One Honduras has sought a strategic alliance with the USAID-funded project Local Unit for Technical Support (ULAT/MSH) that provides support to the Health Secretariat in implementing health sector reform. This alliance promotes collaboration and enables AIDSTAR-One Honduras to position its work within a larger national effort of health reform and propose a better framework for the inclusion of STI/HIV/AIDS services into the new health care model.

A review process of the approach was conducted by AIDSTAR-One, ULAT/MSH, and USAID/Honduras. Several meetings were held to review the framework and discuss the extent and use of the proposed approach. AIDSTAR-One Honduras received feedback from partners and it was decided that the document would follow the same structure as the one developed for the Honduran maternal and infant mortality framework. The structure, contents, and reach of the document, as well as a timeline to obtain the final version, have also been defined.

## **3. Collaboration with other USAID Partnership Meetings**

During this period, USAID/Honduras held the first of ongoing quarterly meetings of USAID partners in STI/HIV/AIDS. This meeting included representatives from CDC-GAP, AIDSTAR-One, AIDSTAR-Two, ULAT/MSH, and PASMO.

This initial meeting was to establish collaboration among projects, schedule meetings among specific partners, and identify areas of synergy between different projects.

As a result of this initial meeting, AIDSTAR-One Honduras has been involved in the following collaborative processes:

- Inter-agency meetings on sustainability of communication strategies with AIDSTAR-One, AIDSTAR-Two, and ULAT/MSH
- Meeting of the National AIDS Program, CDC-GAP, and AIDSTAR-One to establish research efforts in the areas related to quality of services for STI/HIV/AIDS
- Working on Monitoring and Evaluation of PEPFAR indicators with CDC-GAP, AIDSTAR-One, AIDSTAR-Two, and ULAT/MSH
- Meeting between CDC and AIDSTAR-One to evaluate the current availability of information on the PEPFAR indicators AIDSTAR-One will be collecting

- AIDSTAR-One Honduras participated in several meetings and workgroups to aid in the elaboration of the UNGASS report 2008-2009 as a country commitment in the HIV/Response.

#### **4. Consultant reports finalized**

AIDSTAR-One Honduras prepared and submitted to USAID the following final reports:

- Technical Consultation to Define the National Model for Integrated Care for HIV/AIDS
- Validation for the Proposed Model of Integrated Care for HIV/AIDS
- Definition of the basic package of services of the comprehensive care strategy for STI/HIV/AIDS.

#### **5. ASONAPVSI DAH assessment protocol developed**

AIDSTAR-One began development of the protocol to be used in an assessment of the services provided by ASONAPVSI DAH. Information gathered through this assessment will guide the development of strategies to strengthen self-support groups, home visits, and other services provided by ASONAPVSI DAH and increase utilization within the communities where they are located.

The protocol was developed by AIDSTAR-One Honduras based on information provided by ASONAPVSI DAH and CHF International (Global Fund Principal Recipient). The assessment is scheduled for May 2010. It will be a crucial step in AIDSTAR-One's technical support to the Association.

## **4.4 LAC Bureau, Guatemala, and Mexico**

### **Summary**

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

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

## Major Accomplishments

### 1. Regional Technical Consultation

AIDSTAR-One supported the planning and implementation of a three-day technical consultation on “Effective Prevention with MARPs in Latin America,” which took place in Antigua, Guatemala, December 8-10, 2009. Sixty-one participants and presenters attended the technical consultation, representing US government agencies, PEPFAR implementing agencies, universities, regional networks, and other stakeholders. Participants came from the United States, Mexico, the Dominican Republic, all the countries of Central America, Colombia, and Brazil. Participants engaged in facilitated discussion to share their experiences and ideas. The LAC Bureau and the Regional Program for Central America/USAID-Guatemala provided funding for the technical consultation through AIDSTAR-One.

The purpose of the meeting was to share evidence and program experiences to inform policies, develop effective strategies, and improve HIV programming for most-at-risk populations (MARPs) in Latin America. Presentations focused on the characteristics of MARPs in the region, program models and strategies to meet these groups, defining what constitutes an integrated package of HIV prevention services, and monitoring and evaluation programs targeting MARPs.

The main objectives of the consultation include:

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

Outcomes of the consultation include:

- Identification of best practices and lessons learned in HIV/AIDS prevention programs with MARPS in Latin America and the rest of the world and how to apply them effectively to new USG programming in LAC
- USG planning for improved HIV/AIDS prevention programs with MARPS in Latin America.

Presentations and video clips of the consultation, including extended interviews with several of the presenters and participants, can be found at:  
<http://www.aidstarone.com/Latin America Regional Workshop on HIV Prevention with MARPs>.

## **2. Case studies and technical briefs**

AIDSTAR-One received funding from the LAC Bureau and USAID/Mexico to develop two case studies in Mexico. AIDSTAR-One conducted a desk review and field work for a case study examining two successful non-governmental combination HIV prevention programs targeting MARPs in Tijuana and Juarez. Their experiences, results, challenges, and lessons learned will be presented in the case study and through accompanying photos and video clips on the AIDSTAR-One website.

The major focus of the programs examined HIV prevention among IDUs (especially female) and female sex workers, but also addressed the needs of other at-risk groups, including young men who have sex with men (MSM) and female partners of MSM and IDUs. Their experiences with needle exchange for IDUs are particularly relevant in light of the recent lifting of the ban for US government support for such programs.

These programs illustrate how elements of combination prevention approaches (behavioral, biomedical, and structural) can be designed based on behavioral change theory (social cognitive) and adapted to local realities and extreme environmental challenges. Specific lessons from these programs include the importance of integrated care for IDUs; peer-driven interventions; close coordination with government health, police, and prison authorities; physical location of services; partnerships with universities that facilitate research support and documentation; incorporating an explicit gender perspective; and showing respect and compassion to populations that are severely stigmatized.

The case study is currently being drafted and will be finalized and disseminated in the third quarter of FY 2010.

The concept note for the other case study on faith-based organizations' (FBO) prevention efforts among MARPs was developed and approved by the LAC Bureau and USAID/Mexico. Planning is underway and two AIDSTAR-One staff will travel to Mexico City and Guadalajara from May 1-7, 2010 to interview staff from four FBOs and observe their prevention activities.

## **Outstanding Issues, Delays and Constraints**

A case study and two technical briefs on MSM in Latin America and the Caribbean were included in the workplan submitted to the LAC Bureau. A consultant was hired to develop the documents, and despite several technical reviews and guidance provided to the consultant, the end products did not meet

the outlined needs. New consultants have been contracted to produce the briefs and case study.

AIDSTAR-One had planned to participate in the Central American Congress on HIV/AIDS and STIs scheduled for April 2010 and submit an abstract for a presentation on the hidden MSM case study. However, since the case study was not completed, plans were cancelled to attend the Congress.

## 4.5 India

### Summary

AIDSTAR-One received field support funds from USAID/India at the beginning of FY 2010. The original purpose of this funding was to support the interagency PEPFAR Team in India to prepare its Partnership Framework. After internal discussion, the PEPFAR Coordinator redirected the assignment to coordinate the development of a Technical Assistance Model (TAM) for the US Government (USG) to support the Government of India's (GOI) national AIDS control program (NACP). The TAM will serve during the next five years as a guide for the USG's technical assistance to India in the area of HIV and AIDS. The guiding principle behind the TAM is that US foreign assistance for HIV and AIDS in India should transition from supporting direct service delivery to largely the provision of systems level technical assistance.

The purpose of this shift is to promote greater sustainability of the USG's efforts. Following the arrival of the AIDSTAR-One resident advisor in New Delhi in October 2009, discussions began with the PEPFAR Coordinator at the India Mission in December 2009 about USG expectations of AIDSTAR-One and how AIDSTAR-One can support the USG efforts in this task. As a result, the workplan started taking shape.

The start-up meetings involving all USG/PEPFAR staff lasted two-and-a-half days and were held in New Delhi at the end of February. In preparation for the meetings, AIDSTAR-One handled all logistics and administration for setting up the meeting site. AIDSTAR-One also coordinated the process of ensuring that speakers developed their presentations, provided feedback on the presentations for revisions, and developed two presentations that were made by AIDSTAR-One staff. One presentation addressed the donor context for HIV programs in India and the second presented AIDSTAR-One and its role in the TAM process.

In preparation for the meetings, AIDSTAR-One staff met with multiple donors and stakeholders, including the Public Health Foundation of India, Avahan/Bill & Melinda Gates Foundation, the National AIDS Control Organization (NACO), DFID, UNAIDS, and the Population Foundation of India. These meetings were designed to enrich the understanding of the current donor environment and contribute to the development of a donor matrix for the TAM meetings.

The purpose of the meetings, held from February 24-26, was to allow all PEPFAR staff from four USG agencies – USAID, CDC, DOL, and DOD – to present each agency’s HIV-related activities in India and ensure that all staff were starting the TAM process with the same understanding of the process and its goals. The meeting also allowed staff to begin the process of defining “technical assistance” for the purpose of the TAM and divide into four technical assistance domain working groups.

By the end of the meetings, the four working groups were established: Technical Leadership, Data for Decision Making, Private Sector, and Human Resources for Health. Draft definitions and parameters, as well as a draft action plan, have also been developed for each group as well.

During March, AIDSTAR-One participated in and contributed to a two-day USG implementing partners meeting aimed at further developing the definition of technical assistance and establishing the objectives and indicators for each of the four TA domains. In the last week of March, AIDSTAR-One, along with the PEPFAR Coordinator, met with each TA Domain working group’s team leaders to further clarify the steps and requirements that they should follow as they develop their TA domain strategy. At that time, AIDSTAR-One was also able to solicit seven desk review questions from team leaders that will be researched to support the working groups’ efforts.

## **Major Accomplishments**

This field supported assignment is process-oriented and as such, the major accomplishments for this reporting period reflected this. Accomplishments include:

- Conducting a short assessment of donor activities in HIV in India and producing a donor matrix and presentation of this matrix
- Setting up and participating in the start-up meetings for the TAM process
- Assisting TA domain working groups to define their domains and clarify their objectives
- Soliciting seven desk review questions to be researched during the next reporting period
- Drafting a detailed model action plan for TA domain working groups to follow.

## **Outstanding Issues, Delays and Constraints**

The TAM design process is ongoing. AIDSTAR-One will work on the desk reviews to provide information to the TA domain working groups to support their development of the TA domain strategies (each to be approximately three pages). While there were some delays due to scheduling issues in the beginning

of the process (for example, the original start-up date was to be in early January but this was postponed until the end of February), the activity is picking up steadily now. The next PEPFAR meeting is planned for May 5, 2010 and the overall TAM design is expected to be completed by August/September 2010.

## 4.6 Tanzania

### Summary

USAID/Tanzania requested support from AIDSTAR-One to provide technical assistance to Natural Resource Management/Economic Growth (NRM/EG) partner organizations to maximize HIV/AIDS program effectiveness and impact. AIDSTAR-One will provide support to targeted implementing partners from non-health sectors to help them design, oversee and report HIV/AIDS care, support and OVC activities that they implement through their non-health programs and networks. AIDSTAR-One will focus on HIV/AIDS skills transfer in key technical and program management areas. By strengthening the involvement of new and local partners, USAID/Tanzania aims to ensure results and country ownership for a more sustainable, high-quality, and increasingly multi-sectoral HIV/AIDS response.

### Major Accomplishments

#### 1. Support development of work plans and progress monitoring plans

As an initial step, two AIDSTAR-One staff travelled to Tanzania in January 2010 to meet with partners to begin a process of in-depth analysis of technical, managerial and institutional strengths, weaknesses, and gaps related to HIV/AIDS programming. Specifically, the SOW was to:

- Present AIDSTAR-One to USAID/Tanzania and key NRM/EG partners: FINTRAC, African Wildlife Foundation (AWF), Jane Goodall Institute (JGI), and TCMP/University of Rhode Island (TCMP/URI)
- Begin to develop relationships with partners and start the process of jointly assessing partner's needs, based on informal interviews with key staff (using a standardized organizational profile) and site visits to partners' offices
- Review and advise on workplans and Performance Monitoring Plans (PMP) to:
  - Offer support for partners in completion of workplans and PMPs
  - Identify key priority areas for future TA

- Draft terms of reference for AIDSTAR-One field based staff.

The following areas were identified as areas for future AIDSTAR-One support:

### ***Increasing knowledge about Integration***

Partner organizations could benefit from an increased understanding of integration and what this means from an implementation perspective, and in the context of HIV/AIDS and NRM/EG activities.

### ***Monitoring and evaluation***

Partners consistently requested more information and support around the new PEPFAR indicators, and, in particular, help with identifying which PEPFAR indicators should be included in the workplans (in addition to those submitted for the FY2010 Country Operational Plans (COP). Partners also requested support to ensure full compliance with reporting on their indicators. Some of this concern appears to be due to their lack of knowledge about the new changes under PEPFAR 2, and how this may affect PEPFAR's expectations of the partners.

### ***Developing HIV/AIDS workplace policies***

With the exception of AWF, the organizations either do not have an internal HIV/AIDS workplace policy in place, or have one in place that is not implemented.

### ***Use of 'State of the Art' interventions for their planned activities***

Because none of the partners had a finalized workplan in place it was difficult to assess the level of 'state of the art' of their HIV interventions. Future TA should focus on working collaboratively with the organizations to ensure their roll out is done in line with best practices and any evidence-base related to their specific activities.

## **2. Support NRM/EG partners with implementation and monitoring and evaluation**

In February, discussions were held with USAID-Tanzania after the AIDSTAR-One team returned from Tanzania to prioritize the TA needs of the NRM/EG partners. It was agreed that the four organizations needed support in monitoring and evaluation, specifically PEPFAR indicators. An M&E training was proposed as an initial activity to assist partner organizations with the next reporting period due in April. However, because of limited time and difficulties identifying an available consultant to facilitate the training, the workshop was postponed until June/July. Instead, AIDSTAR-One has been providing long-distance support by reviewing draft PMPs and providing feedback.

### **3. Recruit field based technical advisor**

To provide consistent quality technical assistance, AIDSTAR-One is in the process of hiring a full-time local advisor to provide direct TA and oversee consultants contracted for short-term assignments. A job announcement was posted in two English language newspapers in Tanzania. After a careful review of collected CVs, five candidates were short-listed for telephone interviews and a final selection has been made. An offer will be made once references have been checked. The anticipated starting date for the technical advisor is May 4, 2010.

## **Outstanding Issues, Delays and Constraints**

The workshop proposed for March was postponed until June/July 2010 because of time limitations and lack of available consultants to facilitate the training.

NRM/EG partner organizations have been slow to respond to requests for information.

## **4.7 Swaziland**

### **Summary**

During the past six months, AIDSTAR-One supported field activities led by its partner organization, mothers2mothers, in Swaziland. Mother2mothers is an education and psychosocial support program for pregnant women and new mothers who have been diagnosed HIV positive, supporting them to achieve optimal PMTCT health outcomes for themselves and their infants. The m2m program started in Swaziland in 2008 through the invitation of the Government of Swaziland under the Sexual and Reproductive Health Unit of the Ministry of Health and Social Welfare. PMTCT education and support services were launched at 22 sites during 2008. During 2009, m2m continued program expansion across all four of the country's regions, reaching 39 sites by August. In the current reporting period, m2m has continued to make significant progress and 44 sites are now operational.

## **Major Accomplishments**

### **1. Training of Mentor Mothers**

Expanding human resources for health was identified as a critical need in Swaziland. During this reporting period, m2m has trained 46 mothers living with HIV, known as "Mentor Mothers," to provide key PMTCT education and support to pregnant women and new mothers at the facility level, thus alleviating

pressures on doctors and nurses, as well as strengthening local capacity to provide quality PMTCT support services.

In the reporting period, m2m carried out a three-week training session. Participants included new Mentor Mothers and Site Coordinators for new sites plus in-service training for existing staff. Existing site staff also actively participated in the training.

## **2. Service delivery expansion**

Forty-four m2m sites are currently operational. Site expansion during this reporting period has been facilitated by strong relationships with the Ministry of Health and other key stakeholders, all of whom have helped guide the direction of the m2m program.

At this semi-annual reporting juncture, m2m has achieved 63 percent of its planned target—13,746 new adults and children were provided with a minimum of one type of “HIV care” service, such as supportive counseling, health education or referral for treatment. A total of 196 support groups were held during the reporting period and m2m had 1,750 support group interactions between Mentor Mothers and Site Coordinators with couples in support groups. Specific topics during these sessions include a broad range of issues relevant to the needs of PMTCT clients, including infant feeding, HIV status disclosure, family planning, PMTCT prophylaxis, HIV care and treatment, and others.

## **3. Integration**

Integration of the m2m program with other health care services is important for programmatic success and sustainability. During the reporting period, m2m sites reached a fully functional capacity and became fully integrated with nursing teams.

## **4. Other training and skills building**

As part of m2m’s organizational strategy for employee wellness, m2m Swaziland introduced a skills building and care for caregivers program aimed to address field staff’s personal life challenges during this reporting period. This program is known as the Lifeline Emotional Wellness Journey. The objective is to allow field staff to develop personal coping skills as individuals inside and outside m2m. It is envisaged that this will ultimately help m2m site staff provide a better service to clients. Since October 2009, the program has been coordinated by the training provider Lifeline, which sends a training consultant from their Nelspruit Office to hold sessions for m2m Site Coordinators in Swaziland.

During this reporting period, m2m carried out a three-week training session. Participants included new Mentor Mothers and Site Coordinators for new sites plus in-service training for existing staff. Existing site staff also actively participated in the training.

## **Outstanding Issues, Delays and Constraints**

Several constraints regarding staffing occurred during this time period. In one instance, site staff required the intervention of a regional manager to help maintain productive relationships with nursing staff to ensure that patient referral flows would not be disrupted. In addition, management needed to clarify staff roles and responsibilities in order to avoid duplication of roles and resulting conflicts.

## **4.8 Nigeria**

### **Summary**

AIDSTAR-One has been requested by USAID/Nigeria to provide technical assistance in the area of injection safety to the Government of Nigeria (GON). Under the Making Medical Injections Safer Project (MMIS), technical assistance was provided to the GON to prevent the medical transmission of HIV and other bloodborne pathogens by reducing unsafe and unnecessary injections. Field support funding was provided by the Nigeria Mission to continue and expand the injection safety technical assistance that MMIS had provided in Nigeria over the past five years. AIDSTAR-One is working with the GON, the USG team, and local partners, including other PEPFAR projects, to further strengthen the sustainability of injection safety in Nigeria in five focal states (Anambra, Edo, Cross River, Lagos, and Kano) and the Federal Capital Territory (FCT). The technical assistance provided will be in the areas of training and capacity-building (including phlebotomy), commodity management, health care waste management (HCWM), behavior change communication (BCC) and advocacy. AIDSTAR-One will also expand technical support to 30 new PEPFAR sites designated as priority by the United States Government (USG) team in four states for training of trainers, health workers, warehouse managers and waste handlers training.

### **Major Accomplishments**

#### **1. Health care waste management**

The project supported and participated in the 4th Medical Waste Summit held in Lagos state. AIDSTAR-One was a part of the technical committee that organized the workshop/summit, which established a communiqué that discussed the need to develop legislation supporting the enforcement of proper waste management practices. Also, discussions were held to discuss the development and use of

the most efficient and effective methods of medical waste disposal in terms of volumetric reduction and environmentally friendly options that will ensure massive physical reduction of waste. AIDSTAR-One was also involved in the post summit meetings aimed at ensuring the implementation of the communiqué.

As a follow-up to the IS and HCWM training conducted at the University of Uyo Teaching Hospital, Uyo, the project visited the facility to inspect the state-of-the-art incinerator they have installed at the facility, but is not being used. They were advised on the proper way of using the incinerator and also how to dispose properly of ash in the pit provided by the contractor. The incinerator operator was also educated on incinerating at the right temperatures and the materials that should and should not go into the incinerator.

Calabar, a local manufacturer of safety boxes, recently manufactured some batches of safety boxes with good quality paper following the WHO PQS recommendations. A few areas that needed adjustments were pointed out to them, especially the latching of the box when coupled to prevent spillage from under when full. They have taken note of that and will correct it in the next batch produced.

## **2. Behavior change communication and advocacy**

The project continued to collaborate with the National Agency for the Control of AIDS (NACA) and the Federal Ministry of Health, HIV/AIDS Division in the development of the National Strategic Framework in the area of Injection Safety and Health Care Waste Management. The document was launched in January 2010 and guides the development of a National Strategic plan in response to the HIV/AIDS epidemic in the country.

During the reporting period, posters with messages that included promotion of oral medications, being “needle smart,” segregation of medical waste, steps in health care waste management, and proper storage of commodities, were distributed in health facilities where training on injection safety and health care waste management was conducted. Following the training conducted, the participants from the health facilities were sensitized as to where to place the posters in order to get maximum effect, such as the consulting rooms for the posters that promote oral medications. Table top calendars for the year 2010 were also distributed to focal health facilities, implementing partners and other injection safety stakeholders. These calendars serve to reinforce injection safety and health care waste management messages.

## **3. Monitoring and evaluation/supervision**

Supportive supervision visits were conducted to health facilities in four states (Cross River, Edo, Kano, and Lagos) and the Federal Capital Territory. The findings in each facility were shared with the management in order to find ways of addressing the challenges observed and also how best practices can be maintained.

## **Outstanding Issues, Delays and Constraints**

The project faced challenges in addressing several practices in health facilities, including poor record keeping and hand washing practices. In addition, there is a gap in existing materials that does not address phlebotomy, which is a risky practice for medical transmission of HIV and other bloodborne diseases. The project helped address these issues through a global hand washing day celebration in October that was facilitated by the project at some targeted facilities. Also, phlebotomy has been included in the project's revised health worker training modules and the project is working with stakeholders to develop a phlebotomy strategy.

Anambra State was inaccessible due to the security situation, including violent clashes between the political parties and kidnappings. Therefore, there were no supportive supervision records collected by the State Ministry of Health.

## **4.9 Ethiopia**

### **Summary**

USAID/Ethiopia requested support from AIDSTAR-One to provide technical assistance in injection safety to the Government of Ethiopia (GOE). Under the Making Medical Injections Safer Project (MMIS), technical assistance was provided to the GOE to prevent the medical transmission of HIV and other blood borne pathogens by reducing unsafe and unnecessary injections. Field support funding was provided by the Ethiopia Mission to continue and expand the injection safety technical assistance that MMIS had provided in Ethiopia over the past five years. AIDSTAR-One is working with the GOE, the USG team, and local partners, including other PEPFAR projects, to further strengthen the sustainability of injection safety in Ethiopia in four regions (Oromia, Amhara, SNNPR, and Tigray) and major urban areas, such as Addis Ababa and Dire Dawa. Technical assistance is being provided in the areas of training and capacity-building, commodity management, health care waste management (HCWM), behavior change communication (BCC), and advocacy. AIDSTAR-One targeted 550 health centers (80 existing sites and 470 new PEPFAR sites) which are designated as priority by the United States Government (USG) team and 300 private centers in four regions of the country for technical assistance through injection safety interventions.

## Major Accomplishments

### 1. Commodity management

As part of its system strengthening plan, AIDSTAR-One has upgraded the health commodity storage and management of 25 health centers by providing technical and material support. An assessment was done for a total of 53 health center warehouses and 25 health centers from Amhara, Oromiya, and SNNPS. Facilities that had existing storage infrastructure and poor storage conditions were selected for interventions. Warehouses of the selected health centers were cleaned and more than 400 dixon shelves were distributed and properly installed. Additional warehouse equipment such as ladders, trolleys, and fire extinguishers were also distributed. Finally, commodities were reorganized and proper stock keeping records were installed. Training on overall commodity management and the Logistics Management Information System will be provided in the next quarter.



*Debrebrihan Health center storage (N Shewa, Amhara) before & after intervention*

AIDSTAR-One has locally procured Personal Protective Equipment (PPE) and HCWM commodities and distributed them to the project model health centers. The availability of PPE will improve the safety of waste handlers during waste transportation and treatment.

AIDSTAR-One has closely worked with the Pharmaceutical Fund and Supply Agency (PFSA) and SCMS to integrate injection safety and HCWM commodities within the existing system. Infection Prevention and Control commodities, which include IS & HCWM commodities have been integrated within the HIV/AIDS LMIS as single category.

### 2. Training and capacity building

To roll out the project training packages in the 550 newly targeted health centers, AIDSTAR-One has been providing training for health care workers in Addis Ababa, SNNP, Amhara and Tigray regions. AIDSTAR-One selected ABH services, a local firm, for conducting the training in Oromia region. This will begin

once consent to subcontract with the local firm is obtained from the USAID Contracting Officer.

The AIDSTAR-One strategy for the training of health workers includes building government capacity of the regional health bureau and woreda level officials to conduct training and supportive supervision. This strategy was initially implemented in the Addis Ababa and 90% of the targeted training was achieved in February 2010. AIDSTAR-One continued implementation in Amhara, Tigray, and SNNPS regions and trained 24 master trainers (TOT), who in turn were deployed to train nearly 100 regional trainers. AIDSTAR-One has trained more than 740 health workers and waste handlers throughout February and March.

AIDSTAR-One developed new training curricula based on feedback from previous training and gaps identified in the health facility assessment (HFA) previously conducted by MMIS. The curricula includes an upgrade of previous training manuals based on the desired competencies of health care workers, as well as training session planning and evaluation materials. The draft training package was reviewed by stakeholders through a consultative workshop conducted in mid-January and was finalized in late January after pre-testing. Feedback continues to be collected to improve and update the package.

### **3. BCC and advocacy**

AIDSTAR-One reviewed the effectiveness of BCC materials developed under MMIS by assessing gaps identified during the MMIS mid-term review and follow-up HFA. As a result, BCC materials were developed and reproduced. The project reproduced 6,000 brochures, 6,000 posters, 20,000 flyers, and 5,000 pocket reference guides, and distribution of BCC materials is underway.

### **4. Waste management**

AIDSTAR-One improved the sharps waste disposal facilities of 43 health centers with existing incinerators in SNNPR. Support provided includes maintenance of incinerators, as well as preparation of ash pits and fencing the disposal area, which establishes standardized sharps waste management systems.

### **5. Monitoring and evaluation**

Per the scope of the work, AIDSTAR-One will cover 550 health centers, 500 woredas and 300 private health facilities by the end of the fiscal year. These facilities were identified in consultation with USAID and the Regional Health Bureaus. Criteria for selection included HIV/AIDS prevalence, availability of HIV/AIDS services, and patient flow to the facility. Detailed information was collected and used for planning, as well as developing a database. Fifteen health facilities have received supportive supervision.

## **Outstanding Issues, Delays and Constraints**

The training of health care workers in the Oromia region has been delayed due to the need to obtain consent to subcontract with ABH Services (a local Ethiopian firm). This approval action is still pending with the USAID/W Contracting Officer.

## **4.10 Uganda**

### **Summary**

With field support funding from USAID/Uganda, AIDSTAR-One began its activities in Uganda in October 2009. This funding provides technical assistance to USG implementing partners with the aim of reducing medical transmission of HIV and other blood borne pathogens through improving HCWM practices at the partner implementing sites. The project activities are based on experiences gained during the implementation of similar activities under the Making Medical Injections Safer (MMIS) project. Major activities in the reporting period focused on initial visits with new projects to gain insight into partner activities, conducting baseline assessments of HCWM practices at some of the partner sites, and training of partner staff in-charge of HCWM.

### **Major Accomplishments**

#### **1. Initial visits to new USG implementing partner projects**

The project was able to hold initial visits with the three new implementing partner projects: PREFA, STAR-E and STAR-EC. An initial meeting was held between PREFA central level management staff and AIDSTAR-One. During the meeting, challenges facing projects that support local governments were discussed. The fact that such projects have to work within existing HCWM infrastructures (which are non-existent in a good number of facilities) was mentioned as a prominent one. Capacity building needs can be enormous and sustainability issues can be challenging. It was, however, noted that some of the PREFA supported districts had already benefited from MMIS interventions and needed continuous supervision. PREFA representatives understood the problem and indicated that the interventions were quite necessary and urgent. The PREFA management promised to conduct a re-orientation session on HCWM.

A meeting was held at STAR-E offices in Mbale where STAR-E and AIDSTAR-One officials reviewed the range of services offered by STAR-E and the different categories of waste generated. It was noted that the waste generated was predominantly infectious and needed to be handled in manner that does not pose

a risk to service providers and communities. A baseline assessment was planned, with findings to be used as the basis for further planning.

A series of meetings were conducted with STAR-EC both in Kampala and at the project offices in Jinja. The project is implementing activities in the districts of Busoga, Kamuli, Namutumba, Iganga, Bugiri, Mayuge, and Kaliro. During the meetings, mechanisms for the planned technical assistance in HCWM with the AIDSTAR-One project were discussed. STAR-EC staff were conducting a good proportion of their counseling and testing at the community level, thereby creating an urgent need to assess HCWM practices in these informal settings. Joint activities agreed upon included assessment of HCWM practices in the STAR- EC districts, collaboration in procuring the waste management commodities, training of the staff in HCWM, supportive supervision, and selecting suitable final HCW disposal options within the STAR-EC areas of operation. A baseline assessment of HCWM practices was conducted in December 2009.

## **2. Capacity building**

Eleven staff members from both the regional and central offices were orientated in HCWM. Training participants agreed on the need for strong coordination and negotiations be held more frequently at the national level between the MOH and stakeholders. The participants recommended an assessment of infection control and HCWM in PREFEA supported districts, (especially non-MMIS supported districts), hospitals, and other large facilities that generate a lot waste and do not appear to be sufficiently addressing HCWM.

Six STAR-EC officers were trained in assessing HCWM practices. During the training, the officers were introduced to the assessment tools and supervision checklists. Following the training, each officer conducted a baseline assessment of HCWM practices in their respective district. Collected data is being analyzed and used to set priorities and in developing the project HCWM plan.

The AIDSTAR-One project supported BAYLOR Uganda and NUMAT in the development of annual HCWM plans.

## **3. Distribution of IEC materials**

Documents on HCWM, including the national policy, *Norms and Standards*, and the *Segregation Guide*, were distributed to the STAR-EC and PREFEA regional offices.

## **4. Collaboration with stakeholders**

In a joint effort between AIDSTAR-One and WHO, an extended District Health Team (DHT) was trained in Rakai district. WHO provided the funding for the training while AIDSTAR-One staff conducted the training on behalf of WHO.

## Outstanding Issues, Delays and Constraints

Setting targets for project activities in Uganda has been rather slow and difficult for the AIDSTAR-One in-country partners. The initial phases of planning had not identified the types of interventions in HCWM that would be needed. AIDSTAR-One will continue to follow-up with these partners as their workplans and priorities become better defined.

### 4.11 Africa Bureau

#### Summary

The USAID Africa Bureau and the Counseling and Testing Technical Working Group (TWG) provided funding to AIDSTAR-One to implement an 18-month activity entitled *Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for HIV-Positive Children*. HIV-positive children are increasingly being enrolled in treatment programs, and there is growing awareness of the psychological and social challenges that face these children, their caregivers, and their health providers. However, information about approaches addressing the psychological and social needs of HIV-positive children, and the needs of their caregivers and health providers, is limited. For children growing up with HIV, care and treatment programs must address a range of interrelated challenges, such as when and how to disclose their serostatus to children, how to help children and their families know how and to whom to disclose the child's status, how to help children adhere to medications, and how to equip children and their families to combat external and internalized stigma.

The *Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for HIV-Positive Children* 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 thrive, and identify the tools and approaches being used to help parents/caregivers and health providers provide psychological and social support to these children.

## Major Accomplishments

### 1. Drafting of themes and questions for technical review of programs

During the previous reporting period, the team developed an internal synthesis document that highlighted the priority issues and promising trends related to the provision of psychosocial support (PSS) for children living with HIV. Drawing from the literature review and environmental scan, this document highlighted three priorities for the field reviews: disclosure, stigma, and grief and bereavement. During November and December 2009, the team (including USAID partners) worked to refine the larger themes to be included in the field reviews. As a result, counseling and testing is more deliberately integrated into the overall plan for field work, and the exploration of other themes is focused more on the interaction between issues (e.g., how stigma and disclosure interact and affect access to or provision of PSS for children).

Noting that covering even just these three issues would be ambitious for the field work (given the time and scope of each program review), the team then worked to draft sets of guiding questions for each participant group (parents/ caregivers, HIV-positive older adolescents, and health care providers) to help prioritize lines of inquiry. These question sets are currently being revised based on USAID input and will be shared with the project Technical Advisory Group (TAG) for review. These questions will then be used to revise field discussions guides for the program technical reviews (with guides being tailored to fit each specific program).

### 2. Preparations for Field Work

Preparations for field work began in earnest during this reporting period. USAID partners in the US initiated communications with in-country counterparts, as per the country short-list identified earlier (Uganda, Lesotho, South Africa and Kenya). Although there were delays in receiving responses from Missions, tentative countries were identified in February (based on Mission interest) and planning launched as follows:

- Determining Project Countries: Uganda and South Africa were identified as the two countries where project field work will be implemented. Both Missions responded to indicate their interest in this activity and its relevance for projects currently in operation. Based on this, the team initiated direct discussions with Mission counterparts to introduce the project/team, begin the process of identifying programs for technical review and determine an overall timeline for field work.
- Identifying Potential Programs for Review: Discussions with the Uganda USG team generated a preliminary list of potential programs for field work, including: Baylor, Joint Clinical Research Council, Mildmay, and TASO. Projects are still under discussion and will be finalized as soon as possible. In South Africa, the USAID counterpart will take the lead in

- approaching additional USG partners that engage more directly with HIV-positive children and their parents/caregivers.
- **Initiating Local IRB Review:** In discussions with the Missions, a tentative plan was developed for field work to take place in Uganda in May 2010. An earlier timeline had to be shifted, due to time required for securing approval from a local ethics committee. ICRW submitted its application to the Uganda National Council for Science and Technology (UNCST) for review and received ethical approval in March 2010. The team is currently working to secure administrative approval, based on the short-list of programs to be included in the review (as developed with the Kampala USG team). The CDC contact person in Kampala confirmed that any CDC-funded project included in this field work would not require additional approval by the CDC, given the nature of the research involved.
  - With field work for South Africa delayed until August 2010 (due to travel/work restrictions around the World Cup), the team will develop and submit an application for IRB review in April 2010. The required permissions for the work in South Africa is expected to be acquired by June 2010.

### **3. ICRW Management**

Throughout this reporting period, ICRW continued to address overall project management issues, including finding additional technical support and raising potential budgetary concerns:

- **Staffing Capacity:** At the request of USAID, ICRW identified additional senior technical capacity for this project. Dr. Jonathan Brakarsh was brought on board as a consultant in December 2009 to provide leadership throughout the development of field tools/plans, conduct data collection in one country, and provide input on project deliverables. In addition, a new ICRW staff member, Jennifer McCleary-Sills, joined the project team, providing additional expertise in HIV and AIDS-related issues and in qualitative research. Finally, through in-country networks and referrals, the team began identifying and interviewing local consultants for the field work in both countries, providing this information for IRB applications and to USG Missions as requested.
- **Budget Analysis:** With delays in implementing the field work and some additional costs (e.g., bringing on additional senior technical consultants), the ICRW team conducted a pipeline analysis to determine any budgetary issues. This analysis will be shared with the AIDSTAR-One management team to see if any additional funding is required to complete the activity as planned.

## **Outstanding Issues, Delays and Constraints**

Delays in moving forward with field work preparation and implementation did arise during this reporting period. Additional time was required to bring the project team, including USAID partners, to consensus on the scope of the program technical reviews. Also, there were considerable delays in obtaining Mission feedback regarding the proposed field work. Initial discussions did not happen until February 2010 with both Uganda and South Africa. Although both Missions have been responsive and helpful, these delays – along with other considerations noted above (local IRB review and World Cup) -- have pushed field work to May and August 2010, respectively. As a result, the overall project timeline will shift to a new end date of January 31, 2011 to ensure that all deliverables can be submitted as planned.

## 5.0 ANNEXES

### ANNEX 1: STATUS OF MAJOR OUTPUTS IN FY 2010 WORKPLAN

#### Knowledge Management

| Major Outputs   | Status 3/31/10   |
|---|--|
| <p><b>Expansion and Dissemination of Promising Practices</b></p> <ol style="list-style-type: none"> <li>1. New promising practices entered into the database</li> <li>2. Phase II of the database based on usability study</li> <li>3. Disseminate promising practices through AIDSTAR-One publications and technical consultative meetings</li> </ol>        | <ol style="list-style-type: none"> <li>1. Five new promising practices entered: Botswana In-Reach Programme, Community Care in Nigeria (CCN), Memory Book Project, Thai Red Cross PMTCT Program, and Treatment Advocacy and Literacy Campaign (TALC)</li> <li>2. Phase II design is complete and is set to launch in the 3<sup>rd</sup> quarter</li> <li>3. Promising practices included in three finalized technical briefs</li> </ol>  |
| <p><b>Redesign of AIDSTAR-One.com</b></p> <ol style="list-style-type: none"> <li>1. Update and expand the Prevention Knowledge Base pages</li> <li>2. Develop interactive, dynamic online courses to train specific audiences in selected topics</li> <li>3. Create a venue to moderate online discussion forums hosted on the AIDSTAR-One website</li> </ol> | <ol style="list-style-type: none"> <li>1. Prevention Knowledge Base has been redesigned and content has been updated</li> <li>2. An online learning module on Pediatric HIV Treatment is currently in development and the concept for an online WASH curriculum is being finalized with the Care and Support TWG.</li> <li>3. Venue has been created but is cookie-dependent and cannot be implemented on the current site. AIDSTAR-One is exploring opportunities to use third-party USAID-funded sites to host online discussions</li> </ol> |
| <p><b>Disseminate Communications Materials</b></p> <ol style="list-style-type: none"> <li>1. E-Learning</li> <li>2. Leader in HIV and AIDS Video Series</li> </ol>  | <ol style="list-style-type: none"> <li>1. See Above</li> <li>2. One video on male circumcision is planned and a</li> </ol>   |

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| <ol style="list-style-type: none"><li>3. Discussion Forums</li><li>4. E-Newsletters</li><li>5. Technical Consultative Meetings</li><li>6. Topic Specific On-line Discussion Forum(s)</li></ol> | <p>request for proposals has been issued.</p> <ol style="list-style-type: none"><li>3. See above</li><li>4. Six editions of the Prevention Update produced and disseminated</li><li>5. AIDSTAR-One technical briefs and case studies distributed during three technical consultations</li><li>6. No topic-specific on-line discussion forums have been held to date</li></ol> |
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## Prevention

| Major Outputs  | Status 3/31/10   |
|--|--|
| <b>Identification of Promising Practices</b> <ol style="list-style-type: none"> <li>1. Prevention promising practice entries entered into the database</li> </ol>  | 69 entries   |
| <b>Prevention on the AIDSTAR-One Website</b> <ol style="list-style-type: none"> <li>1. Develop/maintain HIV Prevention Hubs (6 prevention areas)</li> <li>2. Maintain and update HIV Prevention Knowledge Base (by February maintain an average of 25 active areas)</li> <li>3. Publish Prevention Updates (11 issues)</li> <li>4. Publish Spotlight on Prevention (3 issues)</li> <li>5. Develop a web-based portal of national HIV/AIDS strategies and monitoring and evaluation frameworks for 31 PEPFAR-supported countries</li> </ol> | <ol style="list-style-type: none"> <li>1. 0 - Now integral aspect of the web redesign</li> <li>2. 23 entries</li> <li>3. 5 issues</li> <li>4. 1 issue</li> <li>5. 61 will be posted at re-launch of website</li> </ol> |
| <b>Combination Prevention</b> <ol style="list-style-type: none"> <li>1. Case study on national combination prevention planning (Namibia)</li> <li>2. Technical brief summarizing the findings of case studies</li> <li>3. Journal article summarizing the major findings of case studies</li> </ol>  | <ol style="list-style-type: none"> <li>1. Fieldwork completed</li> <li>2. Replaced by one white paper in Q4</li> <li>3. Replaced by one white paper in Q4</li> </ol>   |
| <b>Prevention in Mixed Epidemics in West and Central Africa</b> <ol style="list-style-type: none"> <li>1. 2 case studies on program planning for mixed epidemics (TBD)</li> <li>2. Technical consultation on mixed epidemics in West/Central Africa</li> </ol>   | <ol style="list-style-type: none"> <li>1. Fieldwork for 1 completed</li> <li>2. Pending DP approval</li> </ol>   |
| <b>Reducing Alcohol-related HIV/AIDS Risk</b> <ol style="list-style-type: none"> <li>1. Demonstration project protocol developed (Namibia)</li> <li>2. Demonstration project protocol developed (Cambodia)</li> <li>3. 2 sets of research instruments submitted</li> <li>4. 2 semi-annual progress reports on implementation submitted</li> </ol>  | <ol style="list-style-type: none"> <li>1. Q3</li> <li>2. Q3</li> <li>3. Q4</li> <li>4. 1 semi-annual report submitted</li> </ol>   |
| <b>Addressing Multiple and Concurrent Sexual Partnerships</b> <ol style="list-style-type: none"> <li>1. Case study on PSI (Botswana)</li> <li>2. Case study on various program efforts (Mozambique)</li> </ol>   | <ol style="list-style-type: none"> <li>1. Fieldwork completed</li> <li>2. Reprogrammed for Zambia. Fieldwork in May.</li> </ol>  |

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| <p><b>Cultural Approaches for Generalized Epidemics</b></p> <ol style="list-style-type: none"> <li>1. 2 case studies on cultural approaches in Southern Africa</li> <li>2. Technical brief on cultural approaches for generalized epidemics</li> </ol>   | <ol style="list-style-type: none"> <li>1. 0</li> <li>2. Removed from workplan</li> </ol>  |
| <p><b>Male Circumcision</b></p> <ol style="list-style-type: none"> <li>1. Leaders in HIV and AIDS video developed on male circumcision</li> </ol>  | <ol style="list-style-type: none"> <li>1. RFP issued</li> </ol>   |
| <p><b>Prevention Approaches for Hard-to-reach MSM</b></p> <ol style="list-style-type: none"> <li>1. Technical brief providing a global situational review</li> <li>2. Case study on rights and legal issues for MSM programming</li> </ol>   | <ol style="list-style-type: none"> <li>1 Approved March 31</li> <li>2. Pending USAID approval</li> </ol>  |
| <p><b>Transactional Sex in Southern Africa</b></p> <ol style="list-style-type: none"> <li>1. Two case studies on program approaches to addressing HIV-risk associated with transactional sex</li> <li>2. Technical Brief synthesizing approaches to addressing HIV-risk associated with transactional sex</li> </ol>   | <ol style="list-style-type: none"> <li>1. Field work to begin in May; 1 case study pending site selection</li> <li>2. Removed from workplan</li> </ol>  |
| <p><b>Comprehensive Approaches for Injecting Drug Users</b></p> <ol style="list-style-type: none"> <li>1. Case study on comprehensive approaches for IDUs in Eastern Europe</li> <li>2. Case study on comprehensive approaches for IDUs in Eastern Africa</li> <li>3. Case study on private sector pharmacies and prevention for IDUs in Eastern Europe</li> </ol> | <ol style="list-style-type: none"> <li>1. Fieldwork for 1 case study scheduled for May &amp; June in Georgia</li> <li>2. Site proposed in Kyrgyzstan, field work pending resolution of political unrest</li> <li>3. Planned for Q4</li> </ol> |
| <p><b>Size Estimation fro MARPS</b></p> <ol style="list-style-type: none"> <li>1. Logistical Support for 3 meetings</li> <li>2. Enhanced website pages on site estimation on MARPs developed and maintained</li> </ol>   | <ol style="list-style-type: none"> <li>1. First meeting in Tanzania completed; second meeting scheduled for June/July in Kazakhstan; third meeting in Barbados pending approval</li> <li>2. Removed from workplan</li> </ol>                  |
| <p><b>Increasing Access for MARPS in the LAC Region</b></p>  | <ol style="list-style-type: none"> <li>1. Planned for Q4</li> </ol>   |

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| <ol style="list-style-type: none"><li>1. Case study on hard-to-reach MSM</li><li>2. Technical Brief on prevention for MSM in Latin America</li><li>3. Technical Brief on prevention for MSM in the Caribbean</li></ol> | <ol style="list-style-type: none"><li>2. Planned for Q3</li><li>3. Planned for Q3</li></ol>                       |
| <p><b>TA on Emerging Approaches to Prevention</b></p> <ol style="list-style-type: none"><li>1. TA on alcohol-related HIV risk</li><li>2. TA on programs for hard-to-reach MSM</li></ol>                                | <ol style="list-style-type: none"><li>1. TA needs to be determined</li><li>2. TA needs to be determined</li></ol> |

## Adult and Pediatric Treatment

| Major Outputs   | Status 3/31/10   |
|---|--|
| <p><b>Building Contingency Plans for ART in Complex Emergencies</b></p> <ol style="list-style-type: none"> <li>1. Case study: Managing ART in a short-term, unexpected emergency</li> <li>2. Case study: Managing ART in periods of short-term, predictable unrest</li> <li>3. Case study: Managing ART in long-term situations of unrest</li> <li>4. Field assessment</li> <li>5. Technical brief</li> <li>6. Toolkit</li> </ol> | <p>Concept note accepted. DRC, Kenya and Uganda have been selected as case study sites in consultation with the TWG. Case studies will be completed in May/June 2010. The technical brief and toolkit will be completed in Q4.</p> |
| <p><b>Scaling Up Pediatric Treatment in Southern Africa</b></p> <ol style="list-style-type: none"> <li>1. Rapid assessment</li> <li>2. Technical assistance plan based on assessment findings</li> <li>3. Abstract submitted for conference presentation</li> <li>4. Regional consultation in Southern Africa</li> <li>5. Case study on private sector's role</li> </ol>  | <p>Concept note submitted to TWG. Awaiting response. Consultant selected. Plan for assessment site visits in June 2010.</p>  |
| <p><b>Engaging Collaborators for ART Guideline Revision</b></p> <ol style="list-style-type: none"> <li>1. Three case studies</li> <li>2. Technical brief</li> <li>3. Toolkit</li> <li>4. Abstract submitted for conference presentation</li> </ol>  | <p>Concept note accepted. Case studies underway in Guyana and Zambia. Rwanda to be completed by June 2010. Technical brief and toolkit to be completed in Q4.</p>  |
| <p><b>Making ART Costing Projections to Inform Policy Decisions</b></p> <ol style="list-style-type: none"> <li>1. Crosswalk analysis</li> <li>2. Case study</li> <li>3. Regional consultation</li> </ol>  | <p>Concept note submitted for crosswalk and case study. Consultant contracted.</p>   |
| <p><b>Coordinating PEPFAR and Other International Funding</b></p> <ol style="list-style-type: none"> <li>1. Snapshot reviews of current funding</li> <li>2. Mapping of funding services</li> <li>3. SWOT analysis</li> </ol>  | <p>Activity to be completed in Q3/Q4.</p>  |
| <p><b>Strengthening Health Systems to Allow for M&amp;E of Decentralized ART</b></p> <ol style="list-style-type: none"> <li>1. Compendium</li> <li>2. Abstract submitted for conference presentation</li> </ol>   | <p>Discussions underway with JSI monitoring and evaluation team to develop concept note. Activity to be completed in Q4.</p>   |
| <p><b>Regional Technical Consultation on ART</b></p> <ol style="list-style-type: none"> <li>1. Regional consultation on ART</li> </ol>  | <p>Consultation designed and developed. Scheduled for May</p>  |

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|  | 3-5 in Dominican Republic.  |
| <b>Transitioning Management and Leadership of PEPFAR Programs</b><br>1. Readiness assessment tool development and testing  | Activity to be completed in Q3/Q4.  |
| <b>Integrating HIV Care and Treatment Into the General Healthcare System</b><br>1. Two country assessments<br>2. Technical brief or series of case studies   | No activity thus far  |
| <b>Developing Tools for Mental Health Care As It Pertains to HIV Treatment</b><br>1. Develop mental health assessment tool<br>2. In-country tool testing and STTA  | Activity led by Care and Support  |
| <b>Development of the Toolkit for Implementation of WHO's 2009 Pediatric Treatment Guidelines</b><br>1. Develop necessary tools for completion of Toolkit  | Toolkit submitted to TWG. Undergoing development into an interactive online learning tool.  |
| <b>Development of treatment-related Knowledge Management Tools</b><br>2. Continued research and updates to Treatment promising practices<br>3. Continued research and updates to National Treatment Guidelines | Ongoing research into new programs for inclusion of potential promising practices. Latin American country guidelines submitted to KM. |

## HIV Counseling and Testing (CT)

| Major Outputs  | Status 3/31/10  |
|--|---|
| <p><b>Provider-Initiated Counseling and Testing</b></p> <ol style="list-style-type: none"> <li>1. Update PITC country policy review</li> <li>2. Update and expand PITC lit review</li> <li>3. PITC country assessments</li> <li>4. Technical brief on lessons learned from PITC and private providers</li> <li>5. Participation in global PITC forum</li> <li>6. Translation of PITC curriculum</li> <li>7. Field testing of PITC curriculum</li> <li>8. Develop PITC tools for field use</li> </ol> | <ol style="list-style-type: none"> <li>1. Complete; submitted to USAID March 10, 2010</li> <li>2. Complete</li> <li>3. Cambodia complete; report submitted to USAID February 11, 2010; Awaiting comments from Cambodia team</li> <li>4. Pending</li> <li>5. Pending</li> <li>6. Complete</li> <li>7. Underway</li> <li>8. Underway</li> </ol> |
| <p><b>Home-Based Counseling and Testing</b></p> <ol style="list-style-type: none"> <li>1. Conduct technical consultation</li> <li>2. Develop tools based on outcomes of technical consultation</li> <li>3. Write technical brief on HBCT</li> <li>4. HBCT case study</li> </ol>  | <ol style="list-style-type: none"> <li>1. Consultation held November 2009</li> <li>2. Pending</li> <li>3. Pending</li> <li>4. Pending</li> </ol>  |
| <p><b>Rapid Testing</b></p> <ol style="list-style-type: none"> <li>1. Conduct literature review on rapid testing</li> <li>2. Write technical brief on costing of C&amp;T models</li> <li>3. Rapid Testing Regional Consultation</li> </ol>   | <p>All activities pending. AIDSTAR-One and the Counseling &amp; Testing TWG have begun initial discussions about the consultation. USAID and CDC will be drafting a concept note and agenda.</p>  |
| <p><b>Cost of CT Models</b></p> <ol style="list-style-type: none"> <li>1. Write technical brief on costing of C&amp;T models</li> </ol>  | <p>Grey literature review underway. Once this is complete, a concept note will be identified based on gaps.</p>   |
| <p><b>CT for MARPs</b></p> <ol style="list-style-type: none"> <li>1. Conduct case study on CT models</li> <li>2. Write Technical Brief on CT for MARPS</li> <li>3. Identify tools or resources available and needed for MARPs</li> <li>4. Develop MARPs tools</li> </ol>   | <p>Concept note for case study approved March 29, 2010; consultant identified; site visits tentatively scheduled for late April/ early May 2010.</p>  |
| <p><b>CT &amp; the Private Sector</b></p> <ol style="list-style-type: none"> <li>1. Write technical brief on quality assurance with for-profit private sector providers</li> </ol>   | <p>Concept note approved; site visit tentatively scheduled for May 2010.</p>  |
| <p><b>Knowledge Management, Promising Practices, and the website</b></p>   | <p>Ongoing</p>  |

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| <ol style="list-style-type: none"> <li>1. Update database</li> <li>2. Design and post web friendly CT products for website</li> </ol>   |   |
| <p><b>Technical Assistance to DRC</b></p> <ol style="list-style-type: none"> <li>1. Develop SOW for each DRC activity</li> <li>2. Develop Operational Plan for revised CT guidelines</li> <li>3. Develop CT pocket guide</li> <li>4. Develop PITC implementation plan</li> <li>5. Pilot training on PITC</li> <li>6. Pilot training on couples</li> </ol> | <ol style="list-style-type: none"> <li>1. SOW complete.</li> <li>2. Consultant scheduled to travel to undertake these tasks (April 3- 24, 2010).</li> <li>3. Pending</li> <li>4. Pending</li> <li>5. Pending</li> <li>6. Pending</li> </ol> |

## Care and Support

| Major Outputs   | Status 3/31/10  |
|---|---|
| <p><b>Nutrition</b></p> <ol style="list-style-type: none"> <li>1. Kenya assessment report completed</li> <li>2. Technical brief on food by prescription</li> <li>3. Review of food by prescription and nutrition QI indicators and identification of possible additional indicators</li> <li>4. STTA in two countries to support nutritional support for PLWH and their families, including food by prescription efforts</li> </ol> | <ol style="list-style-type: none"> <li>1. Complete</li> <li>2. Pending completion to second country assessment</li> <li>3. Discussions under way with TWG</li> <li>4. No activity to date</li> </ol>  |
| <p><b>Monitoring and Evaluation Assessment</b></p> <ol style="list-style-type: none"> <li>1. First phase of assessment conducted in Nigeria</li> <li>2. Second phase of assessment conducted</li> <li>3. Report completed</li> </ol>  | <ol style="list-style-type: none"> <li>1. Pending IRB approval from CDC and Nigeria before beginning activities.</li> </ol>   |
| <p><b>Cotrimoxazole Assessment</b></p> <ol style="list-style-type: none"> <li>1. Lesotho and Ethiopia assessments completed</li> <li>2. Report finalized</li> </ol>   | <ol style="list-style-type: none"> <li>1. Activity suspended in both countries at the request of the country Missions; redesign of activities underway with TWG.</li> </ol>   |
| <p><b>Water, Sanitation and Hygiene in Health Facilities</b></p> <ol style="list-style-type: none"> <li>1. Field testing of curriculum in two countries</li> <li>2. Short-term TA in two countries</li> </ol>   | <ol style="list-style-type: none"> <li>1. Curriculum final edits underway</li> <li>2. Waiting for guidance from USAID regarding country selection</li> </ol>  |
| <p><b>Mental Health</b></p> <ol style="list-style-type: none"> <li>1. Two case studies on mental health and HIV care and support</li> <li>2. Development and field testing of mental health assessment tool</li> </ol>  | <ol style="list-style-type: none"> <li>1. Case study in Vietnam approved by USAID/Hanoi; planned for May 2010; approval for Uganda pending from Mission</li> <li>2. Activity still under discussion between Treatment and Care and Support TWG</li> </ol> |

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| <p><b>Support to APCA</b></p> <ol style="list-style-type: none"> <li>1. Ongoing TA</li> <li>2. Creation of dissemination plan</li> <li>3. Technical assistance to integrate IMAI guidelines</li> </ol>   | <ol style="list-style-type: none"> <li>1. Ongoing</li> </ol>  |
| <p><b>Regional Care and Support Meetings</b></p> <ol style="list-style-type: none"> <li>1. Four regional consultations on HIV care and support, health systems strengthening and integration</li> </ol>  | <ol style="list-style-type: none"> <li>1. Integration meeting tentatively scheduled for September 2010</li> <li>2. Care and Support services for MARPs in the Caribbean under discussion</li> <li>3. Retention in HIV Care and Support Services in Africa suggested by TWG</li> </ol> |
| <p><b>Supporting Knowledge Management</b></p> <ol style="list-style-type: none"> <li>1. Identify guidelines and resources for the identification and enrollment of people living with HIV into care and support programs available</li> <li>2. Identify guidelines and resources for reducing HIV related morbidity</li> <li>3. Identify guidelines and resources for improving the quality of life of PLWH</li> <li>4. Identify guidelines and resources for integration of PWP into care and support programs</li> </ol> | <ol style="list-style-type: none"> <li>1. Website section redesigned</li> <li>2. Content being identified in primary technical areas</li> </ol>   |

## Orphans and Vulnerable Children

| Major Outputs   | Status 3/31/10  |
|---|---|
| <b>Early Childhood Development</b> <ol style="list-style-type: none"> <li>1. Technical brief</li> <li>2. Case study</li> </ol>                          | <ol style="list-style-type: none"> <li>1. In progress (under technical review)</li> <li>2. In progress (field visits completed)</li> </ol>  |
| <b>Food Security/Nutrition</b> <ol style="list-style-type: none"> <li>1. Collaboration and FSN workshop<sup>2</sup></li> <li>2. Case studies</li> </ol> | <ol style="list-style-type: none"> <li>1. In progress (draft completed being edited)</li> <li>2. Concept note approved by USAID and Mission; in process of identifying consultant</li> </ol>  |
| <b>Child Protection</b> <ol style="list-style-type: none"> <li>1. Technical brief</li> <li>2. Case study</li> </ol>                                     | <ol style="list-style-type: none"> <li>1. In progress (draft completed, being edited)</li> <li>2. Concept note approved by USAID and Mission; in process of identifying consultant</li> </ol> |
| <b>Integration/Referral Networks</b> <ol style="list-style-type: none"> <li>1. Technical brief</li> <li>2. Case study</li> </ol>                        | <p>Proposed changes in revised workplan: from 'Technical Brief and Case Study' to design and analysis of USG integration survey and concept note/desk research</p>                            |
| <b>OVC Donor and Intermediary Groups</b> <ol style="list-style-type: none"> <li>1. Analysis</li> </ol>  | <ol style="list-style-type: none"> <li>1. TOR agreed upon with USAID; in process of identifying consultant</li> </ol>   |
| <b>G3Ps and Website Development</b> <ol style="list-style-type: none"> <li>1. Forum/event</li> </ol>  | <ol style="list-style-type: none"> <li>1. Proposed changes in revised WP: from 'Dissemination Events' to increased dissemination activities via database and website development</li> </ol>   |

<sup>2</sup> In place of 'FSN Technical Brief'

## Prevention of Mother-to-Child Transmission

| Major Outputs  | Status 3/31/10   |
|--|--|
| <p><b>Promising Practices</b></p> <p>1. PMTCT promising practice entries into the database</p>   | <p>1. One entry: Thai Red Cross</p>  |
| <p><b>PMTCT Resources</b></p> <p>1. “Toolkits” on PMTCT best practices</p> <p>2. PMTCT Updates</p> <p>3. Dissemination of updated PMTCT Guidelines and Case Study</p> <p>4. Dissemination of PMTCT Resources</p> | <p>1. With Knowledge Management, redesign of the PMTCT section of the AIDSTAR-One website.</p> <p>2. “Risk of HIV Transmission during Breastfeeding – Table of Research Studies” pending approval</p> <p>3. Electronic and hard copies of 2009 Rapid Advice and key recommendations (in English and French) shared with 15 National Alliances of White Ribbon Alliance for Safe Motherhood (WRA) and 7200+ WRA members around the world</p> <p><b>Note:</b> Final WHO PMTCT Guidelines to be published in 2<sup>nd</sup> quarter of 2010</p> |
| <p><b>Comprehensive PMTCT assessments</b></p> <p>1. PMTCT assessment in a generalized epidemic setting in sub-Saharan Africa</p> <p>2. PMTCT assessment in a concentrated epidemic setting</p>                   | <p>1. Concept Note being reviewed by Senior PMTCT experts before next submission to USAID for approval</p>   |
| <p><b>Case Study</b></p> <p>1. One case study on integrating PMTCT interventions with MNCH services</p>  | <p>1. Draft Case Study matrix submitted to AIDSTAR-One M&amp;E for review</p>  |
| <p><b>Two Regional Integration Meetings</b></p>  | <p>1. Draft questionnaire submitted to TWGs 3/5/2010</p> <p>2. One Regional Integration Meeting planned for September 2010</p>   |

## Gender

| Major Outputs  | Status 3/31/10  |
|--|---|
| <p><b>Technical Consultations</b><br/>Strengthening Gender Programming in PEPFAR</p> <ol style="list-style-type: none"> <li>1. Technical exchange in South Africa</li> <li>2. Gender-based violence technical meeting in Washington DC (new activity)</li> <li>3. Technical exchange</li> </ol>  | <ol style="list-style-type: none"> <li>1. Completed</li> <li>2. Planning now for meeting on May 6-7</li> <li>3. Date and site TBD</li> </ol>  |
| <p><b>South-to-South Technical Assistance</b></p> <ol style="list-style-type: none"> <li>1. Report on lessons learned and recommendations to strengthen South-to-South gender TA</li> </ol>  | <ol style="list-style-type: none"> <li>1. SOW written and consultant identified</li> </ol>  |
| <p><b>Compendium on Gender Strategies in Concentrated Epidemics</b></p>  | <p>Concept note approved; contacting key informants in Asia, Latin America and Eastern Europe to nominate eligible programs; field work planned for June/July</p>   |
| <p><b>Building the Evidence Base</b></p> <ol style="list-style-type: none"> <li>1. Identify gender promising practices for inclusion in the database</li> <li>2. Posting of new technical content on AIDSTAR-One website</li> <li>3. Literature review and key informant interviews to identify promising practices addressing gender-based violence or male norms and select up to 3 programs for case studies</li> </ol> | <ol style="list-style-type: none"> <li>1. 2 new promising practices identified</li> <li>2. Technical content prepared and will be reviewed with KM team for posting to websites</li> <li>3. Literature reviews completed; case study concept note approved; sites identified; field work planned for June/July</li> </ol> |
| <p><b>Technical Briefs</b><br/><b>Addressing Male Norms</b></p> <ol style="list-style-type: none"> <li>1. Technical brief on male norms developed and disseminated</li> <li>2. Technical brief on land, property, and inheritance rights developed and disseminated</li> <li>3. Technical brief on vulnerable girls and young women developed and disseminated</li> </ol>  | <p>TB replaced by development of fact sheet on each of the Gender Technical Working Group's Gender Initiatives: Male Norms, Vulnerable Girls, and Sexual and Gender based violence; implementing partners contacted and drafting of fact sheets underway.</p>   |

## Other (Private Sector Engagement)

| Major Outputs  | Status 3/31/10  |
|--|---|
| <b>Carryover from 2009</b>   | Finalized PSE technical brief. Ready for dissemination.   |
| <b>Private Sector Engagement (Stand-alone activities)</b> <ol style="list-style-type: none"> <li>1. Costing analyses of private sector involvement in HIV/AIDS service provision, starting with literature review and thought leader interviews</li> <li>2. Technical brief on lessons learned from private sector involvement in other disease eradication efforts</li> <li>3. Case study on a large-scale scalable effort in expanding access to ART</li> </ol>  | <ol style="list-style-type: none"> <li>1. Revised to case study collaboration with SHOPS of North West model. Concept note with USAID for approval.</li> <li>2. Revised to be replaced by scan of technology use in HIV care in SA, per USAID recommendation.</li> <li>3. Concept note on HIPS project approved. Awaiting concurrence with Uganda Mission.</li> </ol> |
| <b>Collaboration with Treatment Technical Team</b> <ol style="list-style-type: none"> <li>1. Chapter or case study on private sector procurement of ARVs</li> <li>2. Technical brief on private sector engagement in contingency planning for ART</li> <li>3. Case study highlighting private sector involvement in pediatric HIV treatment</li> <li>4. Chapter focusing on private sector contributions in monitoring and evaluation</li> <li>5. Provide assistance to countries to prepare for transitioning of management and leadership of HIV programs (TBD)</li> </ol> | <ol style="list-style-type: none"> <li>1. Not started</li> <li>2. PSE is contributing questions to the interview guides</li> <li>3. Removed from workplan</li> <li>4. Not started</li> <li>5. Not started per Treatment Team</li> </ol>   |
| <b>Collaboration with Counseling &amp; Testing Technical Team</b> <ol style="list-style-type: none"> <li>1. Technical brief on planning private sector involvement in PITC</li> <li>2. Technical brief on quality assurance with private providers</li> </ol>  | <ol style="list-style-type: none"> <li>1. Approved. Site visit proposed for May 18 - May 28.</li> <li>2. Not started</li> </ol>   |

|   |                          |
|---|--------------------------|
| <p><b>Collaboration with Prevention Technical Team</b></p> <p>1. Case study on private sector engagement in prevention of HIV for MARPs</p> | <p>1. Planned for Q4</p> |
|---|--------------------------|

**Other (Family Planning and HIV Integration)**

| Major Outputs  | Status 3/31/10   |
|--|--|
| <p><b>Technical Consultation on Integration of FP and HIV Programs</b></p> <p>1. Regional technical consultation in sub-Saharan Africa</p>   | <p>1. On hold per USAID instructions</p>   |
| <p><b>Case Study on the Integration of PF and HIV Programs in Generalized Epidemics</b></p> <p>1. Development and dissemination of a case study on integration of FP and HIV programs in Ethiopia and one additional country TBD</p> | <p>1. Preliminary contacts made with program in Ethiopia; other program pending identification; concept note to be developed in Q3</p> |
| <p><b>Development and dissemination of a case study on integration of FP and HIV programs among MARPs</b></p> <p>1. Technical brief on quality assurance with private providers</p>  | <p>1. Pending identification of programs and development of concept note</p>   |

## Strategic Information

| Major Outputs   | Status 3/31/10  |
|---|---|
| <p><b>Identification of Promising Practices</b></p> <ol style="list-style-type: none"> <li>1. Existing database entries reviewed and updated</li> <li>2. Rating manual developed; staff trained on the rating procedure</li> </ol>  | <ol style="list-style-type: none"> <li>1. Ten promising practices were rated during this reporting period by the SI Team; five did not have adequate documentation and five were published</li> <li>2. Review and updating of the database completed in March 2010</li> <li>3. Manual and staff training workshop completed in January-February 2010</li> </ol>   |
| <p><b>AIDSTAR-One.com Usability Study</b></p> <ol style="list-style-type: none"> <li>1. Usability study designed and conducted</li> <li>2. Study findings analyzed and applied</li> </ol>   | <ol style="list-style-type: none"> <li>1. Study has been designed but is on hold until the new website is launched; to be conducted in July 2010</li> </ol>   |
| <p><b>Implementation of AIDSTAR-One M&amp;E Plan</b></p> <ol style="list-style-type: none"> <li>1. Data on indicators collected and recorded in the project output spreadsheet on a quarterly basis</li> <li>2. Orient AIDSTAR-One staff to M&amp;E plan and activities</li> <li>3. Website and database use monitored</li> <li>4. AIDSTAR-One user survey designed, implemented and analyzed</li> <li>5. Survey report written and disseminated</li> <li>6. Data on project level indicators summarized to inform the annual report</li> <li>7. Monitor database and website use through pop-up queries and online data</li> </ol> | <ol style="list-style-type: none"> <li>1. Project monitoring spreadsheet is up to date for the quarter ending March 31 and relevant indicators are reported in this report in Annex 2.</li> <li>2. Presentation to staff on the M&amp;E plan held</li> <li>3. Web tracking data collected, customized and disseminated; trend data on key variables available from September through February 2010</li> <li>4. Survey conducted and currently being analyzed; Power point presentation on results at all staff meeting 13 April</li> <li>5. Survey report will be written by April 30</li> <li>6. All data to be reported bi-annually is tabled in this report (Annex 2)</li> </ol> |

|  |   |
|--|---|
|  | <ol style="list-style-type: none"> <li>7. Segmented website use and pop-up queries can no longer be collected due to the disabling of cookies and Google Analytics.</li> </ol>  |
| <p><b>Program Assessments and Case Studies</b></p> <ol style="list-style-type: none"> <li>1. Program assessments conducted in collaboration with AIDSTAR-One technical teams</li> <li>2. Case studies developed in collaboration with AIDSTAR-One technical teams</li> </ol>   | <ol style="list-style-type: none"> <li>1. SI Team has participated in a number of assessments; none have been conducted to date</li> <li>2. Ongoing review of case study concept notes and final reports for OVC and PMTCT</li> </ol> |
| <p><b>Pilot Projects</b></p> <ol style="list-style-type: none"> <li>1. Develop M&amp;E frameworks, with QI and sustainability plans as appropriate, for pilot interventions</li> </ol>   | <ol style="list-style-type: none"> <li>1. SI assisted in the development of the Results Framework and PMP for Honduras field office</li> </ol>  |
| <p><b>Technical Assistance</b></p> <ol style="list-style-type: none"> <li>1. Provide TA to USAID Missions on use of strategic information for service delivery program planning</li> <li>2. Provide TA to AIDSTAR-One field offices on use of strategic information for service delivery program planning</li> </ol> | <ol style="list-style-type: none"> <li>1. Assistance of this type has not been requested to date</li> <li>2. Assistance not requested to date.</li> </ol>   |

## ANNEX 2: PERFORMANCE MONITORING

Only indicators that require quarterly or bi-annual reporting, as specified in the Performance Monitoring Plan, are included in this annex. Results on indicators that are based on AIDSTAR-One's Annual Survey (R1.1) will be reported once a year in the Annual Report.

**Result Area 1: A knowledge base of effective program approaches in HIV prevention, care and treatment synthesized and expanded, and utilization of good and promising programmatic practices increased among implementers.**

R1.1 – Number and percent of AIDSTAR-One website users who report employing AIDSTAR-One products

**Result March 2010: 70%**

**Target: 25%**

The AIDSTAR-One SI team conducted its first annual survey online and via email. The team sent the request to a total of 850 registered users, recipients of technical assistance and conference attendees. There were a total of 132 responses (16 percent response rate).

Table 1. Number and percent of users who report employing AIDSTAR-One products

| <u>Number of products employed</u> | <u>No. of web users</u> | <u>Percent</u> |
|------------------------------------|-------------------------|----------------|
| None                               | 24                      | 30             |
| 1-3                                | 39                      | 49             |
| 4-8                                | 16                      | 20             |
| <b>Total</b>                       | <b>79</b>               | <b>100</b>     |

**Summary:** Seventy (70%) of AIDSTAR-One registered web users reported adapting at least one AIDSTAR-One product. Several respondents (48%) reported adapting more than one product. The products most adapted include the prevention update (37% of respondents reported adapting a prevention update issue) and the promising practices (35% of respondents reported adapting a promising practice).

R1.2 – No. (percent) of individuals who received TA or attended a technical consultation who report using AIDSTAR-One information in their programs

**Result March 2010: 90%**

**Target: 80%**

Table 2. Use of AIDSTAR-One Information by Conference Attendees and TA Recipients

| Top three uses for AIDSTAR-One materials/information | Number | Percent (n=70) |
|--|--------|----------------|
| Inform program design                                | 55     | 79             |
| Improve personal knowledge                           | 48     | 69             |
| Write reports/proposals                              | 25     | 36             |
| Did not use any resources                            | 7      | 10             |

N.B. Percent does not total 100 because more than one response was possible.

**Summary:** This indicator is based on survey data for TA recipients (n=7) and conference attendees (N=63). Responses for the two categories are combined in this indicator which is the result of respondents' rankings for the three main ways they used materials. Seven of 70 respondents said they had not used the materials in any way (10%).

SR1.1.1 – Website on evidence-based information and promising practices in seven HIV program areas developed and operational.

**Result March 2010: Yes**

**Target: Achieved**

**Summary:** The website was launched in March of 2009. In October of 2009, an informal homepage study was conducted by the SI/KM teams and results informed the re-design of the homepage. The new homepage was launched on February 25, 2010.

SR 1.1.2 Number and percent of promising practices with a gender component

**Result March 2010 (see table below)**

**Target: 50%**

Table 3. Promising practices with a focus on Gender on the website

| Oct-Mar 09-10       |    |
|---------------------|----|
| Number (cumulative) | %  |
| 15                  | 23 |

**Summary:** The 15 gender-related promising practices that are published and on the website are those that have a central gender focus. Currently the project is not assessing promising practices in all content areas to determine to what extent they also address gender, but the Gender Team is working with the KM Team to develop gender-specific criterion for raters when they are assessing promising practices and this will provide web visitors searching for gender with a broader number of practices.

SR 1.1.3 – Number and percent of promising practices with Quality Assurance/Quality Improvement (QA/QI) component

**Result March 2010 (see table below)**

**Target: 50%**

Table 4. Promising practices that include a Quality Assurance/Improvement plan

|                     | Oct-Mar 09-10 |    |
|---------------------|---------------|----|
| Number (cumulative) |               | %  |
| 32                  |               | 49 |

**Summary:** The project is on-target for promising practices that have a rating of at least “1” (out of 3) in QA/QI (i.e., has a QA plan described).

SR 1.1.4 – Number of HIV prevention resource topics available and updated on the website

**Result March 2010: 24**

**Cumulative: 24**

**Target: 30**

**Summary:** The prevention team now has 24 prevention resource topics available and updated on the Prevention Knowledge Base portion of the website. Resources are available in one of four areas: emerging areas, behavioral interventions, biomedical interventions and structural interventions.

SR 1.1.5 – Total number of unique page views by content area

**Result March 2010: 14,164**

**Cumulative: 23,101**

**Target: 110,000**

**Table 5. Total number of unique pageviews by content area**

| Content area         | Total FY 09 | Oct-Dec 09  | Jan-Mar 10* | Total Oct-Mar 10 | Cumulative   |
|----------------------|-------------|-------------|-------------|------------------|--------------|
| Prevention           | 5081        | 5432        | 2984        | 8416             | 13497        |
| Treatment            | 1798        | 2632        | 402         | 3034             | 4832         |
| Care & support       | 164         | 196         | 189         | 385              | 549          |
| Counseling & testing | 215         | 272         | 116         | 388              | 603          |
| PMTCT                | 600         | 524         | 199         | 723              | 1323         |
| OVC                  | 395         | 154         | 133         | 287              | 682          |
| Gender               | 680         | 634         | 297         | 931              | 1611         |
| Quality assurance    | 4           | 0           | 0           | 0                | 4            |
| <b>Totals</b>        | <b>8937</b> | <b>9844</b> | <b>4320</b> | <b>14164</b>     | <b>23101</b> |

**\*Only data from January-February 24 - Google Analytics disabled without cookies on website**

**Summary:** As AIDSTAR-One has produced more content available on the website, the number of hits to the site has shown a significant increase. In just a

brief five-month period (October 2009-February 2010), the number of unique pageviews almost doubled the number observed in all of fiscal year 2009.

SR 1.1.6 – Number of websites that link to AIDSTAR-One.com

**Result March 2010: 58**

**Target: 18**

**Summary:** Most of the links to AIDSTAR-One.com are through HIV or health-related listservs that link to a specific product on the site. We have exceeded the target three fold to date and expect to increase the number of links in the next six months with the launch of the new website, although measuring this indicator may be difficult with the restriction on tracking.

SR 1.2.1 – Number of AIDSTAR-One resources produced and available for dissemination by type and content area

**Result March 2010: 15**

**Cumulative: 88**

**Target: 70**

Table 6. Number of AIDSTAR-One resources produced and available for dissemination, this reporting period by type and content area

| Content area         | Oct-Dec 09   |             |              |          | Jan-Mar 10   |             |              |          | Cumulative no. available |             |              |           |
|----------------------|--------------|-------------|--------------|----------|--------------|-------------|--------------|----------|--------------------------|-------------|--------------|-----------|
|                      | Case studies | Tech briefs | Prom. Pract. | Other    | Case studies | Tech briefs | Prom. Pract. | Other    | Case studies             | Tech briefs | Prom. Pract. | Other     |
| Prevention           | 2            | 0           | 0            | 3        | 1            | 0           | 0            | 2        | 3                        | 1           | 16           | 11        |
| Treatment            | 0            | 0           | 0            | 1        | 0            | 0           | 1            | 0        | 0                        | 1           | 4            | 2         |
| Care & support       | 0            | 0           | 0            | 0        | 0            | 1           | 0            | 0        | 0                        | 1           | 6            | 0         |
| Counseling & testing | 0            | 0           | 0            | 0        | 0            | 0           | 0            | 0        | 0                        | 0           | 7            | 1         |
| PMTCT                | 0            | 0           | 0            | 0        | 0            | 0           | 1            | 0        | 0                        | 0           | 6            | 2         |
| OVCs                 | 0            | 0           | 0            | 0        | 0            | 0           | 1            | 0        | 0                        | 0           | 9            | 0         |
| Gender               | 0            | 0           | 2            | 0        | 0            | 0           | 0            | 0        | 0                        | 0           | 11           | 1         |
| Private Sector       | 0            | 0           | 0            | 0        | 0            | 0           | 0            | 0        | 0                        | 0           | 4            | 0         |
| Policy               | 0            | 0           | 0            | 0        | 0            | 0           | 0            | 0        | 0                        | 0           | 2            | 0         |
| <b>Totals</b>        | <b>2</b>     | <b>0</b>    | <b>2</b>     | <b>4</b> | <b>1</b>     | <b>1</b>    | <b>3</b>     | <b>2</b> | <b>3</b>                 | <b>3</b>    | <b>65</b>    | <b>17</b> |

**Summary:** AIDSTAR-One has already exceeded the target for the end of the project, due to the number of promising practices which represents 74 percent of the products available to date. In addition to the content available to view on AIDSTAR-One.com, the project has an additional 16 products completed that are currently pending approval by USAID.

SR 1.2.2 – Percent of clients who rated the usefulness of material on the website as good or excellent

**Result March 2010: 92%**

**Target: 80%**

Table 7. No. (percent) of survey respondents who rated the usefulness of material on the website as good or excellent, by type of user

| Type of user               | No.       | Percent   |
|----------------------------|-----------|-----------|
| Web User only (n=51)       | 47        | 92        |
| Conference Attendee (n=52) | 48        | 92        |
| TA recipient (n=4)         | 3         | 75        |
| <b>Total (n=107)</b>       | <b>98</b> | <b>92</b> |

**Summary:** Of the 107 survey respondents who reported visiting the AIDSTAR-One website, 98 (92%) rated the usefulness of material they found there as the as “good” or “excellent”.

## **Result Area 2: The quality and sustainability of USG-supported HIV prevention, care and treatment programs is improved.**

### SR 2.2.2 – Number of programs/country offices receiving AIDSTAR-One technical assistance (TA)

**Result March 2010: 4**

**Cumulative: 9**

**Target: 14**

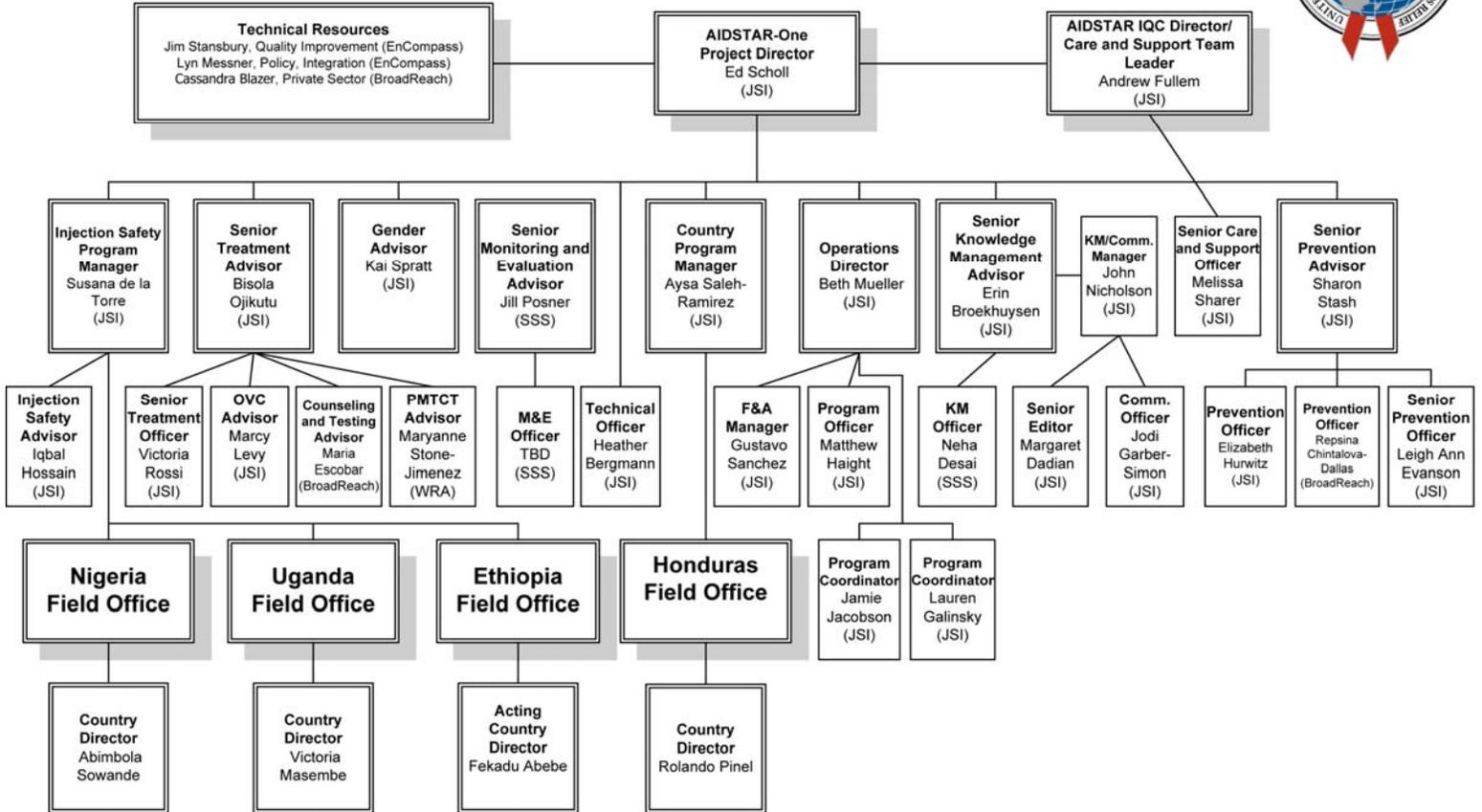
**Summary:** In the semi-annual reporting period, AIDSTAR-One provided TA in the form of program consultations to the Honduran Health Secretariat and to the Honduran National Association of People Living with HIV/AIDS. An initiative in Tanzania to integrate HIV into natural resource management projects was also begun and the project will provide the NGOs with assistance in formulating monitoring plans, among other activities. Lastly, the project will provide TA on home-based counseling and testing in the Democratic Republic of Congo which is expected to start in April 2010 and will be counted in the next semi-annual reporting period. AIDSTAR-One is also helping to coordinate the Technical Assistance Model design in India which will be used as a guide for USG/PEPFAR assistance in HIV- and AIDS-related activities during the next five years. Preliminary activities began in late February. To date, the main inputs have been administrative and logistical.

# ANNEX 3: STAFF CHART



**USAID**  
FROM THE AMERICAN PEOPLE

## AIDSTAR-One Staff



## ANNEX 4: AIDSTAR-ONE TECHNICAL TEAMS

| <b>Team Name/USA ID Contact</b> | <b>Care and Support</b><br>John Palen, Co-Chair  | <b>Counseling &amp; Testing</b><br>Alison Surdo, Co-Chair   | <b>KM &amp; Strategic Info.</b>  | <b>OVC</b><br>Gretchan Bachman, Co-Chair  | <b>PMTCT</b><br>Maggie Brewinski, Co-Chair  | <b>Prevention</b><br>Clancy Broxton, Tim Mah Co-Chairs  | <b>Treatment</b><br>Robert Ferris Co-Chair   |
|---------------------------------|--|---|--|---|---|---|--|
| <b>Lead</b>                     | Andrew Fullem (JSI)  | Noni Gachuhi (Acting) (BroadReach)  | Erin Broekhuysen (JSI)/Jill Posner (SSS)   | Marcy Levy (JSI)  | Maryanne Stone-Jimenez (WRA)  | Sharon Stash (JSI)  | Bisola Ojikutu (JSI)   |
| <b>Members</b>                  | Jim Stansbury, (EnCompass)<br>Reshma Trasi, (ICRW)<br>Maryanne Stone Jimenez (WRA)<br>Heather Bergmann (JSI)<br>Kai Spratt (JSI)<br>Jill Posner (SSS)<br>Matthew Haight (JSI)<br>Sarah Melendez (JSI)<br>Mary Guttman (EnCompass)<br>Lilia Gerberg (JSI)<br>Melissa Sharer (JSI)<br>John Nicholson (JSI)<br>Naomi Printz (JSI)<br>Maria Claudia Escobar (BroadReach)<br>Iqbal Hossain (JSI)<br>Jenny Dahlstein (JSI) | Matthew Haight (JSI)<br>Jim Stansbury (EnCompass)<br>Katherine Fritz (ICRW)<br>Rebecca Oser (BroadReach)<br>Kai Spratt (JSI)<br>Heather Bergmann (JSI)<br>Maria Claudia Escobar (BroadReach)<br>Cassandra Blazer (BroadReach)<br>Bisola Ojikutu (JSI) | Jamie Jacobson (JSI)<br>Heather Bergmann (JSI)<br>John Nicholson (JSI)<br>Diane Gardsbane (EnCompass)<br>Micheline Kennedy (GMMB)<br>Sue Griffey (SSS)<br>Kai Spratt (JSI)<br>Sarah Melendez (JSI)<br>Cassandra Blazer (BroadReach)<br>Marcelo Castrillo (JSI)<br>Mashari Perry (GMMB)<br>Neha Desai (SSS)<br>Jodi Garber-Simon (JSI)<br>Margaret Dadian (JSI) | Krupa Shinde (MAP)<br>Lydia Mann-Bondat (World Ed)<br>Jill Posner (SSS)<br>Kai Spratt (JSI)<br>Lyn Messner (EnCompass)<br>Lauren Galinsky (JSI) | Bisola Ojikutu (JSI)<br>Sharon Stash (JSI)<br>Jim Stansbury (EnCompass)<br>Reshma Trasi (ICRW)<br>David Torres (m2m)<br>Jennifer Grollman (m2m)<br>Namwinga Chintu (CIDRZ)<br>Bridget McHenry (WRA)<br>Frances Ganges (WRA)<br>Jill Posner (SSS)<br>Kai Spratt (JSI)<br>Elizabeth Hurwitz (JSI)<br>Matthew Haight (JSI) | Michele Clark (JSI)<br>Matthew Haight (JSI)<br>Katherine Fritz (ICRW)<br>Reshma Trasi (ICRW)<br>Peter Okaalet (MAP)<br>Maryanne Stone-Jimenez (WRA)<br>Kai Spratt (JSI)<br>Micheline Kennedy (GMMB)<br>Helen Cornman (Consultant)<br>Heather Bergmann (JSI)<br>Repsina Chintalova-Dallas (BroadReach)<br>John Nicholson (JSI)<br>James Robertson (JSI)<br>Diane Gardsbane (EnCompass)<br>Lyn Messner (EnCompass)<br>Molly Fitzgerald (JSI)<br>Julie Dombrowski<br>Cassandra Blazer (BroadReach)<br>Lauren Galinsky (JSI)<br>Elizabeth Hurwitz (JSI) | Jamie Jacobson (JSI)<br>Lisa Hirschhorn (JSI)<br>Bridget McHenry (WRA)<br>Kai Spratt (JSI)<br>Andrew Fullem (JSI)<br>Heather Bergmann (JSI)<br>Rebecca Oser (BroadReach)<br>Cassandra Blazer (BroadReach)<br>Lyn Messner (EnCompass)<br>Carolyn Bolton (UAB) |

## ANNEX 5: AIDSTAR-ONE PUBLICATIONS

### Completed publications as of April 15, 2010

#### **Prevention**

- Technical Brief: *HIV Prevention for Serodiscordant Couples*; Spino, Aldo, Michele Clark, Sharon Stash
- Technical Consultation Report: *Addressing Multiple and Concurrent Sexual Partnerships in Generalized Epidemics*; technical consultation held October 29-30 in Washington D.C.
- Technical Consultation Report: *Interventions With Most-At-Risk Populations In PEPFAR Countries: Lessons Learned And Challenges Ahead*; technical consultation held February 18-20 in Chennai, India
- *Spotlight on Prevention—Uganda’s Zero Grazing Campaign*
- *Spotlight on Prevention- The Astonishing Neglect of an HIV Prevention Strategy: The Value of Integrating Family Planning and HIV Services*
- Case Study: *Makhwapheni Uyabulala/Secret Lovers Kill: A Mass Media Campaign to Address Multiple and Concurrent Partnerships*
- Case Study: *Scrutinize: A Youth HIV Prevention Campaign Addressing Multiple and Concurrent Partnerships*
- Case Study: *CEPEHRG and Maritime, Ghana: Engaging New Partners and New Technologies to Prevent HIV among Men Who Have Sex with Men*

#### **Treatment**

- Technical Brief: *Implementation of World Health Organization’s (WHO) 2008 Pediatric HIV Treatment Guidelines*; Oser, Rebecca, John Sargent, Andrew Fullem, Mulamba Diese

#### **Care & Support**

- Technical Brief: *Mental Health and HIV*; Gutmann, Mary, Andrew Fullem

## Publications Under development

### **Prevention**

- Technical Brief: Prevention Of Alcohol-Related HIV Risk Behavior (awaiting final USAID approval from COTR)
- Technical Brief: MSM in Generalized Epidemic Settings (awaiting comments from COTR and USAID TWG co-chair)
- Technical Brief: Multiple and Concurrent Sexual Partnerships (in development)
- Case Study: *Hidden MSM: India, Humsafar Trust Program* (in final production)
- Case Study: *Alcohol and Risky Sex —South Africa* (in production)
- Case Study: *Combination HIV Prevention —Alliance/Ukraine* (in final production)
- Case Study: *Alcohol and Related Risky Sex: India* (under revision to address USAID feedback)
- Case Study: *Combination HIV Prevention —Avahan/India*; (under revision to address USAID feedback)

### **PMTCT**

- Technical Brief: *Increasing Access to and Utilization of PMTCT in Generalized HIV Epidemics*; Preble, Elizabeth (USAID comments incorporated, awaiting final approval)
- Technical Brief: *Integration of Prevention of Mother-to-child Transmission of HIV (PMTCT) Interventions With Maternal, Newborn and Child Health (MNCH) Services* (awaiting comment/approval from USAID TWG Co-chair)
- Risk of HIV Transmission During Breastfeeding: A Table of Research Findings (awaiting approval from USAID co-chair)

### **Treatment**

- Toolkit: *Toolkit for Implementation of the World Health Organization (WHO) Recommendations On the Treatment of Pediatric AIDS In Low Resource Countries*; Diese, Mulamba et al. (in development)

- Technical Brief: *Decentralization of Antiretroviral Treatment at Primary Healthcare Level In Public And Private Sectors In Generalized Epidemic Resource-Constrained Settings*; Diese, Mulamba (in final production)
- Technical Brief: *Adherence to and Retention in HIV Treatment Programs*; Andrew Fullem, Lisa Hirschhorn, Mulamba Diese, Rebecca Oser, Anita Patel (in final production)

### **Counseling & Testing**

- Technical Consultation Report: *Provider-Initiated Testing and Counseling* (awaiting USAID approval from USAID co-chair)
- PICT Policy Scan (awaiting approval from USAID TWG co-chair)

### **OVC**

- Case Study: Early Childhood Development (in development)
- Case Study: Child Protection

### **Gender**

- *Women's Economic Empowerment and HIV*; Sprat, Kai (awaiting approval from USAID co-chair)
- *Gender-based violence and HIV*; Sprat, Kai (awaiting approval from USAID co-chair)
- *Gender Issues in Concentrated Epidemics*; Sprat, Kai (awaiting approval from USAID TWG co-chair)
- *Revised Thailand MSM Report* (awaiting comments from the USAID/Thailand Mission)
- Report: PITC Assessment in Cambodia (awaiting comments from the USAID/Cambodia Mission)
- Gender Compendium Case Studies (awaiting comments from the USAID TWG co-chair)

### **Private Sector**

- Technical Brief: *Private Sector Involvement in HIV/AIDS Service* (awaiting final approval from USAID COTR)

## ANNEX 6: FINANCIAL /LOE STATUS REPORT

| Technical Area                      | Workplan Budget FY 10* | Cumulative Obligations | Actual Expenses FY 08 - FY 09 | Actual Expenses FY 10 |                  |              |              |                  | Cumulative Expenses | Obligations Less Expenses | % Obligations Spent |
|-------------------------------------|------------------------|------------------------|-------------------------------|-----------------------|------------------|--------------|--------------|------------------|---------------------|---------------------------|---------------------|
|                                     |                        |                        |                               | Q1                    | Q2               | Q3           | Q4           | Total            |                     |                           |                     |
| PMTCT                               | 376,000                | 700,000                | 323,538                       | 60,826                | 38,618           | 0            | 0            | 99,445           | 422,983             | 277,017                   | 60.43%              |
| PREVENTION                          | 4,775,000              | 7,000,000              | 2,225,344                     | 552,076               | 589,488          | 0            | 0            | 1,141,564        | 3,366,909           | 3,633,091                 | 48.10%              |
| CARE & SUPPORT                      | 1,616,000              | 2,070,000              | 454,175                       | 223,664               | 424,029          | 0            | 0            | 647,693          | 1,101,868           | 968,132                   | 53.23%              |
| OVC                                 | 403,000                | 750,000                | 347,023                       | 94,543                | 86,449           | 0            | 0            | 180,993          | 528,016             | 221,984                   | 70.40%              |
| HIV COUNSELING & TESTING            | 1,204,000              | 1,820,000              | 615,874                       | 181,232               | 161,638          | 0            | 0            | 342,871          | 958,745             | 861,255                   | 52.68%              |
| ADULT/PED HIV TREATMENT             | 1,715,000              | 2,700,000              | 842,086                       | 211,355               | 283,563          | 0            | 0            | 494,918          | 1,337,005           | 1,362,995                 | 49.52%              |
| STRATEGIC INFO                      | 200,000                | 630,000                | 430,182                       | 118,995               | (5,924)          | 0            | 0            | 113,071          | 543,253             | 86,747                    | 86.23%              |
| OTHER                               | 425,000                | 1,300,000              | 935,335                       | 127,781               | (33,886)         | 0            | 0            | 93,895           | 1,029,230           | 270,770                   | 79.17%              |
| <i>Other: Private Sector</i>        | <i>195,000</i>         |                        |                               |                       |                  |              |              |                  |                     |                           |                     |
| <i>Other: FP/HIV Integration</i>    | <i>230,000</i>         |                        |                               |                       |                  |              |              |                  |                     |                           |                     |
| GENDER                              | 1,300,000              | 2,100,000              | 800,398                       | 272,750               | 179,351          | 0            | 0            | 452,101          | 1,252,499           | 847,501                   | 59.64%              |
| Unprogrammed Unspecified obligation | 143,000                | 250,000                |                               |                       |                  |              |              |                  |                     |                           |                     |
| <b>SUBTOTAL CLIN 1</b>              | <b>12,157,000</b>      | <b>19,320,000</b>      | <b>6,973,957</b>              | <b>1,843,224</b>      | <b>1,723,327</b> | <b>0</b>     | <b>0</b>     | <b>3,566,551</b> | <b>10,540,508</b>   | <b>8,779,492</b>          | <b>54.56%</b>       |
| FIELD SUPPORT                       |                        |                        |                               | <b>Qtr 1</b>          | <b>Qtr 2</b>     | <b>Qtr 3</b> | <b>Qtr 4</b> | <b>Total</b>     |                     |                           |                     |
| Kyrgyzstan                          |                        | 164,000                | 83,531                        | 0                     | 355              | 0            | 0            | 355              | 83,887              | 80,113                    | 51.15%              |
| Honduras                            |                        | 1,250,000              | 356,402                       | 164,350               | 139,552          | 0            | 0            | 303,903          | 660,304             | 589,696                   | 52.82%              |
| Guatemala                           |                        | 70,000                 | 69,998                        | 1,343                 | 3,730            | 0            | 0            | 5,074            | 75,072              | (5,072)                   | 107.25%             |
| LAC Bureau                          |                        | 349,400                | 32,066                        | 89,050                | 6,602            | 0            | 0            | 95,653           | 127,719             | 221,681                   | 36.55%              |
| AFR Bureau                          |                        | 245,790                | 82,833                        | 29,395                | 27,021           | 0            | 0            | 56,416           | 139,249             | 106,541                   | 56.65%              |
| Ethiopia                            |                        | 2,273,827              | 0                             | 92,517                | 254,499          | 0            | 0            | 347,016          | 347,016             | 1,926,811                 | 15.26%              |
| Nigeria                             |                        | 1,890,000              | 0                             | 221,690               | 407,645          | 0            | 0            | 629,335          | 629,335             | 1,260,665                 | 33.30%              |
| Uganda                              |                        | 382,500                | 0                             | 42,819                | 47,526           | 0            | 0            | 90,345           | 90,345              | 292,155                   | 23.62%              |
| Mexico                              |                        | 52,000                 | 0                             | 12,739                | 8,159            | 0            | 0            | 20,897           | 20,897              | 31,103                    | 40.19%              |
| India                               |                        | 450,000                | 0                             | 2,864                 | 48,414           | 0            | 0            | 51,277           | 51,277              | 398,723                   | 11.39%              |
| Swaziland                           |                        |                        |                               | 0                     | 128,695          | 0            | 0            | 128,695          | 128,695             | (128,695)                 |                     |
| <b>SUBTOTAL CLIN 2</b>              |                        | <b>7,127,517</b>       | <b>624,830</b>                | <b>656,768</b>        | <b>1,072,199</b> | <b>0</b>     | <b>0</b>     | <b>1,728,967</b> | <b>2,353,797</b>    | <b>4,773,720</b>          | <b>33.02%</b>       |
| <b>TOTAL</b>                        |                        | <b>26,447,517</b>      | <b>7,598,787</b>              | <b>2,499,992</b>      | <b>2,795,526</b> | <b>0</b>     | <b>0</b>     | <b>5,295,518</b> | <b>12,894,305</b>   | <b>13,553,212</b>         | <b>48.75%</b>       |

\* revised FY 2010 workplan budget, pending approval

| Level of Effort(LOE)     | FY 08-09     | Actual LOE FY 10 |              |          |          |               | Contract Ceiling | Balance       |
|--------------------------|--------------|------------------|--------------|----------|----------|---------------|------------------|---------------|
|                          | Actual       | Q1               | Q2           | Q3       | Q4       | Total         |                  |               |
| <b>CLIN 1</b>            |              |                  |              |          |          |               |                  |               |
| PMTCT                    | 315          | 42               | 33           | 0        | 0        | 390           |                  |               |
| PREVENTION               | 2,374        | 442              | 749          | 0        | 0        | 3,565         |                  |               |
| CARE & SUPPORT           | 428          | 193              | 321          | 0        | 0        | 943           |                  |               |
| OVC                      | 436          | 98               | 95           | 0        | 0        | 629           |                  |               |
| HIV COUNSELING & TESTING | 601          | 58               | 197          | 0        | 0        | 856           |                  |               |
| ADULT/PED HIV TREATMENT  | 933          | 120              | 337          | 0        | 0        | 1,390         |                  |               |
| STRATEGIC INFO           | 531          | 174              | 39           | 0        | 0        | 744           |                  |               |
| OTHER                    | 868          | 135              | 28           | 0        | 0        | 1,031         |                  |               |
| GENDER                   | 1,050        | 159              | 208          | 0        | 0        | 1,417         |                  |               |
| <b>TOTAL</b>             | <b>7,536</b> | <b>1,422</b>     | <b>2,007</b> | <b>0</b> | <b>0</b> | <b>10,965</b> | <b>21,727</b>    | <b>10,762</b> |
| <b>CLIN 2</b>            |              |                  |              |          |          |               |                  |               |
| Kyrgyzstan               | 250          | 0                | 0            | 0        | 0        | 250           |                  |               |
| Honduras                 | 377          | 235              | 290          | 0        | 0        | 902           |                  |               |
| Guatemala                | 291          | 2                | 4            | 0        | 0        | 296           |                  |               |
| LAC Bureau               | 50           | 54               | 7            | 0        | 0        | 110           |                  |               |
| AFR Bureau               | 150          | 31               | 34           | 0        | 0        | 215           |                  |               |
| Ethiopia                 | 0            | 90               | 348          | 0        | 0        | 438           |                  |               |
| Nigeria                  | 0            | 73               | 167          | 0        | 0        | 240           |                  |               |
| Uganda                   | 0            | 17               | 124          | 0        | 0        | 141           |                  |               |
| Mexico                   | 0            | 10               | 6            | 0        | 0        | 16            |                  |               |
| India                    | 0            | 3                | 43           | 0        | 0        | 46            |                  |               |
| Swaziland                | 0            | 1,913            | 725          | 0        | 0        | 2,637         |                  |               |
| <b>TOTAL</b>             | <b>1,117</b> | <b>2,428</b>     | <b>1,747</b> | <b>0</b> | <b>0</b> | <b>2,655</b>  | <b>60,244</b>    | <b>57,589</b> |

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