

AIDSTAR-Two Project Trip Report – Jamaica 10/18/10

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5 key words:

MARPS, HIV/AIDS, AIDSTAR – Two, HSS, Jamaica

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AIDSTAR-Two Project Trip Report Template

Process for completing trip report

1. This **trip report** must be completed by the traveler and distributed to the supervisor, relevant activity manager (Yadira for field support), and ProCo within 5 business days of the traveler's return to their home office.
2. The traveler will schedule a **debriefing** with their activity manager and, if appropriate, the project team within 10 business days of their return to their home office. This meeting will highlight content for the trip report. If the traveler is an activity manager, they will meet with the relevant members of the project team. The appropriate activity manager can serve as a resource to determine who else should be present at the debriefing.
3. Trip reports and addenda should be saved by the ProCo with the relevant TDY documents in sub-project eRoom.
4. Completion of the trip report and scheduling debriefings is the responsibility of the traveler.
5. The traveler must have the report **reviewed and approved by the activity manager**, who will submit to the COTR.
6. When the entire template is completed, email the report along with all relevant documents to the relevant Activity Manager and ProCo. ProCo will determine if trip report and which documents should be sent to **Institutional Memory and will update trip report submission logs.**
7. Save this report using the following naming protocol: sub-project name_ traveler's name_ destination_program year_ departure month (i.e. Honduras-Bautista- Honduras -2009-6).

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1. Scope of Work:

Destination and Client(s)/ Partner(s)	Jamaica USAID/PEPFAR Mission Jamaica
Traveler(s) Name, Role	Elden Chamberlain Most at Risk Populations Specialist AIDSTAR-Two Dan Kraushaar HSS Specialist MSH
Date of travel on Trip	18-22 October 2010
Purpose of trip	Orientation of Consultant to HSS/MARPs project, Initial project briefings with USAID/PEPFAR, Attendance at Jamaica annual HIV AIDS Retreat/Conference
Objectives/Activities/ Deliverables	Finalize work plan for Jamaica consultant Draft Causal Pathway diagrams
Background/Context, if appropriate.	AS2 is implementing a project that aims to provide guidance/recommendations to the HSS technical working group on effective approaches to address MARPs issues through HSS interventions; target countries are Vietnam and Jamaica

2. Major Trip Accomplishments: Should include the major programmatic goals realized, relevant metrics, and stories of impact from the trip.

The following activities were accomplished:

- Project work plan developed
- Introduction of HSS concepts and project presented to USAID
- Introduction of HSS project to Director of National AIDS Commission

The trip was very fruitful and we had learnt from the Vietnam TDY about how to utilize time to the best advantage. 2 days of intensive work were spent with the consultant and the Alliance Country Director, during which the causal framework / 80/20 principles approach the project was taking was explained and worked through. As a result we were able to finalize the phase one work plan/deliverables and complete a first draft of the casual diagrams/charts. The work plan is attached

The meeting with USAID very positive. Catherine Zilber from the mission was extremely helpful and assisted greatly in TDY logistics and securing us an invitation to attend the National HIV AIDS retreat/conference. The project is timely for Jamaica and the mission, as Jamaica is now classified as a middle income country, so funding for HIV is limited – only 20% of the national HIV strategy is funded. The project will assist in helping the USAID mission to determine priorities for funding/programming as well as staging the handover/ responsibility for programming to the local government in line with the country ownership/sustainability focus of PEPFAR 2.

The meeting with Kevin Harvey, Director of National AIDS Commission was useful to ensure their support of the project. He was happy to assist in any way that he could and he suggested that the best way forward would be for us to work with/through the MARPs working groups that had been established and led by UNAIDS. We will work with this group to establish consensus/stakeholder process that will take place in January. Dr Harvey wanted us to be aware that HSS was “the flavor of the month” in Jamaica and that people may be a bit tired to discuss the issue on the back of the 20/20 project that was being undertaken. We explained that our focus was quite different from that project but we would bear his comments in mind and liaise with that project to ensure we would not be covering the same ground.

Attending the National HIV AIDS retreat was useful as it enabled us to gain a better understanding of the epidemic in Jamaica as well as the response efforts. Key messages that we came away with were:

- There is no clear focus/priority for the national strategy – everything had equal priority/importance, which would be difficult to sustain given the funding situation.

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- Much of the response to date is based on opinion and hearsay rather than hard evidence on what works – partly because the data/evidence doesn't exist.
- No real sense of urgency over the 33% prevalence rate in MSM and making that the priority/focus of the national strategy.

There is a clear commitment on the part of the AIDS Commission and their partners to address HIV in the country and a willingness to implement innovative programs, so there is an opportunity to work with them to reassess their thinking in terms of determining priorities and program focus.

3. Next steps: Key actions to continue and/or complete work from trip.

Description of task	Responsible staff	Due date
Debrief with USAID	E Chamberlain	8 November
Follow up teleconference with consultant	E Chamberlain	15 November
Causal Diagrams completed	Consultant	23 November
Draft of synthesis of documents for phase one of the project	Consultant	9 December
Review of synthesis documents	D Kraushaar / E Chamberlain	23 December
Preparation for phase one in country consensus meeting	Consultant / E Chamberlain	Mid December

4. Contacts: List key individuals contacted during your trip, including the contacts' organization, all contact information, and brief notes on interactions with the person.

Name	Contact info	Home organization	Notes
Kevin Harvey		Director Jamaica National AIDS Commission	
Denise Chevannes	dchevannes@alliancecarib.org.tt	Country Director Caribbean AIDS Alliance	
Renee Johnson	moniquejohnson@gmail.com	Consultant for Project	
Catherine Zilber	czilber@usaid.gov	HIV AIDS Program Officer USAID Jamaica	

5. Description of Relevant Documents / Addendums: Give the document's file name, a brief description of the relevant document's value to other staff, as well as the document's location in eRooms or the MSH network. Examples could include finalized products and/or formal presentations, TraiNet Participant List, Participant Contact sheet, and Meeting/Workshop Participant Evaluation form are examples of relevant documents.

File name	Description of file	Location of file
Jamaica workplan		attached

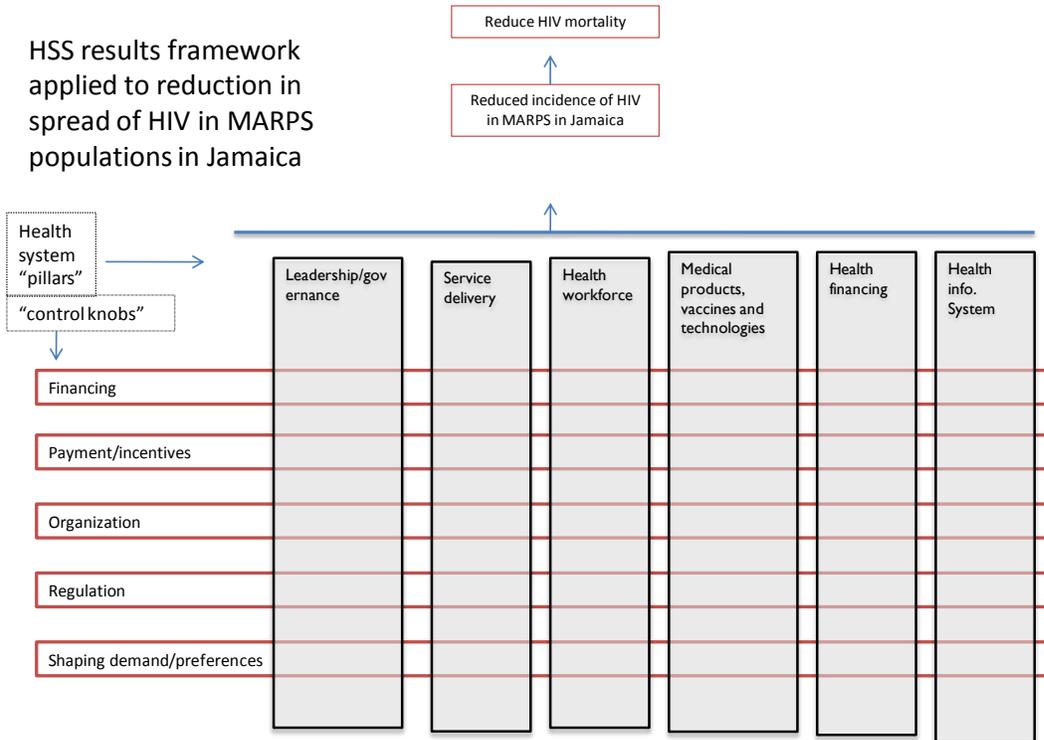
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HSS for MARPS: Stages in the analysis, roles and responsibilities

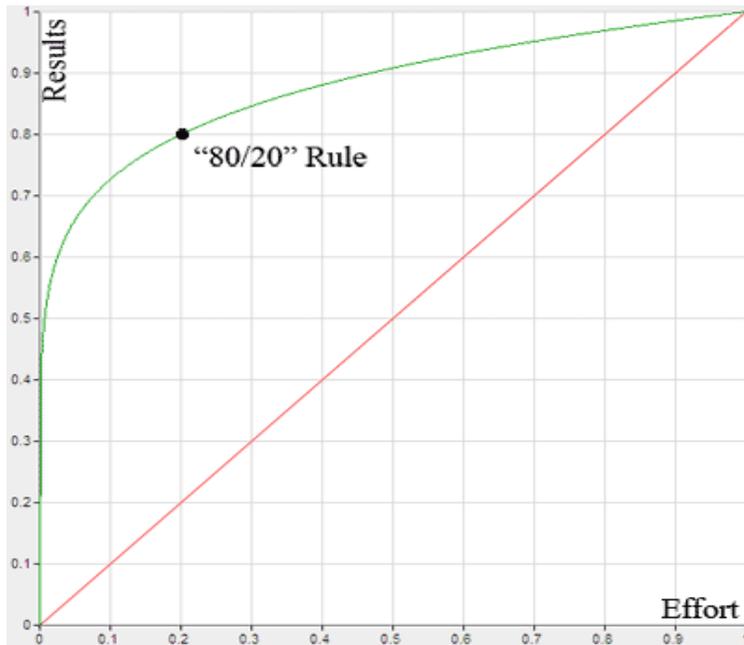
Stages	Activity	Key sources of information	Result	Lead team member(s)	Completion date
#1: Synthesis of current goals, objectives, programs, policies, indicators, rules, regulations and approaches currently in place in Vietnam	Identify the goals related to HIV/AIDS	Government documents, e.g., National AIDS strategy.	Clear statement of the goal that we're driving towards Identification of clarity/lack of clarity of goals	Consultant	November 23
#2: Epidemiology of HIV/AIDS: problems, direct and indirect causes/risk factors, extent of the problem, special issues with HIV/AIDS in MARPS populations	Synthesis of problems, causes, direct and indirect risk factors across MARPS populations.	Collected documents, e.g., IBBS. Interviews with key informants: WHO, FHI, UNAIDS, USAID, PEPFAR	Synthesis document Consensus document	Consultant and Elden	November 23
#3: Characteristics of MARPS and factors that affect supply and demand to those population groups: socioeconomic, cultural, care seeking, etc (who, what, where, when, etc)	Synthesis of characteristics of different MARPS groups with understanding of major factors affecting the spread of HIV and what influences that spread	Collected documents, e.g., IBBS. Interviews with key informants: WHO, FHI, UNAIDS, USAID, PEPFAR	Synthesis document. Consensus	Consultant and Elden	December 9
#4: Evidence based interventions and program approaches: hard evidence of what has worked and not worked in Vietnam. Examination of current coverage levels of those interventions and coverage levels required to achieve the desired impact. Assessment of M&E approaches including review of indicators of program performance, effectiveness and impact.	Synthesis of evidence of effectiveness of different interventions directed at problems, causes, risk factors for each MARPS group. Data on coverage of all effective interventions. Gaps in knowledge Target coverage levels required for most effective interventions to achieve goals	Source documents and interviews: Health Policy Initiative, MSH, WHO, Abt Associates NHA work, FHI, PSI, UNAIDS. Will probably have to look at experience from the region through the AIDS Alliance and other sources.	Synthesis document Consensus on most effective interventions, baseline and target coverage levels, gaps in knowledge	Dan	December 9

#5: System requirements across the 6 health system building blocks (including demand) which would be required to deliver those critical interventions at the required scale. This includes potentially estimates of cost, depending on budget.	System requirements identified for each effective intervention Requirements across all 6 HS building blocks and demand	TBD	Synthesis paper Consensus	Consultant and Elden and Dan	December 15
First national consensus meeting: USAID, partners, government ~ week of Jan 10, 2011					
#6: System analysis/ assessment identifying the system bottlenecks that would need to be overcome to deliver those critical interventions at the required scale.	Systems analysis for each effective intervention. Synthesis of bottlenecks by building block.	TBD	Synthesis paper Consensus	Consultant and Elden and Dan	TBD
#7: Recommended health system strengthening approaches across the 6 building blocks.	Recommendations	TBD	Paper laying out recommendations Consensus	consultant and Elden and Dan	TBD
#8: Recommended indicators, M&E approaches and learning agenda including potential learning and OR opportunities which could be considered	Recommendations	TBD	Paper laying out recommendations Consensus	Consultant and Elden and Dan	TBD
Analysis of opportunities for integration and “shared HSS”.	Recommendations	TBD	Paper laying out recommendations Consensus	Consultant and Elden and Dan	End February 2011
Summary recommendations	Recommendations	TBD	Paper laying out recommendations Consensus	consultant and Elden and Dan	End February, 2011
Second national consensus meeting: USAID, partners, government ~ End February 2011 Presentation of results to regional MSM conference Nassau, Bahamas End of February 2011					

HSS results framework applied to reduction in spread of HIV in MARPS populations in Jamaica



Health system pillars describe the health system. “Control knobs” provide a means of manipulating those pillars in combination to achieve a desired outcome.



Our search for the “Pareto optimal” set of things to focus on

80% of the consequences from 20% of the causes

80% of the outputs from 20% of the inputs

80% of the reduction in incidence from 20%