



USAID
FROM THE AMERICAN PEOPLE



AIDSTAR-ONE ANNUAL REPORT

OCTOBER 2009 – SEPTEMBER 2010

AIDSTAR-One
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

OCTOBER 2010

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

TABLE OF CONTENTS

ACRONYMS	3
1.0 INTRODUCTION	5
2.0 PROJECT MANAGEMENT AND FINANCE	7
2.1 Project Management and Staffing	7
2.2 Financial Status and LOE	7
3.0 KNOWLEDGE MANAGEMENT AND STRATEGIC INFORMATION	8
4.0 MAJOR ACCOMPLISHMENTS – CORE FUNDED	20
4.1 Introduction.....	20
4.2 Prevention: General and Most-at-risk Populations	20
4.3 Adult and Pediatric Treatment, and PMTCT	28
4.4 HIV Testing and Counseling.....	34
4.5 Orphans and Vulnerable Children	40
4.6 Care and Support	43
4.7 Gender	47
4.8 Private Sector Engagement.....	54
4.9 Family Planning and HIV Integration	56
5.0 MAJOR ACCOMPLISHMENTS – FIELD SUPPORT FUNDED	58
5.1 Introduction.....	58
5.2 Kyrgyzstan.....	58
5.3 Honduras.....	59
5.4 LAC Bureau, Central America Program, and Mexico	62
5.5 India	66
5.6 Tanzania	69
5.7 Swaziland.....	71
5.8 Nigeria	73
5.9 Ethiopia	76
5.10 Uganda.....	80
5.11 Africa Bureau.....	83
ANNEX 1: PERFORMANCE MONITORING	86
ANNEX 2: AIDSTAR-ONE TECHNICAL TEAMS	95
ANNEX 3: STAFF	96
ANNEX 4: AIDSTAR-ONE PUBLICATIONS	97
ANNEX 5: FINANCIAL /LOE STATUS REPORT	103

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
DRC	Democratic Republic of Congo
F/N	Food and Nutrition
FY	Fiscal Year
G3P	Good and Promising Programmatic Practice
HAART	Highly Active Antiretroviral Therapy
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
TC	Testing and Counseling
TA	Technical Assistance
TAG	Technical Advisory Group
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
WASH	Water Safety and Hygiene
WHO	World Health Organization
WRA	White Ribbon Alliance

1.0 INTRODUCTION

This annual report for AIDSTAR Sector I Task Order 1 (AIDSTAR-One) summarizes the progress and major accomplishments achieved from October 1, 2009 through September 30, 2010. It presents the project's core-funded and field support-funded activities, as well as the project's knowledge management and strategic information activities and results. The AIDSTAR-One project is completing its final year of the three-year base period of implementation (ending January 31, 2011) and entering into negotiations with USAID for a two-year follow-on option.

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

- Launching five new Focus Area sections on the AIDSTAR-One website, including Prevention, Treatment, Prevention of Mother-to-Child Transmission, Care and Support, and Testing and Counseling and increasing traffic to the AIDSTAR-One website
- Conducting the baseline survey of AIDSTAR-One web users, recipients of technical assistance and conference attendees, as well as conducting two usability studies that informed the redesign of the website
- Building and expanding the searchable Promising Practices database to provide program planners and implementers with more useful information and comparisons to allow them to tailor a search for proven HIV and AIDS programs
- Completing and disseminating six case studies and four technical briefs, in addition to numerous other technical reports and products
- Providing logistical and technical support for seven technical consultations on behalf of a variety of Technical Working Groups, as well as the LAC Bureau and Central American Regional Program
- Expanding and updating the HIV Prevention Knowledge Base, which has grown into a unique web-based resource for the HIV prevention community, covering a total of 19 areas of HIV prevention
- Publishing eleven issues of the HIV Prevention Update with the September issue reaching a total of 1,760 subscribers
- Providing logistical and some technical support for three debates held at the World Bank on HIV prevention programs and practices
- Posting 21 countries' national adult and pediatric treatment guidelines to the project's website
- Completing a Cambodia assessment of PITC implementation

- Conducting an exchange of south-to-south technical assistance on HBHTC in Swaziland
- Completing an assessment of food by prescription programs in Kenya
- Launching the Pain Management Pocket Guide and a Handbook on Palliative Care in Africa (through a grant to the African Palliative Care Association [APCA])
- Training approximately 8,000 healthcare workers in Ethiopia in injection safety and healthcare waste management
- Training over 500 healthcare workers in Uganda in healthcare waste management and providing pre-service training at the Maska School of Nursing for student mentors and facilitators
- Training over 12,000 healthcare personnel in injection safety and health care waste management in Nigeria and conducting 224 clinical meetings for medical doctors in six tertiary hospitals
- Expanding support to HIV positive pregnant women and new mothers in 49 sites in Swaziland through mothers2mothers
- Co-facilitating a gender sensitivity training for all PEPFAR and USAID staff in India
- Organizing two technical meetings and completing six desk reviews for the PEPFAR/India team
- Providing technical assistance to the Health Secretariat of Honduras that resulted in the development of a national Strategy for a Comprehensive Approach to STI/HIV/AIDS in Honduras

This report is divided into four main sections: 1) project management and finance, 2) knowledge management/strategic information, 3) major accomplishments in the core-funded technical areas, and 4) major accomplishments from field support-funded activities. Annex 1 provides performance monitoring data in accordance with the project's approved Monitoring and Evaluation Plan. Annexes 2 and 3 present the project's technical teams and staffing. Annex 4 includes a list of publications that are completed or under development, and Annex 5 provides a financial/level of effort (LOE) status report as of September 30, 2010.

2.0 PROJECT MANAGEMENT AND FINANCE

2.1 Project Management and Staffing

The AIDSTAR-One Project is implemented by JSI, in collaboration with its partners, BroadReach Healthcare, Encompass, the International Center for Research on Women, MAP International, mother2mothers, Social & Scientific Systems, Inc., University of Alabama at Birmingham, the White Ribbon Alliance for Safe Motherhood, and World Education. Project management is overseen by the Project Director, assisted by the Senior Operations Manager.

The AIDSTAR-One project headquarters is in Arlington, Virginia, with other project staff located at the JSI Boston and Denver offices, as well as at partner offices. During this reporting period, AIDSTAR-One maintained its field offices in Honduras, Ethiopia, Nigeria, and Uganda, as well as maintaining a Country Director in India and Technical Advisor in Tanzania.

AIDSTAR-One continued to implement its core-funded activities under the technical oversight of seven technical teams (see Annex 2). During the reporting period, the Treatment and PMTCT Teams consolidated under the leadership of the AIDSTAR-One Senior Treatment Advisor.

All key personnel positions remain filled. Current project staff are shown in Annex 3.

2.2 Financial Status and LOE

A summary of the financial status and LOE expended as of September 30, 2010 is provided in Annex 5. A total of \$13,276,480 was expended in FY 2010, with cumulative expenditures since the beginning of the project totaling \$20,875,267. Unspent obligations as of September 30, 2010 total \$15,977,477, which include the new core and field-support funds obligated to AIDSTAR-One in the most recent contract amendment in September 2010.

As AIDSTAR-One is a level-of-effort contract, work days ordered and actual work days provided are also shown in Annex 5. A total of 40,240 workdays have been provided since the beginning of the project.

3.0 KNOWLEDGE MANAGEMENT AND STRATEGIC INFORMATION

Summary and Major Accomplishments

The Strategic Information (SI) Team in collaboration with the Knowledge Management (KM) Team provided the project with an array of information that has been used both to raise awareness about AIDSTAR-One materials and activities and to support the technical teams with information and evidence to improve program implementation. The teams tracked and measured project effectiveness in reaching its intended audience with useful and relevant information in accordance with the project's Performance Measurement Plan. An on-going source of information has been the data generated by the web tracking system which has shown a steady increase in traffic to the website since AIDSTAR began collecting data through the end of the current reporting period.

In addition, a baseline survey of registered web users and conference attendees was conducted in January 2010, which provided qualitative and quantitative information on the relevance and use of the materials on the website. Data from both sources have been a valuable resource to staff members who have been able to adjust programs based on feedback from users. The SI Team has also assisted all technical areas by reviewing or developing concept notes, monitoring plans and assessments, conducting literature reviews, and providing evaluation support to all the technical teams. All of the activities identified in the SI Fiscal Year (FY) 2010 Workplan were completed.

The KM Team provides support in the following areas: editing, formatting, layout, graphic design, branding compliance, publication printing and order fulfillment, website content development, knowledge management, product development, dissemination and outreach, writing, and strategic communications. Building on the momentum created by the development of the new and improved project website, the KM Team focused on dissemination and use of technology to increase our outreach and continue to expand our audience and community of practice. By enhancing and refining the new website, and implementing the project's dissemination and social media strategy, the KM Team developed and increased specific communications activities for each of the project's technical areas and worked with OHA, the TWGs, the Bureau for Global Health, and USG, as well as other USAID projects (i.e., AIDSTAR-Two, Project Search, and Knowledge For Health) to share information, results, and lessons learned.

During this project year, the SI Team and/or KM Team have accomplished the following:

- Launched five new Focus Area sections on the AIDSTAR-One website, including Prevention, Treatment, Prevention of Mother-to-Child Transmission, Care and Support, and Testing and Counseling

- Increased traffic to the AIDSTAR-One website, as well as more than doubled the number of organic requests to receive updates from the project
- Launched the project presence on Facebook and Twitter in conjunction with the International AIDS Conference in July 2010 and disseminated technical resources via multiple channels including via several well-established HIV and global health-related listservs and social media
- Conducted the baseline survey of AIDSTAR-One web users, recipients of technical assistance and conference attendees
- Conducted two usability studies which have informed the redesign of the website
- Built and expanded the searchable Promising Practices database to provide program planners and implementers with more useful information and comparisons to allow them to tailor a search for proven HIV and AIDS programs that may serve as a guide to inform their efforts.

Status of Workplan Activities

1. Measuring Overall Project Performance

The project's Monitoring and Evaluation Plan was approved in October 2009 and a database with all project indicators was established at that time. The database serves as a data collection, tracking, and reporting resource for the entire project. The table below shows the progress made cumulatively on one of the key project indicators—number of AIDSTAR-One resources produced and available for dissemination. In FY 2010, 84 technical resources (i.e., case studies, technical briefs, assessments, posters and reports) were submitted for approval to USAID. Of these, 47 have been approved (See Annex 1, Table 1). Across the life of the project, a total of 82 resources and products have been approved by the PEPFAR technical working groups to date (September 30, 2010) and are available on the AIDSTAR-One website and/or in another format. The table also shows the total number of resources available by technical area which include Promising Practices, which was a focal activity during the first three years of the project.

2. AIDSTAR-One.com

The redesign of the AIDSTAR-One website was completed at the end of FY 2010. In May 2010, the project moved the website hosting, maintenance, and additional web development activities from GMMB to JSI. In addition to the redesigned homepage and site navigation implemented in the second quarter of FY 2010, the project's web development efforts included launching five new Focus Area sections of the site--Prevention, Treatment, Prevention of Mother-to-Child Transmission, Care and Support, and Testing and Counseling. The KM Team worked closely with the AIDSTAR-One Technical Teams and OGAC Technical Working Groups to better meet the knowledge management needs for

each technical area represented by the project. 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. In addition to linking content within each Focus Area, the redesigned search functionality allows users to easily search for, identify, and access information across the Focus Areas of the site.

The redesigned website is more user-friendly and allows visitors more flexibility when accessing key products. With the redesign of the HIV Prevention Knowledge Base, the rich content available through this resource has been organized to improve usability and maximize the usefulness of the information presented. The redesign presents information in a tiered approach, giving users the ability to quickly scan each page or easily drill down for more information. In addition, the new design provides a variety of ways to interact with content, including downloading a compact PDF file in a single click or sharing individual research article summaries with colleagues via email or social media. The new design also leverages the robust content in the Prevention Focus Area across the entire website. For example, topics that are relevant to PMTCT or Testing and Counseling are dynamically pulled to those Focus Area sections of the site.

Capitalizing on user feedback, the redesigned site also includes several innovative approaches to present information that are intended to improve efficiency for the end user. For example, the National Treatment Guideline database now includes a link to the treatment regimen for each country, allowing users to quickly identify and compare first line, second line, and third line treatment for a range of patients, including infants, adolescents and adults. Similarly, the PMTCT Focus Area presents information based on the WHO continuum of care services for prevention of mother-to-child transmission, along with a database of National PMTCT Guidelines and Mother-Infant Health Cards. In the Gender Focus Area, the technical working group is leveraging multimedia to capitalize on lessons learned through past AIDSTAR-One technical consultations. In addition, the Compendium of Gender Programs in Africa document has been optimized for search and access via the web, allowing users to quickly identify and download sections of the compendium document based on PEPFAR Gender strategies or by country. The Care and Support Focus area now features a robust set of care and support resources based on the WHO continuum of care with information targeting program planners, health care providers, and people living with HIV. Likewise, the Testing and Counseling Focus Area now includes a set of synthesized resources to assist program planners in developing home-based testing and counseling and provider-initiated testing interventions.

Collecting, Analyzing and Disseminating Web Traffic Data

Capturing, summarizing, and reporting traffic to the AIDSTAR-One website has been an important activity for the SI Team in FY 2010. During the first half of the reporting period, traffic to the website was automatically collected by Google Analytics and reported to AIDSTAR-One.com every month. The SI Team extracted, analyzed, and customized key variables from this report such as

unique pageviews (a key project indicator), new and returning visitors, top content rankings, bounce rates, and visitors' geographic location, among other metrics. This information is important because it provides the best available data on who is visiting the website (i.e., new and old visitors, geographic location), how often they come, how long they stay, and what they examine and download. With the launch of the new website in late February 2010, and subsequent disabling of cookies, Google Urchin, an alternate tracking system, was installed. The definitions of Urchin generated metrics are not parallel to those collected by Google Analytics; therefore comparisons with variables enumerated above cannot be made. The most important constraint for the SI Team has been the loss of the ability to monitor web traffic using Google Analytics, a reliable system that provided the project with data on useful variables to track performance and generate reliable longitudinal data on critical performance indicators for the website. In the interim, the KM/SI Teams activated Google Urchin which is not compatible with the data we had been collecting on project indicators, and is more difficult to manipulate. USAID recently changed their policy on the use of cookies and the project can now re-enable cookies and use Google Analytics again. This is scheduled to occur in November 2010.

Other web statistics were collected with Urchin during the latter half of the reporting period (March-September) and generated retrospectively (October-February). Table 1 shows the number of visits to the website during this reporting period (October 2009-September 2010) was slightly more than 136,300, although this number includes about 20 percent of non-users which could not be filtered out. The greatest number of users viewed material in the Prevention area (73 percent), which is not surprising as this area includes the most content.

Table 1: Total number of visits* in which a focus area page was viewed (October 2009-September 2010)

Technical Area	FY10
Prevention	99,926
Treatment	15,100
Care and Support	2,356
HIV Testing and Counseling	2,020
PMTCT	6,472
OVC	2,468
Gender	7,985
Total	136,327

*Visits are the number of individual sessions initiated by all the visitors to the site. If a user leaves the site or has not executed a click within 30 minutes, the visit ends.

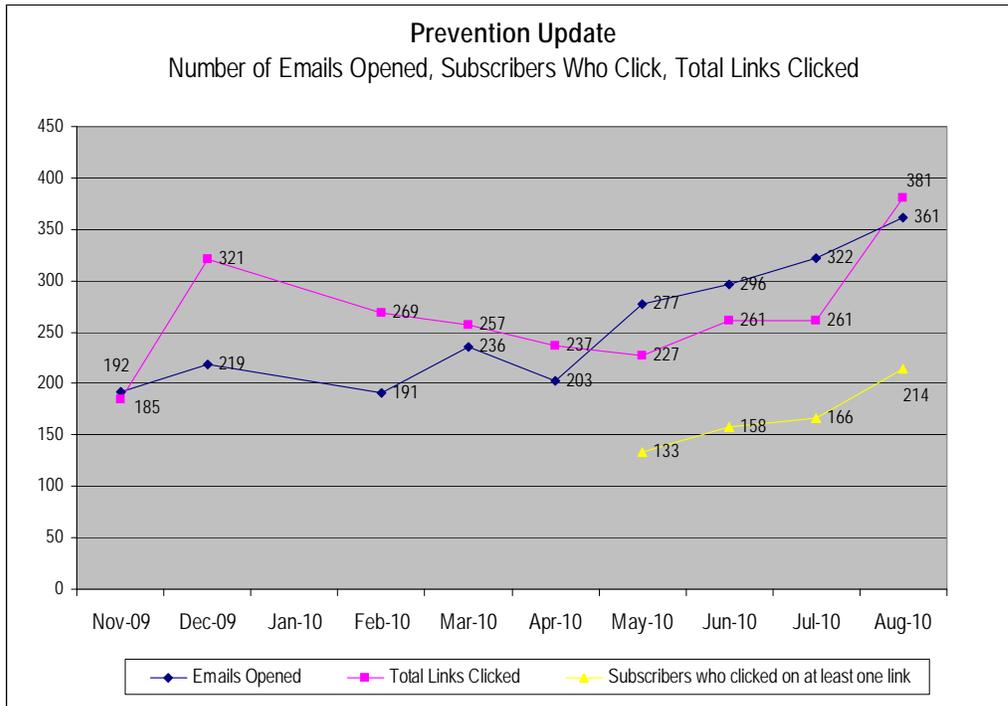
N.B. This table filtered the main sources of staff use from each area from the total. Robots could not be filtered from the totals for each technical area, however we know that 28,270 robots were observed in FY2010 and this number is included in the grand total above increasing the total by about 20%.

The KM/SI Teams have also been able to obtain detailed information on the uptake of information sent to AIDSTAR.One.com e-mail subscribers in the Prevention Update newsletters and other email outreach initiatives using an e-mail marketing software program that tracks the number of e-mails opened and

number of links to content on the AIDSTAR-One website via e-mail. The figure below shows the trends from the initiation of the Prevention Update newsletter through the August issue. Due to the scaled up dissemination efforts over the past several months, the number of emails opened and links clicked has increased by almost two fold. The triangulation of data from multiple sources (web tracking, surveys, and email tracking) provide the technical teams and web developers with invaluable information on how to provide updated and useful information, improving the reach and usefulness of the project to our audience.

Figure 1 below shows that the number of subscribers who open the Prevention Update has continued to rise during this reporting period. There has been an increase of 88 percent between November 2009 and August 2010. Non-profit emails are cited as having an average “open rate” of 20 percent. AIDSTAR-One Prevention Updates consistently exceed this average. The number of unique subscribers who click on at least one link within the Prevention Update has increased by 61 percent since May. The number of total links clicked increased 46 percent between July and August, more than doubling since November 2009, These trends illustrate that the range of content in the Prevention Update appeals to subscribers. Many of them choose to click on more than one link.

Figure 1. Prevention Update Statistics November 2009-August 2010



Data based on email tracking software.

Usability Studies

Two usability studies of AIDSTAR-One.com were conducted during this reporting period (December 2009 and July 2010) which have or will lead to refinements in

the web design. In December 2009, nine participants provided feedback on the homepage which were incorporated into the design. The July session included twelve participants who were asked to navigate the website to accomplish predetermined objectives using a “think out loud” methodology. Results reflect participant comments and direct observation of how they approached tasks. Sessions were videotaped and attended by two staff members.

Overall, feedback on the new site was quite positive. Participants were generally able to navigate the site and complete the tasks that were assigned to them. There was a positive impression of the breadth of resources available on the site, although participants were not always able to fully grasp the full range of the different resources and how they differed and could be used. The site search capability was noted as being the most significant improvement over the previous site design. Users were quick to use site search, and it became the primary means to accomplishing the majority of the assigned tasks.

The results of the participant questionnaire also indicated satisfaction with the site. All respondents agreed that they would use the AIDSTAR-One website when looking for information on HIV/AIDS and 11 of 12 agreed that the site was easy to navigate. Based on the results, the KM Team has identified several cost-effective enhancements to further improve site navigation, maximize search capability, and facilitate easy access to the site’s various presentation formats.

AIDSTAR-One Annual Survey

The SI Team conducted a baseline survey in January 2010 using an online survey instrument and direct appeal to subscribers by email. The survey solicited information from registered website users, recipients of technical assistance, and project sponsored conference attendees. The response rate was 16 percent (N=132). Results of the survey reinforce the view that AIDSTAR-One had attracted a group of loyal users during its initial year who report visiting the website on a weekly or monthly basis. About 40 percent were more occasional visitors. Respondents were mainly program managers and technical advisors who work in a developing country, suggesting the project is reaching its intended target audience. Almost all respondents (92 percent) who used the website reported finding useful information. Resources were commonly used in designing programs; most useful for this purpose were the prevention updates (37%) and promising practices (35 percent). Secret Lovers Kill, a prevention area case study was cited most frequently. Virtually all respondents were very satisfied with AIDSTAR’s products and events: 96 percent reported that they would be likely/highly likely to recommend the site to a colleague.

3. Project Products and Dissemination

Product development and dissemination of AIDSTAR-One print and web-based materials are top priorities for AIDSTAR-One. In addition to using existing HIV- and AIDS-related listservs to announce AIDSTAR-One products, including technical briefs, case studies, and related documentation from technical consultations, the KM Team leverages social media platforms, including Facebook and Twitter, and USAID/GH-related blogs to disseminate technical

documentation and engage online audiences with AIDSTAR-One's technical content. The KM Team also supports the project's participation at appropriate conferences and events, as well as facilitates article and abstract submissions to HIV-related journals and other publications, to further reach segmented audiences with relevant technical information.

The project continued to reach target audiences with current HIV- and AIDS-related information and bring them back to AIDSTAR-One.com. This strategy maximized the use of the AIDSTAR-One website (News & Updates, What's New, Spotlight on Prevention, Treatment Guidelines), existing electronic USAID/USG channels (e.g., Global Health 360, USAID/GH intranet, USAID's external website, OHA's HIV/AIDS WebSource, Global Health e-News, Development and Outreach Coordinator [DOC] Forum, IMPACTblog), and increased outreach through additional electronic technologies including online modules and tools, web conferences, blogs, video, and other viable mechanisms.

Product Development

Over the course of FY 2010, AIDSTAR-One ramped up its production and distribution of technical products designed to facilitate ready access to the latest developments and information in HIV and AIDS programming. The project significantly increased production of technical briefs, case studies, and other publications compared to FY 2009, and continued to work with AIDSTAR-One technical teams to develop new products that best meet the needs of program planners and implementers.

Responding to user feedback, the KM Team implemented a revised template for its Technical Brief Series in the second quarter of FY 2010. The new format gives the briefs a more professional look and are designed to highlight important aspects of program implementation, while also reducing file size to optimize downloads in low-bandwidth settings.

Building on the success of its Case Study Series, the KM Team refined its guidelines for developing case studies to better meet the needs of USAID Missions and the Office of HIV/AIDS. The guidelines help ensure consistency across AIDSTAR-One's case studies and keep content focused on program-relevant aspects of implementation in a user-friendly format.

The KM Team continued to work with the technical teams in the production of print and online publications requested by the Technical Working Groups. This included several tables of research findings (PMTCT, Testing and Counseling, and Care and Support), as well as larger publications, including the recently approved WASH Curriculum and Pediatric Treatment Toolkit.

Review of Proposed Assessments, Final Reports and Development of M&E Frameworks and Assessment Instruments

The SI Team has supported activities of many of the technical groups during the reporting period. The SI team took the lead in developing a protocol for an evaluation of the M&E system to assess the quality of care and support services

in Nigeria and will be the principal investigator for the assessment, to be conducted in FY 2011.

One member of the SI Team attends the bi-monthly meetings of all six technical areas. The SI Team leader has reviewed and helped revise proposals and/or final reports for Care and Support, PMTCT, Gender, and OVC. Team members have provided technical input and methodological reviews for a number of case studies and assessments. The M&E Officer participated in a data audit exercise as preparation for the upcoming Nigeria assessment and the Senior Advisor assisted the AIDSTAR-One Honduras field office in developing a Project Monitoring Plan, and has reviewed quarterly reports on project achievements.

USAID Communications and Project Outreach

AIDSTAR-One coordinated closely with the Communications Advisor within the Office of HIV/AIDS at USAID to maximize the reach of the project's resources both within USAID, as well as to other Cooperating Agencies. The resulting efforts have resulted in a dramatic increase in traffic to the AIDSTAR-One website, as well as more than double the number of organic requests to receive updates from the project compared to the second year of the project.

AIDSTAR-One worked with USAID, OHA, and its communications staff to inform USAID and the USG of the project's innovations and resources by submitting project information and results to the GH 360, the IMPACTblog, GH blog, DOC Forum, the Bureau for Global Health internal and external websites, and other USAID and USG platforms.

In addition to web posting and e-distribution, AIDSTAR-One distributed hard copies of its case studies and technical briefs, and publicized its online technical resources at relevant meetings conferences, such as the International AIDS Conference, the Global Health Council Annual Conference, local meetings held by USAID, UNAIDS, CORE Group, and others and other forums on topics such as programming for MSM and IDUs, AIDSTAR-One also provided various case studies and technical briefs to 600 libraries (consisting of universities, medical, nursing, and public health schools, as well as hospitals, health centers, NGOs, and government agencies) in developing countries requesting public health material. Case studies were also distributed in bulk to missions and other organizations, and were often requested for further dissemination in country.

Discussion Forums

In May 2010 the Knowledge Management Team supported the Gender Technical Team in hosting an online forum to complement a technical consultation around gender-based violence. The forum was only open to participants, so participation in the online forum was limited. The KM Team will continue to work with the technical teams to identify opportunities to leverage online technology to share technical information.

Web-based Learning

The KM Team worked closely with the Treatment and Care and Support Teams in the development of two online learning platforms over the past fiscal year. A demonstration module of an interactive toolkit targeting health care providers, and focused on Pediatric HIV Treatment was completed in July 2010 and will be expanded and posted online and distributed in the field via CD-ROM once feedback from USAID is received and incorporated. The KM Team also worked with the Care and Support Team to demo a multimedia-enabled tool to complement the recently developed WASH curriculum. Due to insufficient funding for this activity, the online learning tool was not further developed. However, the KM Team created a webpage to allow users to access the curriculum so that relevant sections can be downloaded and adapted as appropriate.

E-newsletters

The KM/SI Teams worked closely with the Prevention Team to produce and disseminate monthly issues of the Prevention Update Newsletter. This resource has been well received by various technical working groups, implementers working in the field and other global HIV stakeholders.

In September 2010, the project launched the AIDSTAR-One Link—a quarterly update with recently released technical resources from the project. This new product served as a primary distribution vehicle for AIDSTAR-One’s products, although targeted distribution of individual products will continue as appropriate.

Social Media

In July 2010, the project began implementation of a comprehensive dissemination strategy that leverages both traditional and new media tools. AIDSTAR-One launched its presence on Facebook and Twitter in conjunction with the International AIDS Conference and began disseminating technical resources via multiple channels including via several well-established HIV and global health-related listservs and social media.

Initial social media dissemination efforts include:

- Facebook—33 updates posted since launch on July 16, 2010, with 65 fans
- Twitter—151 tweets since July 22, 2010, with 319 users following, and more than 32 of 151 project tweets have been re-tweeted by 19 unique re-tweeters.

4. Agency Requirements—Branding, Section 508 Compliance, and DEC Submissions

AIDSTAR-One continued to produce the necessary materials, templates, and guidance that comply with USAID branding requirements and section 508. The project also submit its materials to USAID’s Development Experience Clearinghouse DEC (www.usaid.dec.org).

To meet USAID's requirements, the project continued to do the following:

- Implement the revised Branding and Marking Plan
- Develop and modify branded templates to support the needs of the project
- Ensure Section 508 compliance of pdfs and other documents produced and posted to the website
- Submit appropriate materials to the DEC.

During this reporting period, the following AIDSTAR-One publications have been submitted to the DEC:

Reports—

- AIDSTAR-One Annual Report 2009
- AIDSTAR-One Annual Report 2008
- AIDSTAR-One Semi-Annual Report (2009-2010)
- AIDSTAR-One Semi-Annual Report (2008-2009)

Case Studies—

- The International HIV/AIDS Alliance Ukraine
- The Scrutinize Campaign
- Secret Lovers Kill
- CEPEHRG and Maritime, Ghana
- The Humsafar Trust, Mumbai, India
- HIV Prevention on the U.S.-Mexico Border

Technical Briefs—

- Adult Adherence to Treatment and Retention in Care
- Gender-based violence and HIV
- HIV Prevention For Serodiscordant Couples
- Implementation of World Health Organization's 2008 Pediatric HIV Treatment Guidelines
- Mental Health and HIV/AIDS
- Prevention of Alcohol-Related HIV Risk Behavior
- Private Sector Involvement In HIV Service Provision

5. Good and Promising Practices

During this reporting period, promising practices were disseminated using targeted e-newsletters, as well as at conferences. As a result, based on web analytic data and the annual survey results, the Promising Practices database was a sought after resource on the AIDSTAR-One website. The promising practices have been cited in forums as a resource for implementers looking for solutions. The qualitative feedback on usefulness of particular website products also revealed that practices are being used by implementers seeking viable models for program design.

Further development and expansion of Promising Practices will not continue during FY 2011. However, the project will maintain the Promising Practices database and raise awareness of this resource.

Development

To capture information from the vast array of HIV prevention, treatment, and support programs, AIDSTAR-One continued to identify good and promising programmatic practices categorized by variables such as program content, geographic region/country, epidemic stage, target population, and service delivery type. AIDSTAR-One's approach to objectively identify good and promising programmatic practices overcomes the consensus issue of what is considered "best" in HIV/AIDS programming. The project has built and expanded the searchable database to provide program planners and implementers with more useful information and comparisons to allow them to tailor a search for proven HIV and AIDS programs that may serve as a guide to inform their efforts.

The SI Team developed a detailed instruction manual and organized a workshop to guide staff members who perform ratings of promising practices, and also served as external reviewers for all nominated practices (n=12) during this period.

Promising practices submitted to date provide insight into the variety of focus areas and range of innovation. The project has identified practices from each of AIDSTAR-One's six focus areas. The practices submitted highlight diversity of work undertaken by HIV implementers in the field.

Over this reporting period, the project identified and collected 19 promising programmatic practices as follows:

Posted:

- Community Care in Nigeria (Care and Support)
- Botswana Baylor In Reach Program (Care and Support)
- Thailand Red Cross PMTCT Program (PMTCT)
- Uganda's Y.E.A.H. Something for Something Campaign (Prevention)
- Tanzania's MEMA ka Vijana Program (Prevention)
- South Africa's HealthWise (Prevention)

- PACT Brazil (Prevention)
- Ghana SHAPE II (Prevention)
- Nigeria Bridges to End Violence Campaign (Gender)
- South Africa Perinatal Mental Health Project (Care and Support)
- Zambia ZPCT Adherence Support Workers program (Treatment)
- Botswana Teen Club (Care and Support)

To be posted:

- SHARe Program (Prevention)
- American Refugee Committee's 'Through Our Eyes' Participatory Video Campaign (Prevention)
- AED SMARTWork (Prevention)
- Mpilonhle-Mpilonde - Men and HIV (Prevention)
- PSI's Campaign to Change Multiple Concurrent Partnership's in Mozambique (Prevention)
- Tiyatien Health Mental Health Support Program in Liberia (Care and Support)
- African Palliative Care Association's Standards and Palliative Outcome Scale (Care and Support)

Dissemination

The basis for dissemination of promising practices is targeted and focused information, drawn from AIDSTAR-One technical briefs, case studies, expert consultations, regional meetings, and technical area content, to be shared using a variety of electronic, print, and face-to-face communication channels and approaches.

4.0 MAJOR ACCOMPLISHMENTS – CORE FUNDED

4.1 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 presents major accomplishments during FY 2010 for each of eight technical areas, including Prevention, Adult and Pediatric Treatment and PMTCT, Testing and Counseling, Orphans and Vulnerable Children, Care and Support, Gender, Private Sector Engagement, and Family Planning and HIV Integration.

4.2 Prevention: General and Most-at-risk Populations

Summary and Major Accomplishments

FY 2010 was a very busy and productive year for the Prevention Team. Working closely with counterparts at USAID, the team has been able to increase the breadth and depth of its contributions to HIV prevention. With continued support from the General Population & Youth (GP&Y) and Most-at-Risk Populations (MARPs) PEPFAR Technical Working Groups (TWGs), the Prevention Team completed a full slate of technical assignments with several major accomplishments, as summarized below.

- The new AIDSTAR-One website was launched in April 2010 with information aimed at improving the content and quality of HIV prevention efforts globally.
- Eleven issues of the HIV Prevention Update were published. The September issue of the HIV Prevention Update reached a total of 1,760 subscribers, representing a 61 percent increase in monthly subscribers over the last six months.

- The HIV Prevention Knowledge Base has grown into a unique web-based resource for the HIV prevention community, covering a total of 19 areas of HIV prevention.
- This year, five teams were fielded to document important innovations in HIV prevention, drafting case studies on programs to reduce multiple and concurrent partnerships in Botswana and Zambia; address intergenerational sex in Tanzania; respond to mixed epidemics in Nigeria; and plan combination prevention activities in Namibia.
- The Prevention Team provided logistical and some technical support for two technical consultations and three debates that reached 977 participants with current information on HIV prevention programs and practices.
- Members of the Prevention Team were invited as guest speakers at several global forums, including the UNAIDS Policy Forum HIV, Human Rights, and People Who Inject Drugs; the Medical Library Association Annual Meeting and Exhibition (2010); UNAIDS Prevention Reference Group Meeting on Combination Prevention; Feedback Meeting on the UNAIDS Prevention Toolkit; UNDP Meeting of Intermediary Organizations Working on MSM and HIV; and the MSM Institute at the United States Conference on AIDS. The team also had four poster presentations accepted at the International AIDS Society Meeting.

Status of Workplan Activities

1. Identification of Promising Practices

The Prevention Team contributed to the development of the Promising Practices database in FY 2010. By the end of September 2010, five Promising Practices with primary focus on prevention were posted to the database. The Prevention Team nominated six additional Promising Practices which will be entered into the database by October 2010. With the addition of these entries, a total of 38 percent of all entries in the database have a prevention focus (31 out of the projected 81 total entries). At the request of USAID, AIDSTAR-One will discontinue development of the Promising Practices database in FY 2011.

2. Prevention on the AIDSTAR-One Website

Over the last year, in conjunction with significant investment in the redesign of the AIDSTAR-One website, the Prevention Team focused much of its efforts on making the prevention-related content more accessible to users, especially the Prevention Knowledge Base (PKB). The new website structure has increased effective links between related materials, and eliminated the need for Prevention Hubs originally proposed in the FY2010 Workplan (but removed from the revised workplan in April). Extensive cross-referencing allows users to access complementary materials from multiple entry points on the website.

Maintain and update the HIV Prevention Knowledge Base

Launched in February 2009, the HIV Prevention Knowledge Base (PKB) has grown into a unique web-based resource for the HIV prevention community. In September 2010, the PKB covers a total of 19 prevention areas, while five proposed entries await final approval from USAID and the PEPFAR technical working groups. Seven new entries and three revisions are under development for inclusion in the knowledge base during this next fiscal year.

This year, the KM and Prevention Teams revamped the format for the PKB through a series of well-designed landing pages that make navigating technical content more intuitive for our users. AIDSTAR-One conducted a Usability Study that is providing information on how to further enhance our users' experiences.

In response to the requests of USAID and the TWGs, the Prevention Team enacted a series of steps to improve the technical quality of the PKB. A revamped technical review process engages key members of the PEPFAR prevention TWGs at early stages of content development, ensuring that materials are technically sound and align with PEPFAR's priorities. A standard four-part introduction now serves as the entry point for each prevention area included in the PKB. Medical editors have been engaged to bring technical precision and a clear, consistent voice to the summaries. Several other quality measures were also instituted to ensure that the PKB entries remain current and are of consistently high quality.

AIDSTAR-One is endeavoring to get the word out about the PKB and increase its use. AIDSTAR-One staff presented the PKB at a "Feedback Meeting on the UNAIDS Prevention Toolkit," in London in November 2009, and also presented it at the Medical Library Association Annual Meeting and Exhibition in May 2010 in Washington, DC.

Publish Prevention Updates

Since September 2009, and with support from our counterparts at USAID, the Prevention Team published eleven monthly issues of the HIV Prevention Update (and a January/February issue). The September 2010 issue of the HIV Prevention Update reached a total of 1,760 subscribers, representing a 61 percent increase in monthly subscribers over the last 6 months.

Numerous e-mails from USAID and other users in the field have been received, suggesting that the Prevention Update is a welcome addition in the HIV prevention arena. For example, on a recent trip to Kenya the Director of the National AIDS and STI Control Program complimented AIDSTAR-One for this publication.

Spikes in overall web traffic are consistently noted in the week following the release of the monthly Prevention Update, suggesting that the newsletter continues to drive traffic to the AIDSTAR-One website. During the first seven business days after the publication of the August 2010 HIV Prevention Update, visits to the AIDSTAR-One website increased by 15 percent.

Publish Spotlight on Prevention

The SpotLight on Prevention is an authored editorial from a leader in the field of HIV prevention. In the fall of 2009, the team published an issue entitled, “The Astonishing Neglect of an HIV Prevention Strategy: The Value of Integrating Family Planning and HIV Services,” written by Ward Cates and Rose Wilcher. A second issue entitled, “Reducing HIV Infection in Young Women in Southern Africa: The Key to Altering Epidemic Trajectories in a Generalized, Hyperendemic Setting,” was written by Quarraisha Abdool Karim and Hilton Humphries. The third issue—“Balancing Research with Rights-based Principles of Practice,” written by George Ayala of the Global Forum on MSM & HIV, is being finalized for submission to USAID in October 2010.

3. Combination Prevention

AIDSTAR-One colleagues completed a case study on a national combination prevention planning exercise in Namibia. This case study documents an intensive planning exercise that focused attention on key epidemic drivers, for example, male circumcision, addressing transactional sex, and reducing alcohol-related HIV risk.

Two previously completed case studies on the Avahan Project and the Alliance Ukraine are available on the AIDSTAR-One website. The case study on the Alliance Ukraine features their comprehensive approach to prevention for most-at-risk populations, and especially injecting drug users—an approach that closely corresponds to the recently released PEPFAR guidance on IDU programs. AIDSTAR-One is attempting to increase circulation of this timely and relevant document.

The Prevention Team drafted a white paper on combination prevention for potential submission to a journal, which awaits further development this fall in collaboration with colleagues at USAID—reflecting further developments in this approach to prevention.

Two additional activities included in the FY 2010 workplan focused on implementation science with the CAPRISA Project. These were not implemented in the FY 2010 workplan at the direction of USAID, pending the approval and financial support from USAID/South Africa. These activities have been carried over to the FY 2011 workplan.

Finally, UNAIDS invited AIDSTAR-One to present findings from three case studies on combination prevention at the UNAIDS Prevention Reference Group Meeting on Combination Prevention, Montreaux, Switzerland, in December 2009. The AIDSTAR-One Prevention Team Leader continues to serve on a UNAIDS Prevention Reference Group sub-committee on combination prevention.

4. Prevention in Mixed Epidemics in West and Central Africa

Beginning in November 2009, AIDSTAR-One colleagues undertook an extensive planning process to identify countries that have undertaken efforts to address mixed epidemics. Although, several examples were identified, many efforts were very recent, and there was some reluctance among missions/national programs

reluctant to participate in the case study. A case study was successfully completed on mixed epidemic programming in Nigeria. This case study documents Nigeria's use of data and the consequent evolution of the national HIV/AIDS strategy and guidelines. More recently, Rwanda has been identified as a potential site for a second case study (concept note currently under review by USAID/Rwanda).

The planned technical consultation in West/Central Africa on mixed epidemics was postponed pending OGAC approval. Approval has since been obtained and the event is scheduled for February 2011.

5. Reducing Alcohol-related HIV/AIDS Risk

This year, AIDSTAR-One made significant progress toward the development of a demonstration project to mitigate alcohol-related risk for HIV infection. In this reporting period, AIDSTAR-One identified and signed sub-agreements with two local organizations (Survey Warehouse and the Society for Family Health); received approval from institutional review boards of ICRW and the Namibia Ministry of Health and Social Services; finalized the quantitative survey and sampling method; and trained local partners in qualitative and quantitative surveying methods and collected quantitative data.

Initial quantitative data analysis was completed in September 2010. The results indicated that the number of bars in the study area was far greater than anticipated (265 bars). As a result, additional data will be collected in the fall to complete the baseline research and support the planning of the intervention. The alcohol intervention is now scheduled to be piloted in January 2011.

Work toward a demonstration project to mitigate alcohol-related HIV risk was also initiated in a concentrated epidemic setting (Cambodia), with support from the MARPs TWG. Preliminary field visits to Cambodia have positioned the team to initiate formative research in early FY 2011. A pre-concept note was shared with USAID/Cambodia and remains under consideration. With feedback from USAID/Cambodia, the concept note will be finalized in the fall of FY 2011, as the basis for continued development of the demonstration project.

Two progress reports on this activity were submitted in FY 2010, along with the research instruments and protocols for Namibia.

6. Addressing Multiple and Concurrent Sexual Partnerships

During FY 2009, the Prevention Team completed a series of two case studies on programs that address multiple and concurrent partnerships. In FY 2010, two additional case studies were developed documenting innovative and promising intervention efforts in the emerging area of Multiple and Concurrent Sexual Partnerships (MCP). These case studies have been submitted and are pending USAID approval. They are: *The O Icheke Campaign, Botswana: A National Behavior Change Communication Program to Reduce Multiple and Concurrent Partnerships*, as well as *Club Risky Business: A Zambian Television Series Challenges Multiple and Concurrent Sexual Partnerships through the One Love Kwasila! Campaign*.

7. Cultural Approaches for Generalized Epidemics

As combination prevention continues to gain traction as an overarching approach, a better understanding of cultural and normative drivers of generalized epidemics is critical. The Prevention Team was asked to develop two case studies exploring how organizations have used cultural frameworks to improve the effectiveness of prevention efforts.

The Prevention Team conducted an extensive scan involving searches of the peer-reviewed literature and online databases, consultations with experts, and on-the-ground scans (leveraging trips made for other purposes to Namibia, Swaziland, South Africa, and Botswana). Only two possible cases were identified, and neither case was approved by USAID for case studies.

8. Male Circumcision

The development of an advocacy video on male circumcision was initiated during September 2010 for completion in fall 2010. Targeted for an audience of national leaders, the video is intended to make the case that male circumcision is effective in preventing HIV and feasible to implement at scale. The video will advocate for MC as part of a combination of prevention interventions with a particular focus on those countries in Southern and Eastern Africa with high HIV prevalence rates and low rates of male circumcision.

Working with a member of the PEPFAR Male Circumcision TWG, AIDSTAR-One drafted a creative brief for an advocacy video. The proposed video makes use of a series of interviews with technical experts and filming in Swaziland and Kenya where significant efforts are underway to scale-up male circumcision.

Through a competitive process, AIDSTAR-One selected Governess Films to produce the video, signing the subcontract in late June 2010. By the end of the reporting period, filming in Swaziland was completed, as were most interviews with experts. Shooting in Kenya and the remaining expert interviews are scheduled for early October 2010, with editing and screenings scheduled for the second quarter of FY 2011. The video is projected to be ready for distribution during the third quarter of FY 2011.

Additionally, AIDSTAR-One provided logistics support to the UNAIDS and PEPFAR sponsored "Southern and Eastern Africa Regional Male Circumcision Communication Meeting." The meeting took place from September 22-24, 2010, in Durban, South Africa. 125 participants from 16 countries participated in plenary and small group sessions that focused on effective communication for demand creation, MC-related counseling, and advocacy. The meeting report will be finalized during the first quarter of FY 2011.

9. Prevention Approaches for Hard-to-reach MSM

USAID approved a concept note for a technical brief exploring MSM in generalized epidemics in late March 2010. In July 2010, the MARPs TWG and the Prevention Team decided to withdraw this activity from the workplan.

AIDSTAR-One submitted a concept note and received an approval for the second technical brief on human rights and legal issues in HIV programming for MSM. The Prevention Team is working towards completing this deliverable.

Through AIDSTAR-One, PEPFAR co-sponsored a pre-conference meeting, "Be Heard," of the Global Forum on MSM & HIV prior to the International AIDS Conference in July 2010. The meeting convened over 500 participants for a day of workshops, skills building, and networking. "Be Heard" explored the challenges and best practices in achieving universal access to HIV-related prevention, care, treatment, and support services for MSM and transgender communities worldwide. AIDSTAR-One disseminated the two case studies published in FY 2010 on MSM programming in Ghana and in India at the meeting.

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. AIDSTAR-One presented 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, in Amsterdam in November 2009.
- UNDP Meeting of Intermediary Organizations Working on MSM and HIV in Amsterdam in November 2009.

10. Transactional Sex in Southern Africa

A case study entitled, *Don't Let Your Loved Ones Get Involved with a Fataki!: Addressing Intergenerational Sex in Tanzania through the Fataki Campaign* was submitted and is pending approval from USAID/Tanzania. This case study will supplement the PKB entry on transactional sex that was approved by the TWG, and will be posted to the project website in early FY 2011. The development of a second case study on transactional sex awaits selection of an appropriate program activity.

11. Comprehensive Approaches for Injecting Drug Users

The Prevention Team submitted and received an approval for a concept note for a case study on the "Georgia Harm Reduction Network." Travel concurrence was received from USAID/Georgia in September 2010. Dr Patricia Case is available to conduct the field work for the case study in early December 2010. The second proposed case study in Kyrgyzstan is on hold due to political unrest. In July 2010, AIDSTAR-One submitted a concept note for the third case study on private sector pharmacies.

In September 2010, AIDSTAR-One published an IDU PKB entry, which includes the new PEPFAR Guidelines for IDU prevention programs and additional resources for implementers.

In September 2010, the Prevention Team and UNAIDS co-sponsored a “Forum on Human Rights, HIV/AIDS and People Who Inject Drugs” in Washington, DC. The forum aimed to re-examine and refine global and domestic strategies for HIV prevention for the injecting drug use population including more targeted funding strategies to reach this population. AIDSTAR-One assisted in material development and promotions, and provided video recording and social networking support.

12. Size Estimation for MARPs

The MARPs TWG tasked AIDSTAR-One with providing logistical support for three expert consultations on Size Estimation of Most-at-Risk populations—one each in Africa, Asia, and the Caribbean. These meetings represent a close collaboration between USAID and CDC, and build upon an FY 2009 technical consultation on MARPS organized by AIDSTAR-One.

The first Size Estimation meeting, a capacity building workshop on methods of size estimation of MARPs, was successfully conducted in March 2010, in Tanzania. More than 50 representatives from several African countries participated. The regional workshop for the Caribbean is scheduled for late October 2011. However, the Central Asia regional workshop has been put on hold due to unrest in the region.

13. Increasing Access for MARPs in the LAC Region

The Prevention Team is collaborating with the LAC Bureau on the development of a case study highlighting HIV programming for MSM in Nicaragua entitled, *HIV Prevention Programming for Hard-to-Reach Men Who Have Sex with Men (MSM): Centro para la Prevención y Educación del SIDA (CEPRESI), Nicaragua*. The consultant submitted the first draft in September 2010, with a submission to USAID projected for October 2010.

In July 2010, the Prevention Team and the MARPs TWG moved the two technical briefs on prevention for MSM in Latin America and the Caribbean to the LAC Bureau’s workplan, as these products are intended for the LAC Bureau. Please refer to AIDSTAR-One’s workplan for the LAC Bureau for more information on these two deliverables.

14. World Bank/USAID HIV Prevention Discussion

In FY 2010, AIDSTAR-One provided logistics support and produced summary reports for a series of debates on the constantly changing dynamics of the HIV/AIDS epidemic and the program response, co-hosted by the World Bank’s Global HIV/AIDS Program and USAID’s Office of HIV/AIDS.

AIDSTAR One was charged with developing and distributing promotional materials for the meetings, managing the registration process, and producing summary reports. The debates average more than 200 people participating in-person, with many more following the debate via videoconference at sites across Africa, Europe, and elsewhere, as well as via webcast. In three debates held in FY 2010, experts debated the viability of test-and-treat strategies, the

effectiveness of behavior change communication, and the importance of discordant couples in driving the HIV pandemic.

Two additional activity areas were included in the April 15, 2010 revised workplan, yet subsequently removed at the request of USAID, including “Anticipating the Roll-out of PrEP” and “TA on Emerging Approaches to Prevention.” Funding earmarked for these activities was reprogrammed for FY 2011.

4.3 Adult and Pediatric Treatment, and PMTCT

Summary and Major Accomplishments

In FY 2010, the Treatment Team worked closely with the PEPFAR TWG and AIDSTAR-One partner organizations to complete the carryover activities from the last workplan and implement new adult and pediatric treatment deliverables. These deliverables included a wide range of case studies, technical briefs, and assessments which support PEPFAR strategic treatment objectives.

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, most recently, Dana Greeson joined the team as a Treatment Officer. Both have helped to facilitate timely completion of deliverables.

In addition, the PMTCT Team merged with the Treatment Team and completed a number of carryover activities focused on the provision of comprehensive PMTCT services which address the continuum of maternal, newborn, child, and family centered care.

Key treatment and PMTCT accomplishments include:

- Completed field assessments in Kenya, the Democratic Republic of Congo, Uganda, and Nigeria to inform case studies in contingency plans for ART in complex emergencies
- Completed field assessments and draft case studies on adapting, revising and implementing guidelines for new ART regimen recommendations in Zambia and Guyana
- Compiled crosswalk analysis of the various utilities of costing software
- Managed planning and logistics for a regional HIV treatment technical consultation in the Dominican Republic, co-sponsored by AIDSTAR-One, PEPFAR, PAHO, and the World Bank, for approximately 100 adult and pediatric HIV care and treatment experts from seven Latin American countries

- Piloted first online module of pediatric treatment toolkit at IAS 2010
- Collated and posted 21 countries' national adult and pediatric treatment guidelines to the project's website
- Added significant content to the Promising Practices database
- Built PMTCT resources page to include mother and infant health cards from 8 countries, and PMTCT guidelines from 8 countries.

The following two activities: 1) *Strengthening health systems that enable ART programs to continuously monitor and evaluate care and treatment* and 2) *Identifying best practices for integration of HIV care and treatment into the general healthcare system*, planned for 2010 were not initiated because of the volume of carryover work from 2009 and the challenges described above. These activities are included in the workplan for FY 2011.

In addition, a case study on the integration of PMTCT services into maternal, neonatal, and child health services was deprioritized in consultation with the TWG.

Status of Adult and Pediatric Treatment Workplan Activities

1. Helping PEPFAR Countries Build Contingency Plans for ART in the Event of Complex Emergencies, such as Natural Disaster or War

The Treatment Team completed 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 were approved by the TWG in the first half of 2010, and field assessments in the Democratic Republic of Congo (DRC), Uganda, Kenya, and Nigeria have been completed. Case studies for each of the field visits are in development, and will be followed by a technical brief and toolkit based on the outcome of these assessments, and will be prepared in 2011.

2. Scaling Up 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 two 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. The two countries of focus will be Zambia and Nigeria—concept notes for work were submitted to and approved by the TWG. The assessment protocol has been submitted for IRB approval in Zambia; the protocol in Nigeria will be submitted in early Quarter 1 of FY 2011. The

assessment in Zambia is targeted for January 2011, and the assessment in Nigeria will take place in Quarter 2 of FY 2011 (both pending IRB approval).

3. Engaging All Collaborators to Assist with Adaptation, Revision and Implementation of Guidelines for New ART Regimen Recommendations

Field assessments in Zambia and Guyana were conducted in Quarter 3 of FY 2010, which informed case studies of countries which have successfully executed changing their national HIV treatment guidelines to reflect revisions to protocols. These include simplification of regimens or adding new products, changing of initiation criteria, as well as highlight what prompted them to make the changes, what steps they took, who the key stakeholders were in the process, expected or actual outcomes, benefits, and costs. The Guyana Case Study has been submitted for approval; the Zambian Case Study was submitted and is currently undergoing revision. A technical brief and toolkit based on these case studies will be prepared in 2011.

4. Modeling to Make ART Costing Projections to Inform Policy Decisions

The AIDSTAR-One Treatment Team conducted a crosswalk analysis of various costing software, including Spectrum, HAP SAT (Abt Associates), ASAP (World Bank), and others. The resulting report highlighted areas in which each tool has been used in the past, identified criteria for use of each of the models, and detailed the strengths and weaknesses of each of the models for adult and pediatric ART programs. The comparative analysis of all of the models has been submitted for approval. An online version of the table and a summary page for each of the individual models, is also pending approval for posting on the AIDSTAR-One web site at the end of 2010.

5. Coordinating Funding for Treatment Drugs and Services from PEPFAR and Other International Sources to Optimize Treatment Delivery

Snapshot reviews of treatment funding, focused on PEPFAR and other international funding streams—including the Global Fund—will be conducted and posted in the treatment section of the AIDSTAR-One website. An on-the-ground SWOT analysis will also be conducted in one country focusing on core subjects, such as access to treatment in rural versus urban areas, CD4 monitoring, levels of care provided, drugs available, and training offered. A concept note describing these activities has been submitted and is awaiting approval.

6. Regional technical consultation on ART

In collaboration with the PEPFAR TWG, the Treatment Team led planning and managed logistics for a regional HIV treatment technical consultation in Latin America. The event took place from May 3-5, 2010, in the Dominican Republic.

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. Therefore, the consultation occurred in Santo Domingo, Dominican Republic.

The event was 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 attended this consultation. The objectives of the meeting were:

- 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.

AIDSTAR-One will build upon this consultation by offering direct technical assistance to improve linkages to HIV care and treatment to the participating countries.

7. Helping PEPFAR Countries Prepare for Transition of Management and Leadership of PEPFAR-initiated and Funded HIV Treatment Programs

As a critical component of PEPFAR II, there is increased focus on national and local ownership of HIV programs, including HIV treatment. The Partnership frameworks between the USG and host country partners will be a critical roadmap for addressing this issue. AIDSTAR-One will develop a tool, based upon JSI's Stages of ART Readiness, that will allow USG and national partners to assess their ability to transition in critical areas (e.g., human resources, training, program planning, supply chain, monitoring and evaluation, community mobilization and involvement, and private sector engagement), and develop a plan for shifting of greater responsibilities to national and district governments. A technical brief outlining the critical steps in management transition will also be developed. A concept note describing these activities has been submitted, revised, and is awaiting approval.

8. Developing Tools for Mental Healthcare as it Pertains to HIV Treatment

In collaboration with the Care and Support Team, the Treatment Team will identify and adapt existing mental health tools to create a generic mental health screening tool appropriate for use in resource-poor settings. If no tool suitable for adaptation is identified, AIDSTAR-One will develop one. The focus of the tool will

be on assessing mental health status and needs of care and support and treatment patients in select critical areas. The tool will be designed to include the development of a client-focused action plan that draws on available clinical and community support. The Care and Support Team is leading this work stream; the concept note has been submitted and approved, and planning for review of tools in use in potential case study countries began in early Quarter 1 of FY 2011.

9. Continue Development of the Toolkit for Implementation of WHO's 2009 Pediatric Treatment Guidelines

The Treatment Team completed development of a Toolkit for Implementation of WHO's 2009 Pediatric Treatment Guidelines this year. 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 also worked with the project's Knowledge Management Team and EnCompass to develop a dynamic web-based learning tool from the Toolkit. The first module, based on section 2.2 of the toolkit, "Administering a Rapid Assessment of Current Site Resources," was developed and piloted at the 2010 IAS conference in July. Further development will be discussed for 2011.

10. Build Treatment-related Communication Activities

Promising Practices

The identification, research, and rating of promising practices in the area of treatment was ongoing through the end of the year, with a total of nine promising practices posted to the database for the treatment category.

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.

11. Carryover Work from FY 2009

Technical Briefs

Two technical briefs which will provide key treatment and service provision information have been completed. Both the adherence and decentralization technical briefs were led by a staff member who is no longer with the project. These briefs needed to be re-worked, and were then finalized. They are available for review on the AIDSTAR-One website.

Both briefs required additional work to ensure they were representative of the highest standards of both AIDSTAR-One and USAID and include:

- *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 finalized, and is posted on the AIDSTAR-One website.

- *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; discusses 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 posted on the AIDSTAR-One website.

Status of PMTCT Workplan Activities

1. Good and Promising Practices

The identification, research, and rating of promising practices in the area of treatment was ongoing through the end of the year. Eight promising practices for PMTCT services are now included in the Promising Practices database.

2. PMTCT Resources

- A document entitled, *Risk of HIV Transmission during Breastfeeding—A Table of Research Studies* was finalized, approved, and posted to the PMTCT section of the AIDSTAR-One website.
- Two technical briefs are in the final stages of revision, the first—*Increasing Access to and Utilization of PMTCT in Generalized Epidemics* and the second—*Integration of Prevention of Mother to Child Transmission of HIV (PMTCT) Interventions with Maternal, Newborn and Child Health (MNCH) Services*. Both technical briefs will be submitted for approval in the 2011 workplan year.
- The PMTCT section of the AIDSTAR-One website was redesigned to include the following:
 - Explanation of the four-pronged approach to the PMTCT strategy
 - Description of the PMTCT Continuum of Care services during antenatal care, intrapartum, postpartum/postnatal periods - coordinated with community services
 - Resources/PMTCT update, which includes the latest must-read literature, reports, and publications with a link to 17 Prevention updates specific to PMTCT

- Mother-Infant Health Cards, which consists of eight mother-infant cards have been posted from Botswana, Ethiopia, India, Mozambique, South Africa, Swaziland, Zambia, and Zimbabwe
- PMTCT Country Guidelines, including 11 country-specific guidelines have been posted from Ethiopia, India, Kenya, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Uganda, and Zambia.

3. Comprehensive PMTCT Assessments

A concept note to conduct comprehensive PMTCT assessments in two countries in sub-Saharan Africa has been reviewed and approved by the PMTCT/Peds TWG. Dr. Elizabeth Stringer from UAB has agreed to serve as Senior Technical Advisor for the activity. The survey tool and study protocol are currently being developed. Assessments will begin in Ethiopia in early 2011.

4. 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, zero - two years of age, and two to five years of age.

4.4 HIV Testing and Counseling

Summary and Major Accomplishments

The AIDSTAR-One HIV Testing and Counseling (HTC) Team, in collaboration with USAID and the HTC Technical Working Group, expanded upon successful activities initiated in FY 2009—broadening the reach and expertise in HTC. Building on the prior year's momentum, the HTC Team focused FY 2010 efforts primarily on home-based HIV testing and counseling (HBHTC), provider-initiated testing and counseling (PITC), and effective HTC strategies for reaching MARPs. After the successful HBHTC technical consultation in 2009 in Kenya, the HTC Team conducted a pioneering AIDSTAR-One "south-to-south" technical assistance mission in Swaziland on HBHTC. The HTC Team has gained technical and field experience in PITC through: an assessment of PITC completed in Cambodia; a case study illustrating utilization of the private sector to extend the reach of PITC in Kenya; and technical assistance provided to the Democratic Republic of Congo (DRC). HTC services for MARPs were addressed in the situational analysis conducted in Thailand—which served as the foundation for an ongoing case study that explores existing organizations that effectively provide these services.

Highlights of accomplishments in FY 2010 include:

Provider-Initiated Testing and Counseling

- Developed a case study that demonstrates the role of Kenya's private sector in extending the reach of HTC through training and implementation of PITC
- Completed a Cambodia assessment of PITC implementation

Home-based HIV Testing and Counseling

- Hosted and led a HBHTC technical consultation for 40 program implementers from Kenya and Uganda who identified elements and approaches for effective HBHTC programs
- Conducted an exchange of south-to-south technical assistance on HBHTC in Swaziland using expert consultants from The AIDS Support Organization (TASO)/Uganda

Most At-Risk Populations

- Completed a situational analysis of HTC for MARPs in Thailand
- Utilized a participatory, capacity-building research approach, to initiate a case study exploring effective HTC approaches of two organizations in Thailand who provide services to MARPs

Status of Workplan Activities

1. Provider-Initiated Testing and Counseling

PITC country policy scan

AIDSTAR-One's HTC Team updated a review of country policies on PITC, which is available on AIDSTAR-One's website. The policy scan permits users to: identify PITC policies by country or region; discover whether countries have stand-alone or integrated PITC guidelines; determine when the policies were introduced; and, if applicable, identify which groups are targeted for PITC.

PITC literature review

Since the WHO PITC guidance in 2007, PITC implementation has become more widely adopted, which has generated a large amount of literature. AIDSTAR-One updated the PITC literature review, which is currently in development and will be available on AIDSTAR-One's website in Quarter 1 of FY 2011.

Case study on PITC in the private sector in Kenya

The HTC Team completed a case study, instead of a technical brief per USAID's request, on the utilization of the Kenyan private health sector to implement PITC. This case study illustrates how training and involvement of the private sector can help countries achieve national goals, e.g. increasing HIV testing uptake through PITC. The case study has been reviewed by USAID and the Kenya Mission and

is undergoing final revisions. The case study will be available on AIDSTAR-One's website in Quarter 1 of FY 2011.

World Health Organization's (WHO) global forum on PITC

Per WHO's request, the HTC Team presented AIDSTAR-One's review of PITC country policies at the WHO Global Forum on PITC and Human Rights in Geneva, Switzerland in October 2009.

French PITC training curriculum -- Refer to section 8, *Technical Assistance to DRC*, for details.

PITC tools for field use--This activity was cancelled.

PITC assessment in Cambodia

The Cambodia PITC assessment, initiated in FY2009, has been completed and approved by USAID/Cambodia, as well as the Government of Cambodia's National Center for HIV/AIDS and Dermatology (NCHAD). The assessment identified progress completed thus far in PITC implementation, and also identified challenges and gaps. AIDSTAR-One's recommendations for PITC implementation in Cambodia can be found in the report, which is undergoing final revisions and will be disseminated on AIDSTAR-One's website in Quarter 1 of FY 2011.

2. Home-Based HIV Testing and Counseling

HBHTC technical consultation in Kenya

In November 2009, AIDSTAR-One's HTC Team successfully hosted a technical consultation in Nairobi, Kenya, with 40 experienced HBHTC implementers from Kenya and Uganda in November 2009. The consultation focused on identifying effective program components and approaches for HBHTC implementation in resource-limited settings. USAID approved the meeting report and it is available on AIDSTAR-One's website.

Exchange of south-to-south technical assistance on HBHTC in Swaziland

Following the successful HBHTC technical consultation, the HTC Core Group in Swaziland requested technical assistance for implementation of a six-month HBHTC pilot program in Swaziland. In July 2010, AIDSTAR-One selected HBHTC expert consultants from TASO/Uganda to provide HBHTC training and technical support. Following a well-received technical assistance mission, Swaziland successfully launched their pilot HBHTC project in August 2010. The first follow-up conference call was conducted in September 2010, which highlighted various challenges and issues that need to be addressed. The AIDSTAR-One HTC Team, TASO, and USAID provided specific recommendations for the pilot project in light of early data and challenges identified. The following deliverables, which are in final review, were produced and include:

- a. Trip Report and HBHTC Strategic Recommendations
- b. HBHTC Technical Assistance Reports

- Summary Evaluation of Swaziland HBHTC Training
- Swaziland HBHTC Training Strategy
- Summary Comments on HBHTC Field Practicum and Trial Run
- Summary Recommendations for HBHTC Data Collection Tools
- Summary Comments on HBHTC Training Participant Manual
- Mentoring Plan and Follow-up Activities
- Checklist for Minimum Package of HBHTC Services and Cue Card
- Assessment of HBHTC Quality of Services with Tracked Changes
- National HTC SBCC Strategy Revised with Tracked Changes
- Revised HBHTC Training Participant's Manual with Tracked Changes [contains revised HBHTC Standard Operating Procedures [SOPs]]
- Revised HBHTC Implementation Plan and Quality Assurance Guidelines

HBHTC toolkit/resources

HBHTC tools were collected from implementers at the HBHTC technical consultation in Kenya in 2009. With approval from USAID, a total of 34 tools were assembled on AIDSTAR-One's website for implementers to access and download, including: cue cards, training, program, referral, reporting, and client information tools.

Case study on effective HBHTC programs -- The case study has been deferred to the FY 2011 workplan.

3. HIV Rapid Testing

Technical consultation in Asia on HIV rapid testing

The technical consultation on HIV rapid testing was approved and is scheduled for spring 2011 in Bangkok, Thailand. The objective of the technical consultation is to support and promote the expansion of high quality HIV rapid testing at point-of-care, based on review of thriving programs in the field utilizing HIV rapid tests—focusing on program successes, challenges, and barriers.

Proposed costing exercise on HIV rapid testing

The costing exercise on HIV rapid testing was cancelled. In preparation for the technical consultation, AIDSTAR-One will conduct a review of country policies on HIV rapid testing in the U.S. and PEPFAR countries in Asia, sub-Saharan Africa, and Latin America in FY 2011.

4. Cost of HTC Models

Literature review on HTC costing information

The AIDSTAR-One HTC Team conducted a review of published literature and grey literature that analyzed the cost-effectiveness of HTC and identified costing tools. This document is in final development and will be available for USAID review and approval in Quarter 1 of FY 2011.

Technical brief on cost of specific Testing and Counseling models

This activity was cancelled.

5. HTC for MARPs

Case study on HTC models for MSM

Data were collected for two case studies exploring the effective outreach, programming, and HTC provision for MARPs in Thailand. The Sisters case study incorporates a USAID-advised participatory approach, in which MARPs expert clients or service providers were identified and trained in case study techniques to collect data on effective approaches to reaching MARPs. The Silom Community Clinic case study was conducted in a more traditional approach, and data collection was completed in September 2010. The case study is in development and will be available for USAID review and approval in Quarter 1 of FY 2010.

Situational analysis of HTC for MARPs in Thailand

The situational analysis for HTC services and identification of potential HTC models for MSM in Thailand was completed in FY 2009. The analysis identified the lack of community-based HTC services for MARPs and provided recommendations for pilot testing such a service model in Thailand. The report has been reviewed and approved by the Regional Development Mission/Asia (RDMA) and is in final review by USAID/Washington. The situational analysis will be posted on AIDSTAR-One's website in Quarter 1 of FY 2011.

Technical brief for MARPs and tools/resources for HTC for MARPs

These activities have been cancelled. USAID decided that the case studies will complete the HTC Team's efforts on MARPs in Thailand.

6. HTC and the Private Sector

Technical brief on quality assurance with private sector providers

In agreement with USAID, AIDSTAR-One did not conduct this activity. Alternatively, the HTC and PSE Teams will produce a brief document on private sector opportunities derived from the case study on involvement of the Kenyan private health sector to implement PITC. This document is in development and will be ready for USAID review and approval in Quarter 1 of FY 2011.

7. Knowledge Management, Promising Practices, and the HTC Website

Promising practices database

Efforts were made to gather more supporting programs and data for new promising practices for the promising practices database. However, new promising practices were not obtained and this function has been removed from AIDSTAR-One's scope of work.

Products for AIDSTAR-One's website

AIDSTAR-One's HTC Team collaborated with the Knowledge Management Team to redesign the HTC website into a user-friendly resource for HTC products. For instance, literature reviews, policy scans, tools, case studies, field activities, and news and developments in HTC will be featured on the HTC website. The goals are to provide practical and useful resources for in-country staff on the ground that need access to relevant information and to disseminate AIDSTAR-One HTC expertise, experience, and lessons learned from technical projects. The website is currently being tested and will be fully functional in Quarter 1 of FY 2011.

8. Technical Assistance to DRC

Technical assistance mission to DRC

AIDSTAR-One's HTC Team conducted its first technical assistance mission to DRC in April 2010. The focus of the technical assistance was to develop an operational plan, HTC pocket guide, PITC implementation plan, and to conduct PITC and couples training. Several setbacks were encountered that have significantly delayed the deliverables for this activity. First, the PITC training was designed to be based on the CDC's PITC training modules that assume training participants are experienced HTC counselors with experience in HIV rapid testing. The HTC Team discovered that the prospective participants, while having some HTC training, had never conducted HTC and did not know how to conduct rapid tests. Therefore, the HTC Team needed to extensively revamp the PITC training materials to accommodate these learning needs. This process also required that the materials be translated. Secondly, communication with in-country counterparts has been intermittent and slow. At present, the PITC training modules are in final development and will be available for DRC review by November 2010, in addition to the other deliverables.

The PITC training is pending based on DRC Mission approval of training materials and scheduling. Couples HTC training is also pending and both of these activities have been included in the FY 2011 workplan.

9. Technical Assistance

South-to-south technical assistance to Swaziland

In July 2010, AIDSTAR-One selected HBHTC expert consultants from TASO/Uganda to provide HBHTC training and technical support that prepared Swaziland to successfully launch their pilot HBHTC project in August 2010. Please see *Home-based HIV Testing and Counseling* for details.

4.5 Orphans and Vulnerable Children

Summary and Major Accomplishments

During this reporting period, the OVC Team submitted to USAID two case studies on food security/nutrition programming for OVC, in Ethiopia and Tanzania, respectively. The OVC team is also in the process of developing a technical brief on global permaculture initiatives for OVC and their families. In FY 2010, the OVC Team also produced a comprehensive assessment on child protection in the context of OVC programming, as well as a case study on a promising child protection initiative in Cote d'Ivoire. The OVC Team also submitted to USAID a draft technical brief on ECD, and completed field work for two case studies on center-based ECD programming in Zimbabwe and Malawi, respectively. Further, in FY 2010 the OVC Team initiated an assessment analyzing OVC-oriented donor and intermediary proposal and reporting requirements, comparing and contrasting those requirements and identifying opportunities for better complementarity. The OVC Team also completed a literature search on programs and approaches to the integration of OVC with MNCH services, and identified potential technical products to help inform integration programming.

Additionally, during this reporting period, the OVC Team actively participated in a number of consultative processes, including support for a technical consultation on food and nutrition programming for OVC and their families, the provision of input for the development of an essential package of ECD services for OVC, and served as an active member of a reference group for a study on practices of funding agencies providing resources to community-based organizations supporting OVC.

Status of Workplan Activities

1. Early Childhood Development (ECD)

During this reporting period, the OVC Team submitted a draft ECD technical brief to USAID and received useful feedback. The final version of this technical brief is currently under development. Having the draft feedback on the brief has now enabled the OVC Team to finalize the development of ECD case studies on two center-based programs in Zimbabwe and Tanzania, respectively. These case studies were delayed in order to ensure that the information presented was in line with the framework and emphasis put forth in the ECD technical brief. Throughout this reporting period, the OVC TWG was kept informed of these delays and updated regularly. It is anticipated both the final ECD technical brief and draft case studies will be submitted in Quarter 1 of FY 2011.

During this reporting period, the OVC Team participated in a series of meetings sponsored by Save the Children, CARE International, and the Consultative

Group on Early Childhood Care and Development on their initiative—*Developing an Essential Package of ECD Services for OVC*.

2. Food Security/Nutrition (FSN)

During this reporting period, the OVC Team prepared and submitted to USAID two case studies highlighting different promising practices related to implementing food security/nutrition programs for OVC and their families, including *Looking Within: Creating Community Safety Nets for Vulnerable Youth in Dar-es-Salaam, Tanzania, as well as Promoting Food and Nutrition Security for Children and Pregnant Women Living with HIV in Ethiopia*. These case studies are currently pending review and approval by USAID.

Additionally, a concept note for a technical brief on permaculture as a sustainable, non-donor dependent tool for improving the health, food security, nutrition and life skills of OVC and their families was submitted to USAID and subsequently approved. As this technical brief was conceptualized after USAID/Malawi did not approve a proposed case study on permaculture programming in Malawi, this activity only got underway in Quarter 4 of FY 2010, with anticipated submission to USAID in Quarter 1 of FY 2011.

Throughout FY 2010, the OVC Team collaborated on a food security/nutrition consultative process to develop recommendations for designing and implementing food security/nutrition programs for OVC, working closely with 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 entitled *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.

3. Child Protection

During this reporting period, the OVC Team submitted a child protection assessment to USAID, tentatively entitled *Child Protection within Orphans and Vulnerable Children Programming*. The assessment is a comprehensive report which identifies gaps within current child-protection strategies in PEPFAR OVC programs; introduces a range of strategies to prevent and respond to child abuse, exploitation, neglect, and violence; and provides examples of when such strategies may be used, so program designers can identify appropriate strategies for their purposes. It also presents ways to measure the success of specific strategies and provides a list of tools and resources available to program implementers and designers.

At the request of USAID, the OVC Team presented and discussed the assessment with the OVC Task Force—a consortium of NGOs, implementation

partners and donors engaged in OVC work. Child Protection partners also attended the event. This forum provided a useful opportunity to get a range of stakeholder feedback and buy-in. The assessment is currently in the process of internal revisions to incorporate a range of suggestions put forth by OVC Task Force participants.

During this reporting period, the OVC Team also submitted a child protection case study to USAID, tentatively entitled *Legal Units: Addressing the Legal Needs of Orphans and Vulnerable Children and Their Families in Côte d'Ivoire*. The OVC Team received useful feedback from USAID/Cote d'Ivoire and the OVC TWG on the case study, and is currently revising the document for final submission to USAID.

Finally, the OVC Team, in collaboration with the OVC TWG and USAID/Swaziland, developed a concept note on a potential case study, A Community Driven Child Protection Initiative in Swaziland. It was subsequently determined, in conversations with the OVC TWG, that the OVC Team would not undertake development of this case study.

4. Integration

During this reporting period, the OVC Team conducted a literature search to research programs and approaches to the integration of OVC services with MNCH services, and to identify potential technical products to help inform integration. This literature review and concept note for possible future work will be submitted to the OVC TWG in Quarter 1 of FY 2011. In FY 2011, the OVC Team proposes to continue discussions with the OVC TWG to determine the best approach to capture existing programmatic experiences and disseminate resources to programs seeking to integrate OVC and MNCH services.

5. OVC Donor and Intermediary Groups

During this reporting period, the OVC Team initiated an assessment, tentatively entitled *Donor and Intermediary Level Proposal and Reporting Requirement Desk Review*. This review focuses on describing OVC-oriented donor and intermediary proposal and reporting requirements, comparing and contrasting those requirements, areas of harmonization, and identifying opportunities for better complementarity across financial and reporting systems. The assessment is still under development, as the process of collecting the donor and intermediary forms, formats, rules and regulations proved to be more challenging and time-consuming than anticipated. Additionally, scheduling key informant interviews also took longer than expected. It is anticipated this will assessment will be submitted to USAID in Quarter 1 of FY 2011.

The OVC Team served as a participant in a reference group for a complimentary study commissioned and funded by UNICEF-HQ and World Vision UK, as members of the Communities and Resources Working Group of the IATT on Children and HIV and AIDS, and in collaboration with the Regional Inter Agency Task Teams on Children and AIDS for Eastern and Southern Africa and for West and Central Africa. The group and study focused on the practices of funding

agencies providing resources to community-based organizations supporting OVC. The OVC Team worked closely with the study author and reference group to ensure open communication, and that the two concurrently-running studies/assessments would remain complementary in scope and non-duplicative in content. This successful working relationship will continue as AIDSTAR-One, UNICEF, World Vision, and USAID sponsor dissemination activities for these reports during FY 2011.

4.6 Care and Support

Summary and Major Accomplishments

Since the beginning of the project, the AIDSTAR-One Care and Support Team has focused its efforts in the following strategic areas: nutritional assessment and counseling services (NACS), cotrimoxazole and opportunistic illness supply chain and distribution, monitoring systems for care and support programs, facility-based water safety and hygiene, mental health, integration, retention and linkages to services, and palliative care.

Major accomplishments in each of these areas include:

- Completed and disseminated the Kenya NACS report
- Completed a desk review of opiate availability in PEPFAR priority countries
- Finalized and posted a draft WASH curriculum, which is also ready to be field tested—the curriculum is posted to the AIDSTAR-One web site.
- Completed a mental health case study in Vietnam
- Launched *the Pain Management Pocket Guide* and a *Handbook on Palliative Care in Africa* (through a grant to the African Palliative Care Association [APCA]).

Status of Workplan Activities

1. Nutrition and Counseling Support (NACS)

During this reporting period, AIDSTAR-One staff finalized and posted the Kenya food by prescription assessment. 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 cases of individuals who are borderline eligible for NACS, and how to graduate clients from the program. Additionally, the data was presented at the XVIII International AIDS Conference in Vienna. During the past four months, efforts have focused on replicating the assessment in Uganda with the USAID-funded NuLife program

implemented by University Research Council (URC). The proposed assessment will be conducted jointly by AIDSTAR-One and URC, who have worked collaboratively to adapt the data collection tools used in the Kenya assessment. All survey tools and sampling plans were modified and submitted to the Uganda institutional review board (IRB) for approval. The assessment in Uganda will take place as soon as clearance from the Uganda National Council for Science and Technology (UNCST) is secured. The longer than expected in-country approval process has delayed implementation of this activity.

The final assessment from the Uganda work will be available along with the Kenya Assessment, providing two country examples on how to improve nutritional services for PLHIV.

2. Cotrimoxazole and other Drug Supply Chain 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. These actions delayed implementation of this activity.

In response to this development, the TWG and AIDSTAR-One revised the scope of this work to focus on conducting a desk review of cotrimoxazole procurement experience in PEPFAR-supported countries. AIDSTAR-One is finalizing a 15 country desk review, which includes interviews with key stakeholders from USAID, each of the countries selected, as well as head office level staff who are responsible for cotrimoxazole supply chain in these countries¹. The desk review will provide detailed information about the cotrimoxazole supply chain system(s) in 15 countries; identify key national and facility coordination structures and policies; explore 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. The desk review is in the final draft stage.

Also during this period, AIDSTAR-One conducted an 11-country review of opiate and other palliative drugs and pharmaceutical registration that is being formatted and will be posted on the website shortly. The country reviews indicate that many of the medicines included in the IAPHC list are not routinely available in the 11 countries analyzed. Even if medicines are registered, they may not be included in the essential medicines list or the standard treatment guidelines for HIV and AIDS. In this situation, health providers at public sector service delivery points would not likely have the medicine available. Even if a client/patient could obtain it on the open retail market with a prescription (or without), a health provider may not know how to write a prescription for palliative care using the medicine if it is not included in the standard treatment guidelines.

¹ Countries selected for this desk review include: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda South Africa, Tanzania, Uganda, Vietnam, and Zambia.

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

During this period, the study protocol was submitted to IRBs in Nigeria and at the CDC in Atlanta. The initial scientific review by CDC identified some proposed changes to the study methodology and approach. Based upon this review and with input from the TWG, AIDSTAR-One revised the study protocol and data collection materials and resubmitted the documents to both groups. In June 2010, AIDSTAR-One received IRB approval from the Ministry of Health in Nigeria. Final review and non-research determination by the CDC is still pending.

This activity has faced a number of barriers, including extensive redesign and protracted IRB and scientific reviews which have hindered implementation of the activity. AIDSTAR One and the TWG are currently exploring options with the USG Team in Nigeria to implement and complete this activity.

4. Facility-based Water, Sanitation and Hygiene

AIDSTAR-One finalized the *WASH Training Guide* and *Participant Technical Resource Manual* and both are posted on the AIDSTAR One website in easy to download files. The tools provide a strong curriculum to strengthen the water, sanitation and hygiene practices in health facilities. Completed materials include a detailed trainer's guide, participant technical resource, curriculum county adaptation guide, and a collection of job aids that can be adaptable for each specific country setting.

AIDSTAR-One, in conjunction with the TWG, has obtained clearance to field test these materials in Kenya, and is proceeding there. AIDSTAR-One is awaiting confirmation from the MOH in Ethiopia, and expects this to be forthcoming in the first quarter of FY 2011. All pilot projects planned will coordinate with and complement the USAID Hygiene Improvement Project (HIP) home-based care efforts and with on-going WASH activities in each of the countries. It should be noted that the in-country approval process in both countries has been more labor intensive and time consuming than expected. This has delayed implementation of the curriculum testing.

5. Mental Health and HIV Care and Support

Building upon the momentum created by the Mental Health and HIV Technical Brief, AIDSTAR-One has traveled to Vietnam to document FHI's program targeting IDUs to document a strong example of a mature, successful intervention providing a depth of experience and multiple lessons-learned. This case study is undergoing final review and will be posted shortly to the AIDSTAR-One website. Additionally, AIDSTAR-One staff travelled to Northern Uganda to document the Peter C. Alderman Foundation's efforts to integrate HIV care and support into existing mental health efforts. The field work for this case study is complete and it is in production now. Also, the Care and Support and the Treatment TWGs continue to develop a program to roll-out, on a small scale, a mental health activity in sub-Saharan Africa. This activity will adapt and develop psychological assessment tools in a community ART site to support a more comprehensive and holistic package for people on treatment for HIV.

6. Support to APCA

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 has provided critical assistance to integrate pain management into adult and pediatric care. Also, APCA has provided 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 provided substantive feedback on the materials developed under the grant, and the finalization, printing, and dissemination of a *Pain Management Pocket Guide* and a *Handbook on Palliative Care in Africa*. Additional work continues on finalizing the piloting of the children's Palliative Outcome Scale (POS) guide, and on a web-based training tool to support the use of the Pain Management Pocket Guide.

APCA recently held a Palliative Care Workshop in Namibia where the tools produced were disseminated to a wide number of palliative care stakeholders, including governments, donors and implementing organizations. AIDSTAR-One provided regular calls to support APCA and to strengthen the organization's efforts at scale-up. Additionally at the request of the TWG, AIDSTAR-One is working with APCA to help produce a financial sustainability plan that will provide a roadmap for APCA that provides clear benchmarks indicating progress made to fiscal independence. 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 dissemination functions, as well as the capabilities within the organization.

7. Knowledge Management

During this period, AIDSTAR-One has rolled out the Care and Support website using the WHO and UNAIDS Continuum of Care model as an entry point to the knowledge posted. Currently there are a large number of technical documents focusing on nutrition and mental health. Additional technical areas will be launched on the website, as per TWG priorities.

8. Regional Workshops

Integration

AIDSTAR-One worked with a number of USAID technical working groups (Care and Support, OVC, Treatment and PMTCT) to organize an integration regional workshop. This concept note has been submitted for OGAC approval and is currently under review at this time. Preparing for this workshop has required significant time, as AIDSTAR-One conducted interviews with USG teams in six countries to determine workshop priorities and the status of integration and emerging gaps in each country. Based upon these findings, a draft agenda was developed, as well as a concept note which has been submitted to OGAC for review and approval.

Retention and Linkages

The AIDSTAR-One Care and Support Team is organizing a meeting for USG staff and partners in Southern Africa to examine issues related to linkages and retention in care and support for pre-ART patients. During this period, the Deputy Principles reviewed and approved the meeting request.

AIDSTAR-One has managed a comprehensive abstract submission and review process which informed development of the agenda. Presentations and small group work will focus on sharing best practices, challenges, and opportunities related to reducing the client attrition that occurs between HIV diagnosis and initiation of antiretroviral therapy. The meeting will address linking and retaining clients in services, focusing on those not yet on ART. Successful interventions were collected through a call for abstracts from all nine participating countries, including Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe.

Abstracts include interventions that:

- Facilitate linkage of people living with HIV (PLWH) into care (either those newly-diagnosed, or those previously diagnosed but not yet in care or treatment)
- Facilitate retention of PLWH who have already enrolled in HIV care and support programs.

4.7 Gender

Summary and Major Accomplishments

Considerable progress has been made on all areas of the Gender workplan. Several key activities experienced delays waiting for approvals for an activity or comments on workplan documents such as meeting reports, technical briefs (carried over from FY 2009) and website content.

Major accomplishments in the Gender workplan include:

- Facilitation of two gender technical exchange meetings to strengthen the integration of gender strategies and gender-based violence into PEPFAR programs
- Completed and revised three technical briefs on HIV and gender-based violence, microfinance and gender, and integrating gender into programs with most at risk populations.
- Completed nine case studies on how programs working with most at risk populations are integrating PEPFAR gender strategies and two case studies on models for providing gender-based violence services.

- The Gender Compendium was the second most downloaded resource on the AIDSTAR-One website, with 1218 downloads between October and August 2010.

Status of Workplan Activities

1. Technical Consultations.

AIDSTAR-One provided technical and logistical support to two technical consultations.

To support the expansion of gender integration into USG programs, the President's Emergency Plan for AIDS Relief (PEPFAR) Gender Technical Working Group (GTWG), in collaboration with AIDSTAR-One, convened the first-ever USG supported Gender Technical Exchange from October 28 to 30, 2009 in Johannesburg, South Africa. Thirty-seven participants from 16 countries in Asia, South America, and Africa, as well as US-based GTWG members attended the meeting entitled, *Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models and Resources*.

The objectives of the meeting included:

- 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.

All of the technical presentations were videotaped and subsequently edited. The first two of these videos are available for viewing on the website. Videos will be added monthly so that all videos will be accessible to website users. Presentations from the technical consultation are now accessible in the Gender section of the AIDSTAR-One Website.

The "Consultation on Scaling up the Response to Gender-Based Violence in PEPFAR," sponsored by the GTWG and OGAC, was convened by AIDSTAR in Washington, DC, from May 6-7, 2010. The meeting was opened by Dr. Eric

Goosby, Director of the Office of the Global AIDS Coordinator (OGAC), who announced a new 3-year, \$30 million initiative on GBV that will be launched in the Democratic Republic of the Congo, Tanzania, and Mozambique. Country delegations from these countries attended the meeting along with more than 60 experts in GBV research, program implementation and evaluation, and key USG leadership and members of PEPFAR.

The objectives of the meeting were to provide support to PEPFAR and partner countries to scale up gender-based violence (GBV) programs to share expertise related to GBV prevention and care needs, and interventions across multiple sectors and systems (health, education, legal, policy, and community), as well as identify research gaps and best practices for monitoring and evaluation. Presentations from the technical consultation are now accessible in the Gender section of the AIDSTAR-One Website.

Reports for both of these technical consultations have been submitted to the GTWG and comments are forthcoming.

2. South-to-South Technical Assistance

South-to-south (S2S) technical assistance (TA) is an important component of the President's Emergency Plan for AIDS Relief (PEPFAR). The PEPFAR five-year strategy (2010-2014) includes working to "foster stronger regional collaboration and south-to-south technical assistance" and "incorporate mentoring and increased technical assistance into its programming." S2S TA can be an exchange of information and skills for mutual benefit between two or more south-based organizations, or capacity building by one more expert organization to another. The PEPFAR GTWG recognized that there are untapped resources in the field for S2S exchange to strengthen the capacity of local organizations to integrate gender strategies into their HIV programs. AIDSTAR-One conducted an in-depth literature and program review to find organizations with the expertise to provide TA in gender integration, compiled promising practices in S2S exchanges, and developed a framework and tools for PEPFAR missions to facilitate S2S TA exchanges for their implementing partners (IPs).

The final step of this activity is to identify a USG Team with which to collaborate on piloting the framework. In FY 2011 the GTWG will identify a USG Team that is interested in TA for its IPs to strengthen their capacity to integrate PEPFAR gender strategies into their programs. Once this team is identified, AIDSTAR-One will: identify an organization with the appropriate skills to provide TA to the local IP; collaborate with the USG Team to develop a timeline and agreed upon goals for the TA exchange; draft the scopes of work for the TA provider and for the IP, 4) provide funding for the exchange, including travel and lodging costs if necessary; and monitor the implementation of the gender TA exchange, which is expected to occur over a number of months in FY 2011.

A document entitled, *South-to-south Technical Exchange on Integrating PEPFAR Gender Strategies: Framework and Toolkit* that summarized the literature and programming experience on S2S TA, as well as provided a complete set of tools

for facilitating exchanges, was submitted to the GTWG for review. Comments on the document are forthcoming.

3. A Compendium on Gender Strategies in Concentrated Epidemics

One of the strategies of PEPFAR's prevention efforts under the current five-year strategy is focusing interventions to most-at-risk populations (MARPs). As in countries with generalized epidemics, gender norms influence HIV risk behaviors and vulnerabilities of most at risk populations: sex workers (SW—male, female, or transgender); injection drug users (IDU); clients of sex workers; and men who have sex with men (MSM) or transgender persons (TG). According to the 2008 UNAIDS Report on the Global AIDS Epidemic, 69 percent of countries with concentrated epidemics report having laws, regulations, or policies that pose barriers to use of HIV services for MARPs. Other social and structural barriers exist in many countries that make it difficult for MARPs to access treatment, and care and support; services are not sensitive and appropriate to address the health issues of MARPs and often do not address the gender specific needs of each MARP group.

Modeled on the FY 2009 gender compendium of programs in Africa integrating gender, the AIDSTAR-One Gender team initiated work on a compendium of case studies (CS) that highlight programs that are demonstrating promising practices to integrate gender strategies into their HIV prevention, care, support, and treatment programs targeting MARPs.

Specific objectives of the compendium are as follows:

- Identify programs in countries with concentrated epidemics that address one or more of the five PEPFAR gender strategies as they intersect with HIV/AIDS prevention, care, and treatment programs for MARPs.
- Describe and analyze these programs to build a knowledge base for effective and innovative strategies for integrating gender strategies into MARP programs.
- Draft evidence-based recommendations for program managers on how to develop, implement, and evaluate the effect of gender strategies in MARP programs.

In order to identify and select programs for the CS, the Gender Team did the following:

- Interviewed key informants to nominate programs that were integrating gender into their work with TG, MSM, IDU, and/or SW
- Contacted nominated programs to gather background data in order to document the extent to which these programs are integrating gender into their activities. These data were scored using a standardized tool;
- Sent candidate programs (based on scores) a survey to gather more in-depth information about their program

- Analyzed survey results using a standardized scoring tool, which generated a 'short list' of promising programs which were contacted to explore their interest in being one CS for the Compendium;
- Conducted site visits (AIDSTAR-One staff or consultants) to those programs agreeing to be a CS site. Each site visit was conducted over a period of 3-5 days in order to conduct interviews with a variety of stakeholders and to better understand the political and cultural context within which the programs operate.

As of the end of FY 2010 a total of nine case studies have been completed—three were completed in Latin America, four in Asia, one in the Middle East and one in Eastern Europe. One additional CS will be conducted in Eastern Europe in FY 2011. Permission to conduct the case study is still pending with the USG Team.

One case study for the Gender Compendium was not accomplished due to long delays in seeking and receiving approval from Missions. The case study will be completed in the first quarter of FY 2011.

When all case studies are completed the compendium will be finalized, submitted to the GTWG for review, and then will be shared at a gender technical exchange meeting scheduled for FY 2011 and posted on the AIDSTAR-One website.

4. Building the Evidence Base

There are two activities included under this workplan item. The first consists of Gender-based Violence Case Studies—GBV is a core principle of the new PEPFAR strategy is to support long-term sustainability of HIV related prevention, treatment, care, and support programs and to scale up promising and innovative programs and practices. Given the increasing focus on gender-based violence and the interest of program implementers seeking information on how to develop effective GBV programs, the Gender Team conduct in-depth case studies to assess the sustainability of innovative gender-based violence programs (funded by USG or other donors) in three regions. One of the selection criteria for these programs was that their funding sources be diverse: private funding, public sector funding, or a mix of public and private sector funding. This diversity would create an opportunity to compare the services provided, as well as the long term sustainably models the programs were exploring. The case studies document the extent to which these program have been sustained, expanded and/or replicated, and include programs that are addressing challenges (if any) to implementation and to securing continued funding, local stakeholder support, and if the policy environment supports service delivery.

Programs were nominated by GBV experts and three programs were selected based on the kind of funding source supporting the program. Programs were contacted to gather more background data on the programs and to elicit their willingness to serve as a case study site. All the programs contacted for this activity agreed to participate. A standardized interview guide was developed and

used during the case study field work. Concurrence was obtained from US Teams to conduct the case studies in each country.

Site visits were made by AIDSTAR-One staff or consultants to those programs agreeing to be a CS site. Each site visits was conducted over a period of 3-5 days.

Data collected during the field work included:

- Policy documents related to prevention of GBV and services to be provided to survivors of GBV
- Service delivery components of each program, such as training of staff, monitoring and evaluation, supportive supervision, treatment and counseling
- Linkages/referrals to other health and social support programs (i.e., FP, HIV testing and counseling and services, RH services, economic development, and legal support)
- Current and future long term funding commitments.

Two case studies were completed within the FY 2010—one in Viet Nam (a public sector model) and one in Ecuador, a public-private model. A private sector site was identified in southern Africa but concurrence for the case study was not granted by the USG Team. In September 2010, a replacement site in Swaziland was identified and concurrence received from the USG mission. Field work will be completed in October/November 2010.

One case study was not accomplished due to long delays in seeking and receiving approval from Missions. If permission is granted, the case study will be completed in the first quarter of FY 2011.

These three case studies will comprise a single document that will be submitted in the second quarter of FY 2011 to the GTWG for review. This document will be shared at a technical consultation on GBV scheduled for FY 2011 and will be posted to the AS-One website.

The second activity consists of development of the Gender section of the AIDSTAR-One website. Much more gender-related content has been developed including:

- Modeled on the highly successful “Spotlight on Prevention,” the gender landing page hosts 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. The first “Spotlight” on GBV written by Mary Ellsberg and Myra Betron from ICRW was approved in July and is posted on the AIDSTAR-One website.
- AIDSTAR-One has proposed conducting a series of interviews with gender experts within and outside of the USG on a range of current topics

in gender and HIV programming. These interviews will be transcribed and posted on the website, or, possibly, be available as videos. The GTWG approved this proposal during the fourth quarter of FY 2010 and a short list of potential experts will be developed with the GTWG. Interviews may begin as early as the first quarter of FY 2011.

- Videos and presentations from both AIDSTAR-One sponsored gender technical meetings.
- Comments were received over several quarters from the GTWG on three technical briefs submitted in FY 2009: 1) *Gender-based Violence (GBV) and HIV*; 2) *Microfinance, Gender Empowerment and HIV Prevention*; and 3) *Integrating Gender into Programs with Most at Risk Populations*. All of the technical briefs have been revised. The GBV and HIV technical brief is in the Gender section of the website and the remaining briefs are awaiting final approval prior to posting to the website.
- A technical brief entitled, GBV and HIV is now available in the Gender section of the website, and one technical brief on microfinance and gender and one on gender integration in MARP programs are in final review and will be posted during the first quarter of FY 2011. These technical briefs were submitted during the last quarter of FY 2009, but not reviewed and approved until the second half of FY 2010.

5. Factsheets on GTWG Initiatives

Harmful male gender norms and behaviors, gender-based violence, and the social and biological vulnerability of adolescent girls are important risk factors for HIV infection. Beginning in 2007, PEPFAR's Interagency Gender Technical Working Group (IGTWG) launched 3 initiatives to develop evidence for what works: the Male Norms Initiative (2007-2008), the Initiative on Girls' Vulnerability to HIV (known as the Go Girls! Initiative) (2007- 2011), and the Special Initiative on Sexual and Gender-Based Violence (2007-2010). Activities on these initiatives are occurring in a number of countries at the individual, family, community, and national levels. One of the main goals of these initiatives is to empower individuals to challenge gender norms that perpetuate inequity and HIV transmission.

Factsheets highlighting the accomplishments to date of three GTWG-sponsored initiatives were developed in collaboration with each initiative's implementing partners, reviewed by the GTWG, and are now posted in the Gender section of the website. These fact sheets will be updated at least bi-annually.

4.8 Private Sector Engagement

Summary and Major Accomplishments

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 Private Sector Engagement (PSE) Team, in close collaboration with USAID, is working on various activities aimed at better integrating the private sector with health systems in programs that increase access to high quality HIV/AIDS services. During this 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, including:

- A case study on the Health Initiatives for the Private Sector (HIPS) Project was developed and is under review by USAID
- In collaboration with the SHOPS Project, the PSE Team is producing a case study on BroadReach Healthcare’s North West contracting model, which is currently under development
- A case study on private sector involvement in provider-initiated testing and counseling was developed and is under review by USAID
- A concept note for a case study on Alliance/Ukraine’s IDU program with private sector pharmacists is pending approval at USAID.
- Status of Workplan Activities

Status of Workplan Activities

1. Private Sector Engagement (Stand Alone Activities)

Case study on the Health Initiatives for the Private Sector (HIPS) Project

Working in collaboration with USAID, the PSE Team completed a site visit and case study on the HIPS project—a program aiming to promote cost-effective means of increasing accessibility to HIV prevention, care, and treatment, while building capacity among private providers. The video-enhanced case study was reviewed and approved by the HIPS Project leadership. The PSE Team is currently awaiting feedback from the Uganda Mission and USAID/Washington.

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 provided facilitation and logistical management for an external case

documentation of the North West Down-Referral model, conducted by Health Systems Trust (HST) 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 on promising models. The SHOPS/AIDSTAR-One collaboration will result in the first of these case studies, specifically of the Broad Reach Healthcare (BRHC) contracting-out model for provision of ART in the North West Province of South Africa. The PSE Team has reviewed the external case study tools and resulting documentation and facilitated review by North West model leadership. The external case documentation will be one component of the final SHOPS write-up of the model. In Quarter 1 of FY 2011, the PSE Team will continue to manage relationships between SHOPS and BRHC stakeholders, facilitate communication, review documents, and aid in dissemination once the case study is complete.

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 output on technology use in HIV care was de-prioritized and cancelled in collaboration with USAID.

2. Collaboration with Treatment Technical Team

In collaboration with USAID, it was determined that the PSE-driven deliverables under the Treatment Team workplan would be modified so that the PSE Team advised on numerous activities carried out by the Treatment Team, but does not drive those activities.

3. Collaboration with Testing and Counseling Technical Team

APHIA II Western: Case study of private sector involvement in provider-initiated testing and counseling

Working in collaboration with USAID and the Testing and Counseling Team, the PSE Team completed a site visit and case documentation on a program that builds capacity among private sector providers in provider-initiated testing and counseling (PITC) in Kenya. The draft case study was sent to the TWG, the Kenya Mission, and project leadership for review. Feedback from project leadership and the TWG was incorporated, and the case study is now moving through the final approval process internally at AIDSTAR-One and at USAID/Washington. Pending timely approvals, this case study will be posted and disseminated in Quarter 1 of FY 2011.

4. Collaboration with Prevention Technical Team

Case study on Alliance/Ukraine's IDU program with private sector pharmacists

Working in collaboration with the Prevention Team and USAID, the PSE Team is slated to co-conduct a case study of Alliance/Ukraine's IDU program leveraging private sector pharmacists to promote harm reduction. Due to staffing issues, the initial execution of this was delayed. A concept note has been developed and the PSE and Prevention Teams are awaiting feedback from USAID. If approved, the site visit will occur in FY 2011.

4.9 Family Planning and HIV Integration

Summary and Major Accomplishments

AIDSTAR-One received funds in FY 2007 and 2008, earmarked as “Other Policy and Systems Strengthening”, which have been used to support a number of cross-cutting issues, including family planning and HIV integration. As outlined in the revised FY 2010 workplan, three activities were planned, including a technical consultation and two case studies. All three activities were delayed in their implementation and one of these (the case study on the integration of family planning and HIV programs among MARPs) has since been cancelled. The remaining two activities (case study on the integration of FP/HIV programs in generalized epidemics and a technical consultation) have been reprogrammed in the FY 2011 workplan.

Details about each of the proposed activities are presented below.

Status of Workplan Activities

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 a regional technical consultation on the integration of family planning and HIV programs. The USAID integration advisors communicated that this meeting should be reprogrammed for FY 2011 given the absence of specific guidance on FP/HIV integration under PEPFAR. Such guidance is expected to be issued in early FY 2011. AIDSTAR-One has, therefore, reprogrammed this activity in its FY 2011 workplan. The focus of the meeting, as proposed in the new workplan, is to address the family planning needs of HIV-positive women and women receiving antenatal care and to provide guidance on how and when to integrate programs, especially in the context of generalized HIV epidemics. This consultation is proposed as a joint activity (with joint funding) with Family Health International.

2. Case Study on the Integration of Family Planning and HIV Programs in Generalized Epidemics

AIDSTAR-One identified two tentative programs for a case study on the integration of family planning and HIV programs in generalized epidemics. The first one is in Ethiopia, where a community-based program has integrated family planning into an HIV home-based care program. This program is implemented by Family Health International and NGO partners in Ethiopia. Kenya will be the site for the other program, where there are several good examples of family planning integration into facility-based HIV services.

AIDSTAR-One developed a concept note for this case study and it was approved by USAID/Washington and USAID/Ethiopia. The USAID/Kenya Mission

suggested a different program be featured as a model of FP/HIV integration and AIDSTAR-One has revised the case study plan for Kenya to feature this program that is being implemented under the APHIA II Western Project. This project is funded by USAID/Kenya under a contract with PATH.

Travel to Ethiopia and Kenya is planned for Quarter 1 of FY 2011 and the case study is planned to be completed in Quarter 2.

3. Case Study on the Integration of Family Planning and HIV Programs among Most-at-risk Populations

AIDSTAR-One had proposed conducting a case study on FP/HIV programs among most-at-risk populations but ultimately decided to cancel this activity due to a limitation of funds as well as difficulty in finding successful integration programs working with MARPs that had not previously been documented. The India Mission was approached as one potential country where programs working with MARPs in the area of FP/HIV integration could be documented. After several rounds of communication, however, it was decided that this would not be a priority as USAID/India had already funded the documentation of a successful integration program through another partner.

5.0 MAJOR ACCOMPLISHMENTS – FIELD SUPPORT FUNDED

5.1 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 45% of the 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), Europe and Eurasia Bureau, Central America Regional Program, and the USAID Missions in Guatemala, Honduras, Mexico, India, Uganda, Nigeria, Ethiopia, Tanzania and Swaziland.

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

5.2 Kyrgyzstan

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 agreed to implement a rapid assessment and mapping of HIV services in Kyrgyzstan as part of a broader regional initiative.

Summary and Major Accomplishments

A final workplan was agreed to with the Regional Mission in Almaty. The purpose of the assessment, which will be implemented by AIDSTAR-One (Kyrgyzstan) and AIDSTAR-Two (Kazakhstan and Tajikistan) is to gather information about the availability and quality of key HIV services which can be used by USAID bilateral programs in the region to plan and implement activities. Major accomplishments during the period include:

- Finalized scope of work
- Developed and translated data collection tools
- Held a stakeholders meeting in Bishkek
- Conducted initial assessment activities in Chiu oblast

Status of Workplan Activities

After approval of the scope of work, AIDSTAR-One worked rapidly with AIDSTAR-Two to develop a comprehensive data collection tool to be used in all of the countries. The three tools will collect vital information from three different sources; (1) government services, including AIDS Centers, primary health care clinics, narcology units, venerology units and TB Centers; (2) NGOs providing care and support services; and (3) representatives from target populations, including people living with HIV, injecting drug users, men who have sex with men, and sex workers. The tools were reviewed by the staff in the regional Mission who provided critical feedback and then finalized and translated them into Russian.

In September, AIDSTAR-One worked with the Health Outreach Program, a USAID activity supporting NGOs to provide HIV and related services, to host a stakeholders meeting in Bishkek. Participants from the Ministry of Health, National AIDS Centers, NGOs, networks of PLHIV, USAID and other donors had an opportunity to learn about the assessment and provide feedback upon the approach and questions being asked. Participants concurred with the approach and felt the findings would provide critical information to support and improve HIV service delivery in selected oblasts.

Immediately following the stakeholder meeting, AIDSTAR-One conducted the assessment in Chui oblasts. Due to a travel ban in place related to upcoming national elections, the assessment could not be completed in Chui or begun in the other oblasts (Bishkek, Osh and Dzhalaalbad). The assessment in Chui and Bishkek will be completed as soon as possible after the travel ban is lifted in mid-October. AIDSTAR-One is in discussion with the regional and country Mission about the assessments in Osh and Dzhalaalbad. Given the disruption of health services in general and HIV service in particular as a result of violence in the region earlier this year there are questions about the utility of an assessment at this time. A decision will be made in October 2010 regarding the assessment in these oblasts.

5.3 Honduras

Summary and Major Accomplishments

USAID/Honduras provided field support to AIDSTAR-One to provide technical assistance to the Health Secretariat and the National Association of People Living with HIV/AIDS (ASONAPVSI DAH). Technical assistance to the Health Secretariat 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 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 workplan for Honduras covered an 18 month period from April 2009 through September 2010. Soon after the workplan began, however, a constitutional crisis and forceable removal and exile of the Honduran president resulted in many of the activities being suspended. From late June 2009 until March 2010, all international travel was suspended and high-level contact with the Health Secretariat was put on hold. AIDSTAR-One concentrated most of its activities during this time on working with ASONAPVSI DAH and technical level work with the Health Secretariat. Following the new elections and resolution of the national political crisis, AIDSTAR-One was able to resume normal activities, work with the Health Secretariat and undertake international travel.

Highlights of project activities and accomplishments over the past 12 months include:

- Provided technical assistance to the Health Secretariat that resulted in the development of a Strategy for a Comprehensive Approach to STI/HIV/AIDS in Honduras
- Developed database of HIV/AIDS service delivery norms and procedures
- Assisted ASONAPVSI DAH in the development of their III National Strategic Plan
- Conducted an assessment of ASONAPVSI DAH programs in the area of HIV prevention, promotion and care.

Status of Workplan Activities

1. Revise Existing Model of Integrated Care for HIV/AIDS Services

The existing Model for Integrated Care for HIV/AIDS Services in Honduras was revised during a multi-sector consultation during the previous fiscal year. Later, the multi-sector team determined that the Model was not linked to the health reform framework and was centered in service provision. Because a more comprehensive approach was needed, the Strategy for a Comprehensive Approach to STI/HIV/AIDS in Honduras was proposed and accepted. This strategy was developed within the national health reform framework which includes not only the provision, but also the legal administration, financing and health insurance coverage.

AIDSTAR-One provided technical support to the Health Secretariat in the development of the Strategy for a Comprehensive Approach to STI/HIV/AIDS in Honduras. This document establishes the strategic, political, and technical framework for the provision of STI/HIV/AIDS services within the health reform framework in Honduras.

The strategy was developed by the Health Secretariat Ministerial Working Group with the support of AIDSTAR-One and the USAID-funded project Local Unit for Technical Support (ULAT/MSH). The strategy proposes the inclusion of

STI/HIV/AIDS services into the new health care model within the larger national effort of health reform.

The Strategy Development Process has been divided into three phases: 1) Strategy Development, 2) Preparation Phase, and 3) Implementation Phase. With the completion of the Strategy Development phase, AIDSTAR-One Honduras will support the Health Secretariat to prepare the conceptual framework for field implementation.

2. Improve the Capacity of Service Delivery Providers

AIDSTAR-One Honduras developed a database compiling international, regional and national norms and procedures in the following thematic areas related to the provision of HIV/AIDS services:

- Adult medical care
- Pediatric medical care
- PMTCT
- Voluntary Testing and Counseling
- Rational use of HIV/AIDS Medication (including ARVs)
- Self-Support Groups Comprehensive Care
- HIV Care from a public health perspective
- Health Sector Reform
- HIV/AIDS best practices

The database includes 30 documents (16 guidelines, 3 norms, 6 recommendations, 1 training document and 4 protocols) published between 2005 and 2010 from various countries, best practices, comments about the quality of information presented in each norm as well as its practicality. This data will be used for internal purposes of the Health Secretariat.

3. Strengthen the Technical Capacity of ASONAPVSI DAH

AIDSTAR-One Honduras collaborated with ASONAPVSI DAH in the development and field validation of its III National Strategic Plan (2010-2014) during 2009. The final Plan is awaiting the inclusion of the results of the assessment of services provided by ASONAPVSI DAH, described below, before being officially launched.

AIDSTAR-One also led an assessment of services provided by ASONAPVSI DAH in order to identify the strengths, weaknesses, and opportunities of ASONAPVSI DAH's programs and strategies in the areas of prevention, promotion and care. The conclusions and recommendations of this assessment will serve as a base for AIDSTAR-One Honduras' technical assistance to ASONAPVSI DAH.

In May 2010, the protocol and instruments for the assessment were approved by the Honduran National Institutional Review Board. Upon approval, the data collection process occurred. The data collection teams included AIDSTAR-One staff, as well as national and international consultants. Over a two-week period, project teams collected data from interviews with the following stakeholders: coordinators and volunteers from the Self Support Groups and Home Visit programs, ASONAPVSI DAH clients, and key informants from organizations linked to ASONAPVSI DAH. The final assessment report will be ready in early November 2010.

AIDSTAR-One Honduras' technical assistance to ASONAPVSI DAH has been delayed due to political instability within the Association. This political instability began in May 2010 when two members of their technical staff were fired and the executive director's contract was not renewed. ASONAPVSI DAH had originally planned for their General Assembly to occur in June 2010, but was held instead in August 2010, where a new Board of Directors was elected. USAID re-established relations with the new ASONAPVSI DAH Board of Directors in October 2010. This turnover among the leadership of ASONAPVSI DAH resulted in delays in all workplan activities associated with ASONAPVSI DAH. Those activities not completed will be carried over to the next workplan period (October 2010 – September 2011).

4. Strengthen the Referral System Between the CAI and ASONAPVSI DAH

Strengthening the referral system between the integrated service centers (CAI) of the Health Secretariat and ASONAPVSI DAH was another objective in the AIDSTAR-One workplan over the past year. Strengthening the referral system was included in the Health Secretariat's Strategy for a Comprehensive Approach to STI/HIV/AIDS in Honduras. In addition, baseline information regarding the referral system was collected during the ASONAPVSI DAH assessment. Work to continue strengthening the referral system will continue during the AIDSTAR-One FY 2011 workplan.

5.4 LAC Bureau, Central America Program, and Mexico

Summary and Major Accomplishments

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 (MARPs) in the Latin America and Caribbean region. In addition, LAC Bureau funding was combined with that provided by the USAID Regional Central American Program to support the planning and implementation of a regional technical consultation in Guatemala focusing on HIV prevention among

MARPs. LAC Bureau funding was also combined with funding from USAID/Mexico to support the development of two case studies in Mexico.

Major accomplishments include:

- Convened a regional technical consultation on “Effective Prevention with MARPs in Latin America”
- Completed and disseminated a Case study on prevention programs with MARPs along the US-Mexico border
- Completed field work for a case study on faith-based organization (FBO) prevention programs with MARPs in Mexico
- Drafted a case study on prevention programs for hard to reach MSM in Latin America
- Drafted a technical brief on men who have sex with men (MSM) in the Caribbean.

Status of Workplan Activities

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, from 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, Colombia, Brazil, and all the countries of Central America. Participants engaged in facilitated discussion to share their experiences and ideas. The LAC Bureau and USAID/Regional Program for Central America provided funding for the technical consultation.

The purpose of the meeting was to share evidence and program experiences to inform policies, develop effective strategies, and improve HIV programming for 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 were:

- 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 “state of the art” in HIV prevention programs working with MARPS, including: lessons learned from 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.

The final report and key presentations (in Spanish), and videos of interviews with selected participants are on the AIDSTAR-One website.

Plans for a similar meeting in the Caribbean are currently underway and AIDSTAR-One will continue supporting USG agencies in the planning and implementation of the event. The proposed dates and venue for the meeting are February 22-24, 2011 in the Bahamas.

2. Case Study on Prevention Programs with MARPs along the US-Mexico Border

AIDSTAR-One received funding from the LAC Bureau and USAID/Mexico to conduct a desk review and field work for a case study examining two successful non-governmental combination HIV prevention programs targeting MARPs along the US-Mexico border.

The organizations that were the subject of the case study were PrevenCasa and Programa Compañeros – Mexican NGOs in the border cities of Tijuana and Ciudad Juarez, respectively. The major focus of these programs is HIV prevention among IDUs and female sex workers, but they also address the needs of other at-risk groups, including young 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 programs' experiences, results, challenges, and lessons learned are presented in a case study and accompanying photos and video clips are available on the AIDSTAR-One website.

3. Case Study on FBO Prevention Programs with MARPs in Mexico

The other case study funded by the LAC Bureau and USAID/Mexico highlights HIV prevention efforts in Guadalajara and Mexico City conducted by four FBOs: Mesón de la Misericordia Divina, VIHas de Vida, and the Iglesia de la Reconciliación. Their programs work to reach PLWHA, sex workers (SWs), MSM, and transgendered individuals with messages on health, sexuality and spirituality, and increase awareness on HIV prevention and access to HIV testing and care.

The Iglesia de la Reconciliación in Mexico City provides individual and couples counseling on HIV/STIs and prevention with a focus on communication, and the mutual sharing of affection and pleasure. They incorporate messages on HIV into religious services, with prayer circles dedicated to HIV/AIDS and discussions on HIV/AIDS-related themes such as prevention, non-discrimination, and respect.

VIHas de Vida in Guadalajara provides a variety of services related to HIV prevention, focusing on human rights and education, providing trainings and workshops, and supporting people living with HIV (PLWH). The organization recently began offering testing and counseling services, after staff received training from the AIDS Healthcare Foundation on administering rapid HIV tests. VIHas de Vida is a member of a network providing HIV-related services, and collaborate on activities with the Mesón (below).

El Mesón de la Misericordia Divina, based in Guadalajara, provides HIV care and support services and promotes HIV/AIDS awareness through the church. They provide information on prevention of mother-to-child transmission (PMTCT), referrals for HIV testing and antiretroviral treatment (ART) for PMTCT, and follow-up of mother-infant pairs. The Mesón has also begun rapid HIV testing campaigns in local businesses to reach MARPs by targeting the general population.

The draft case study is currently under review and will be finalized during the first quarter of FY 2011.

4. Case Study on Prevention Programs for Hard to Reach MSM in Latin America

A case study on hard to reach MSM in Latin America was drafted, examining a prevention program targeting MSM, implemented by the organization Centro para la Prevención y Educación del SIDA (CEPRESI) in Nicaragua. The program's approach took into consideration the social and political factors that shape the population's vulnerability. The organization does this from a gender-based perspective, taking into account the way masculinity is socially constructed and how dominant views of masculinity are a key social factor driving HIV transmission in the general population.

Desk reviews and field work (for the case study) have been completed and drafts are currently under review. The document will be finalized during the first quarter of FY 2011.

5. Technical Brief on MSM in the Caribbean

A draft technical brief on HIV programming for MSM in the Anglophone Caribbean was completed. It provides summary information and a review of programming opportunities and resources for USAID Mission staff, U.S. government-funded health program planners and implementers, and other stakeholders, including governments, NGOs, regional organizations working on HIV/AIDS, other international donors and agencies, and indigenous organizations involved in the response to HIV and AIDS.

The draft technical brief has been reviewed by the LAC Bureau and USAID/Guyana (per recommendation of the LAC Bureau) and additional information is currently being incorporated. The document will be finalized during the first quarter of FY 2011.

5.5 India

Summary and Major Accomplishments

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 support the development of a Technical Assistance Model (TAM) for the US Government PEPFAR (USG/PEPFAR) team to support the Government of India's (GOI) national AIDS control program (NACP). To do this, AIDSTAR-One provided logistical and administrative support to organize, participate in, and facilitate meetings among TAM working groups and the USG/PEPFAR team and provided technical support by conducting technical-based research and producing various desk reviews and leading and facilitating technical meetings, discussions, and training.

When the original India field support workplan was developed, AIDSTAR-One intended to participate in the writing of some sections of the TAM. However, during the year the PEPFAR Coordinator determined that the USG/PEPFAR team would do all of the TAM writing since the actual TAM would be procurement sensitive.

The major accomplishments of AIDSTAR-One field support in India this year include:

- A short assessment of donor's HIV activities in India was conducted and a donor matrix was produced and presented at the start-up meeting for the TAM process.

- The start-up meetings for the TAM process were organized and conducted with AIDSTAR-One participation and presentations.
- TA domain working groups were assisted to define their domains and clarify their objectives towards developing the technical assistance model and strategy.
- A detailed model action plan for TA domain working groups to follow was developed.
- A gender sensitivity training for all PEPFAR and USAID staff in India was co-facilitated with a USG representative from Washington, DC.
- Follow-up PEPFAR meetings with all USG/PEPFAR staff were set up, organized, and facilitated, including some presentations by AIDSTAR-One.
- Public-private partnerships and corporate social responsibility in the HIV response desk review was completed and disseminated.
- HIV services integration with sexually transmitted infection/tuberculosis/reproductive tract infection services desk review was completed and disseminated.
- Human resource performance management desk review was completed and disseminated.
- Private sector options for health care desk review was completed and disseminated.
- Task-shifting in health care settings desk review was completed and disseminated.
- Recruitment/retention to improve rural service desk review was completed and disseminated.
- Draft desk review on laboratory integration has been completed and is being revised before submission and finalization.
- Injection drug use and HIV-risk in India technical presentation and discussion were organized and facilitated.
- Men who have sex with men and HIV-risk in India technical presentation and discussion were organized and facilitated.

Status of Workplan Activities

AIDSTAR-One India field support started with the organization of start-up meetings involving all USG/PEPFAR staff. The meetings lasted two-and-a-half days and were held in New Delhi at the end of February. 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, were also developed for each group.

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 and first week of April, 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 developed their TA domain strategy.

In April, together with the TA domain working group team leaders, AIDSTAR-One identified specific technical issues for which desk reviews would be prepared. The purpose of the desk reviews was to provide an evidence base from existing knowledge and literature to be used as the working groups developed their TA model. The seven technical issues were:

- Corporate social responsibility and public private partnerships in the HIV response
- Integration: HIV and other health services
- Integration: HIV-related laboratory with general laboratory services
- Human resources for health: performance management
- Human resources for health: private sector
- Human resources for health: task shifting
- Human resources for health: recruitment and retention

AIDSTAR-One identified and managed consultants to conduct and write up the desk reviews over the next several months.

In May, AIDSTAR-One co-facilitated along with a USG trainer from Washington, DC, a gender sensitivity training for the PEPFAR team. This training took place over two days and was required for all PEPFAR and USAID staff. Following this training, AIDSTAR-One organized and facilitated another USG/PEPFAR meeting. The purpose of this meeting was to get updates from each of the TA domain working groups about their progress toward developing their strategies. During this meeting, AIDSTAR-One staff and consultant made presentations with updates on the desk reviews and the gender and HIV trainer provided gender-related feedback to the TA domain working groups.

Also during May, AIDSTAR-One organized two separate technical meetings with the USG/PEPFAR team. AIDSTAR-One staff and consultant presented on the topic and then facilitated discussion among the attendees. The first technical meeting was on the topic of men who have sex with men and HIV risk and the second was on injection drug users and HIV risk.

During the remainder of the year, AIDSTAR-One worked on the completion of the desk reviews. Six of the seven desk reviews have been completed, finalized, and distributed to the PEPFAR team and will be posted to the AIDSTAR-One website. The laboratory integration desk review is still being finalized. In addition, a scope of work was developed for an assessment of the TA needs of the national AIDS program. However, after discussion between AIDSTAR-One and the PEPFAR Coordinator it was decided that such an assessment was beyond the scope of the current field support assignment.

As the TAM process has entered the phase of writing and indicator development, and as this phase is procurement sensitive, the PEPFAR Coordinator decided that AIDSTAR-One's role in this process is completed.

5.6 Tanzania

Summary and Major Accomplishments

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.

To provide consistent quality technical assistance, AIDSTAR-One hired a full-time local advisor to provide direct TA and oversee consultants contracted for short-term assignments.

The following activities were implemented during the reporting period:

- Analysis of the technical, managerial, and institutional strengths, weaknesses, and gaps related to HIV/AIDS programming of NRM/EG partner organizations.
- Support NRM/EG partners with implementation, and monitoring and evaluation
- Recruitment of a field-based technical advisor

Status of Workplan Activities

1. Development of Workplans and Progress Monitoring Plans

As an initial step, two AIDSTAR-One staff travelled to Tanzania from January 18–29, 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.

During this trip, the following was accomplished:

- AIDSTAR-One was presented 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)
- Partner needs were jointly assessed based on informal interviews with key staff (using a standardized organizational profile) and site visits were conducted to partner offices
- Workplans and performance monitoring plans (PMP) were reviewed and key priority areas for future TA were identified
- Terms of reference for AIDSTAR-One field-based staff were developed.

The following areas were identified as areas for future AIDSTAR-One support, which will guide the technical assistance planned for the FY 2011 workplan:

- 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 FY 2010 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 internal HIV/AIDS workplace policies 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 if their HIV interventions were “state of the art.” 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. Implementation and Monitoring and Evaluation with NRM/EG Partners

In February 2010, 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. However, because of competing priorities and commitments and difficulties with communications, the workshop was postponed until the first quarter of FY 2011. In the meantime, AIDSTAR-One has been providing long-distance support by reviewing draft PMPs and providing feedback. In addition, AIDSTAR-One's field-based advisor participated in a workshop on how to report using PROMIS (web-based reporting system software) so that she can become familiar with the system and support partner organizations with reporting.

The field-based advisor also supported the development of IEC materials. USAID requested that the NRM/EG organizations adapt IEC materials produced by other USAID-funded programs instead of preparing new materials. The local advisor reviewed current drafts and provided feedback about content, images, and format. The mission expressed interest in AIDSTAR-One's continued support in this area and further discussions with each organization to determine specific needs will be held in November 2010.

5.7 Swaziland

Summary and Major Accomplishments

During FY 2010, AIDSTAR-One supported field activities led by its partner organization, mothers2mothers (m2m), in Swaziland. Mother2mothers is an education and psychosocial support program for pregnant women and new

mothers who have been diagnosed with HIV, supporting them to achieve optimal 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 49 sites are now operational.

Status of Workplan Activities

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 58 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 first half of the reporting period, m2m carried out a three-week training session. Participants included new Mentor Mothers and Site Coordinators for new sites, and in-service training for existing staff that actively participated in the training.

2. Service Delivery Expansion

Forty-nine 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.

Also, m2m has provided 25,605 new adults and children with a minimum of one type of “HIV care” service, such as supportive counseling, health education, or referral for treatment. A total of 430 support groups were held during the reporting period and m2m had 3,658 support group interactions. 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 FY2010, m2m sites reached a fully functional capacity and became fully integrated with nursing teams.

4. Other Training and Skills Building

During this reporting period, 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. 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 program 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 in-service trainings. These trainings focused on the delivery of PMTCT services. Fifty-six health care workers successfully completed this program.

5.8 Nigeria

Summary and Major Accomplishments

With field support funding from USAID/Nigeria, AIDSTAR-One provided technical assistance to the Government of Nigeria (GON) in injection safety (IS) to prevent the medical transmission of HIV and other blood borne pathogens. The project worked with the GON, USG Team and PEPFAR partners to enhance sustainability of injection safety in five focal states (Anambra, Edo, Cross River, Lagos, and Kano) and the Federal Capital Territory (FCT), and also to expand injection safety interventions in the health facilities of other states where USG partner organizations are implementing the program.

The major accomplishments include:

- AIDSTAR-One expanded technical support to 30 designated PEPFAR sites prioritized by the USG Team in Nigeria
- Trained over 12,000 healthcare personnel in injection safety and health care waste management (HCWM) and conducted 224 clinical meetings for medical doctors in six tertiary hospitals
- Conducted community outreach activities in collaboration with the National Orientation Agency (NOA) and used mass media for safe injection messages resulting in increased numbers of people who prefer oral medications over injections and greater awareness of injection safety
- Participated in a technical committee in Lagos State that prepared a communiqué for advocacy on legislation in support of environment-friendly waste management practices
- Distributed safe injection and health care waste management stock to over 70 implementing partner sites across the country.

Status of Workplan Activities

1. Commodity Management

Two-hundred-twenty-nine persons were trained in the area of logistics and commodities management, including pharmacists/ pharmacy technicians and store keepers in 8 health facilities in 6 states—mainly in secondary and tertiary hospitals.

The project distributed seed-stock of injection safety and health care waste management commodities, including over 94,000 re-use prevention (RUP) syringes and needles, 15,500 safety boxes, and over 300 waste bins to over 70 implementing partner sites across the country.

The project faced challenges in implementing the logistics management information system due to poor record keeping in the health facilities. The project will continue to strengthen staff's record keeping skills at the facility level and identify any other barriers associated with this issue.

2. Training and Capacity Building

Training of healthcare workers is a key strategy to ensure improved practices by those who provide or indirectly support healthcare services to the community. Training on injection safety and healthcare waste management in the context of infection prevention and control was conducted by the project from 109 health facilities in 102 local government areas (LGAs) across 36 states and the Federal Capital Territory of Nigeria.

A total of 12,649 of health personnel were trained—8,113 were health workers and 4,536 waste handlers. Clinical meetings were conducted for 224 medical doctors in six tertiary hospitals in six states.

Training of Trainer (TOTs) sessions in injection safety and phlebotomy were conducted in Bauchi and Abeokuta.

There was a gap in the existing training materials that does not address the safe phlebotomy practices. Phlebotomy has been included in the project's revised health worker training modules. Moreover, in partnership with the FMOH and other stakeholders, the project developed a phlebotomy strategy for laboratories.

3. 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 response to the HIV/AIDS epidemic in the country particularly in the area of Injection Safety and Health Care Waste Management. This strategy document was launched in January 2010.

Job aids to support healthcare providers to adopt safe injection practices were provided. These included distribution of posters with messages that included promotion of oral medications, segregation of medical waste, steps in health care waste management, and proper storage of commodities.

Healthcare workers were sensitized on how to place posters for maximum effect, such as placing posters promoting oral medications in the consultation rooms. Table top calendars for the year 2010 that included safe injection messages were distributed to health facilities, implementing partners, and other injection safety stakeholders. These calendars serve to reinforce injection safety and health care waste management messages.

The project continued to distribute IEC materials to the implementing partners, including the Institute of Human Virology and FHI's Global HIV/AIDS Initiative Nigeria (GHAIN).

The project continued to distribute advocacy kits to policy makers, legislators, journalists, and community leaders to provide them information on IS and HCWM, and the actions needed at various levels.

The project collaborated with the National Orientation Agency (NOA) for monitoring the effectiveness of the community outreach activities and mass media messaging on injection safety in some of the focal LGAs in Lagos and Kano states and the Federal Capital Territory. The impact of this awareness campaign was an increase in preference for oral medications over injections by the community, and increased awareness of safe and necessary injections.

The project supported a national sensitization campaign on IS organized by the National Agency for Food and Drug Administration and Control (NAFDAC) and First Medical and Sterile Products, a local manufacturers of RUP needles/syringes and safety boxes. The aim of the campaign was to sensitize the general public and key stakeholders on pertinent IS issues and work towards a shift from the use of standard disposables to RUPs.

4. Health Care Waste Management

AIDSTAR-One was a part of the technical committee that organized the fourth Medical Waste Summit in collaboration with the Lagos Waste Management Authority. Participants in this summit prepared a communiqué that advocated for legislation to support the enforcement of proper waste management practices. Discussions on the development and use of the most efficient and effective methods of medical waste disposal in terms of volumetric reduction and environmentally friendly options for final disposal of infectious waste were also held. AIDSTAR-One was also involved in the post summit meetings aimed at ensuring the implementation of the communiqué.

As a follow-up of the IS and HCWM training conducted at the University of Uyo Teaching Hospital, the project provided technical advice to hospital staff on the proper use of the new state-of-the art incinerator, ash pit use, and also trained the incinerator operator.

AIDSTAR-One provided technical support for the repair of the high temperature incinerator located at the National Orthopaedic Hospital Igbobi Lagos. This problem was found by the project staff during supportive supervision visits to the facility. The project staff also conducted HCWM supportive supervision visits to

General Hospital and the Federal Medical Center (FMC) in Owerri, Imo State and FMC in Umuahia Abia State.

The project facilitated the procurement and installation of 19 Waste Disposal Units (WDU) for the Institute of Human Virology in Nigeria, and also 3 WDU for the International Centre for AIDS Care and Treatment Programs (ICAP).

AIDSTAR-One provided technical support to First Medical and Sterile Company Limited, Calabar, a local manufacturer of safety boxes in Nigeria for the modifications to assure that the locally-produced safety boxes meet WHO Performance, Quality and Safety (PQS) guidelines. AIDSTAR-One will continue to follow up on this progress in the next batch of safety boxes that are produced. AIDSTAR-One also facilitated a linkage between health facilities with the First Medical and Sterile Company for the future procurement of safety boxes.

The increased supply of Antiretroviral (ARV) drug treatment in the country and a recent change in the ARV regimen by GON/WHO, has resulted in expired or non usable ARV drugs, test kits, and lab reagents in many USG PEPFAR implementing partners site needing their proper disposal. The project provided assistance in the treatment and disposal of over 63,000 kg of these commodities in collaboration with a local facility that has a high temperature rotary kiln incinerator. The generated ash in this was recycled in the formation of non-toxic concrete slabs and interlocking tiles that can be used for driveways and paving court yards.

A draft HCWM Standard Operating Procedure (SOP), HCWM action plan and guidelines on minimum package for HCWM have been developed for USG PEPFAR partners.

5. Monitoring and Evaluation

Supportive supervision visits were conducted by AIDSTAR-One with state/LGA level supervisors to health facilities in focal states and also those trained in the past year. The findings in each facility visit were shared with facility supervisors in order to find ways of addressing the challenges observed and also how best practices can be maintained.

Anambra State was inaccessible due to the security situation, including violent clashes between the political parties and kidnappings. Therefore, there were no supportive supervision visits and also records (completed checklists) of the State Ministry of Health could not be collected.

5.9 Ethiopia

Summary and Major Accomplishments

USAID/Ethiopia requested AIDSTAR-One to provide technical assistance to the Government of Ethiopia (GOE) in injection safety (IS). Injection safety prevents the medical transmission of HIV and other blood borne pathogens by reducing

unsafe and unnecessary injections. With field support funding from USAID/Ethiopia, AIDSTAR-One has been supporting the GOE, the USG Team, and local partners, including other PEPFAR projects, to further strengthen the sustainability of injection safety in four regions (Oromia, Amhara, SNNPR, and Tigray) and major urban areas, such as Addis Ababa and Dire Dawa. Technical assistance has been provided in the areas of training and capacity-building, commodity management, health care waste management (HCWM), and advocacy and behavior change communication (BCC).

AIDSTAR-One has networked with USG and non-USG partners to leverage resources and improve efficiency in implementing injection safety interventions. So far, AIDSTAR-One collaboration includes: AIDS Resource Center (ARC) to improve distribution and access of BCC materials; Supply Chain Management Systems (SCMS) and USAID | DELIVER PROJECT to improve infection prevention and control (IPC) commodities management; WHO/patient safety in pre- service education; and the HIV Care and Support Project (HCSP) in training and supportive supervision.

This year, AIDSTAR-One targets included 550 health centers (80 existing sites and 470 new PEPFAR sites) which are designated as priority by the USG Team and 300 private centers in four regions of the country for technical assistance through injection safety interventions.

The major accomplishments over the past year include:

- Provided technical support to 25 health centers to improve the organization of the commodity warehouses
- Conducted training interventions that reached 550 health facilities across target regions and urban areas
- Trained approximately 8,000 healthcare workers in injection safety and healthcare waste management and 100 health regulatory authorities in supportive supervision and new infection prevention standards
- Produced and distributed over 55,000 behavior change communications materials to health facilities
- Conducted a workshop to educate 47 journalists on injection safety and HCWM issues as a basis for reaching communities through various mass media
- Provided technical assistance to 155 health facilities on incinerator use and maintenance
- Finalized the draft national HCWM guidelines and distributed them to health centers, and regional and zonal levels
- Visited, in collaboration with local health officials, a total of 121 health centers and 9 private clinics through supportive supervision to assess injection safety and health care waste management practices.

Status of Workplan Activities

1. Commodity Management

AIDSTAR-One has provided technical assistance and material support to improve forecasting, financing, procuring, and distribution of injection safety supplies and waste management commodities at all levels.

AIDSTAR-One has provided technical and material support to improve the organization and layout of 25 health center warehouses. The selection of the facilities for this support was based on assessments that were done in health centers and warehouses in the region of Amhara, Oromiya, and Southern Nations Nationalities & People (SNNP). AIDSTAR-One trained selected staff of 550 health centers on proper storage, use of IS and HCWM commodities, procurement, and distribution of personal protective equipment (PPE).

In close collaboration with SCMS, AIDSTAR-One has conducted a rapid assessment of IPC commodities in selected facilities. The assessment data was used to identify quantities of IPC commodities needed, and these amounts and specifications were shared with SCMS and the Pharmaceutical Fund & Supply Agency (PFSA). The infection prevention and control commodities are being integrated into the national HIV/AIDS commodities tracking system as a separate category as part the national integrated logistics management information system (LMIS). The PFSA has procured IPC commodities using the Global Fund (GF) for the first time since 2007, indicating its improved capacity.

AIDSTAR-One continued its efforts to promote local production of IPC commodities. As part of the effort, a half day workshop was conducted for the local cardboard manufacturing companies to sensitize them on safety box production. A total of seven manufacturers attended the workshop and they were oriented on the importance, market demand, and product specification of safety boxes. Two manufacturing companies who had the required capability started sample production of safety boxes. AIDSTAR-plans to continue to provide technical assistance in this production of local safety boxes and plans to involve the health regulatory authorities, PFSA, SCMS, private facilities, and professional association in this process in an upcoming workshop.

The development and implementation of a commodity needs assessment has been delayed—AIDSTAR-One will directly coordinate the task with technical support from SCMS and the USAID | DELIVER PROJECT in the coming year.

2. Training and Capacity Building

The AIDSTAR-One strategy for the training of health workers includes building a trainers pool through training of trainers (ToT) to cascade training to health workers and waste handlers and strengthen government capacity of the regional health bureau and woreda level officials to conduct training and supportive supervision. During this reporting period, AIDSTAR-One expanded the training and capacity building activities to 550 health centers and 500 woredas in Oromia, Amhara, SNNP, Tigray, and Harari regions, as well as selected urban areas such as Addis Ababa and Dire Dawa. AIDSTAR-One has trained more than 185

regional trainers and used regional staff to coordinate and monitor the training activities to ensure quality. Earlier this year, AIDSTAR-One revised the training manuals to include more participatory methodologies, and developed audio visual training aids, and evaluation tools. Participant manuals/ hand outs and training flip charts were developed and translated into local languages as appropriate.

In total, AIDSTAR-One has trained 7,979 staff (target for this year 7,870), which accounts for 101 percent of the target in the target regions. Categories of staff that received training include trainers, prescribers, providers, health extension workers, supervisors, waste handlers, logisticians, and private clinic staff.

In order to strengthen the pre-service education for future health care workers, a draft strategy has been prepared by AIDSTAR-One and shared with four universities (Gondar, Hawassa, Jimma, and Mekelle) on ways to streamline the implementation of pre-service education. In line with this, an orientation was given to representatives from nursing and environmental health departments and hospitals on the pre-service education intervention plans and input was obtained from the respective institutions to further inform the proposed plan. Focal persons are identified and working groups are established at the four universities that include both tutors and hospital staff.

As assessment of the required competencies of graduating students of nursing and environmental health on injection safety and healthcare waste management was prepared at all four universities. These PSE elements on injection safety and healthcare waste management will be systematically integrated into the existing nursing and environmental health training. Knowledge update training was provided to 200 tutors and hospital staff.

3. Behavior Change Communication (BCC) and Advocacy

AIDSTAR-One redesigned and reproduced BCC materials developed to improve their effectiveness. The project reproduced 7,000 brochures; 8,000 posters; 34,000 flyers; and 6,500 pocket reference guides, and has been distributing the BCC materials to the target health facilities.

AIDSTAR-one has trained 47 journalists on key injection safety and health care waste management issues and messages for the community. After the training, journalists produced and transmitted different messages, including on-air discussion on radio stations which are known to reach a wide audience. Some regional multimedia agencies, such as Amhara and SNNP have started documenting best practices for advocacy purposes.

The existing Amharic radio spots in injection safety were modified and translated into two local languages (Oromifa and Tigregna) and distributed to 10 radio stations and in the project targeted health facilities.

4. Health Care Waste Management

AIDSTAR-One has improved the HCWM facilities of 155 health centers with existing incinerators in SNNPR. Specifically, AIDSTAR-One provided technical assistance in incinerator maintenance, waste handler training, as well as

preparation of ash pits and securing the HCWM area. Government counterparts were actively involved in each step of these interventions.

5. Policy

The draft national HCWM guidelines have been finalized and 750 copies have been distributed to the project targeted health centers, Regional Health Bureau (RHB), and Zonal Health Department (ZHD and Woreda Health Office [WHO]). In addition, the guidelines were also posted on the Ethiopia AIDS Resource Center web site for public use (www.etar.org/document).

One hundred regional and woreda level health regulatory authorities were trained in supportive supervision and new infection prevention standards in mid-August in Tigray. The training reinforced their supportive supervision skills and also increased their awareness on minimum facility level IPC standards and implementation of established guidelines.

6. Monitoring & Evaluation

A total of 121 health centers and 9 private clinics were visited. Preliminary results from supportive supervision indicate significant improvement in injection safety and health care waste management practices. About 110 newly trained woreda and zonal supervisors were involved in the joint supportive supervision of their respective facilities to enhance their skill and eventually manage the task independently.

5.10 Uganda

Summary and Major Accomplishments

The AIDSTAR-One project started its activities in waste management in Uganda in October 2009. The main objective of the project is to give technical assistance to USG Implementing partners with the aim of reducing medical transmission of HIV and other blood borne pathogens through improving Health Care Waste Management (HCWM) practices at partner implementing sites.

The major accomplishments over the past year include:

- Trained over 500 healthcare workers in HCWM practices and provided pre-service training at the Maska School of Nursing for student mentors and facilitators
- Provided technical assistance to 14 new USG partner organization projects and supported them in development and implementation of HCWM workplans; advocacy efforts resulted in over \$200,000 funds from partners to support HCWM
- Produced and distributed HCWM materials to 14 partner organizations

- Conducted 14 baseline assessments at partner sites for planning purposes; a stakeholders meeting was held to review results of technical assistance to partners over the last year.

Status of Workplan Activities

1. Capacity Building

A total of 549 health workers, including partner organization staff, district and health facility managers, operational level health workers and waste handlers were trained in HCWM. Thirty eight percent were male while 62 percent were female. Training efforts were further supported by immediate supervisors providing continuous on-the-job technical support aimed at improving individual staff performance.

The project worked with the Ministry of Education to support the School of Comprehensive Nursing in Masaka to improve the quality of standards in injection safety and HCWM at their practicum sites. This was achieved through training of practicum-site student mentors and facilitators and provision of reference documents to the sites.

AIDSTAR-One collaborated with WHO to train an extended District Health Team (DHT) in Rakai district. WHO provided the funding for the training while AIDSTAR-One staff conducted the training on behalf of WHO.

The project has found that there is an increasing demand to train service providers but limited resources are available to support training. Partners are encouraged to provide direct support for training their operational level health workers. In addition, some partner organizations have minimal staffing on the ground and are not available to provide the necessary level of supportive supervision to their staff to improve waste management practices. Effort is being made to train district supervisors to better support these health units.

The protection of healthcare workers through availability of Post Exposure Prophylaxis (PEP) and Hepatitis B vaccination needs to be further strengthened. Discussions will be held with the central MOH to explore how these challenges can be overcome.

2. HCWM Assistance to Local Partners

AIDSTAR-One supported 14 partners in developing and implementing HCWM plans. As an outcome of AIDSTAR-One advocacy efforts, \$200,900 was made available by the partner organizations to support HCWM commodity and equipment costs. This enabled the project to support the installation of 14 final waste disposal units at selected partner sites.

A challenge is that very few partners are addressing issues related to final waste disposal methods. Advocacy will be conducted during planning for more resources to be allocated to final waste disposal. In some districts, laboratory waste continues to be disposed of without being properly treated and thus poses

a risk to the community. District stakeholder meetings have been scheduled to discuss how these gaps can be addressed.

AIDSTAR-One, in collaboration with Technology for Tomorrow (T4T), supported the MOH to evaluate the performance of imported incinerators that are being installed at General Hospitals. Using Gombe Hospital as the evaluation site, AIDSTAR-One consultants assessed the efficiency of the incinerator in meeting temperature and emission requirements at all times during the incineration process. The incinerator was found to be achieving average temperatures of 790°C (acceptable temperature for burning infectious waste but not adequate for incinerating expired drugs). The emission requirements were being met as per WHO standards. AIDSTAR-One will continue to provide technical assistance to ensure that incinerators meet emission and temperature requirements.

A meeting was held with CDC Entebbe branch staff with the main objective of creating awareness among the technical staff on the need to encourage their implementing partners to incorporate HCWM in their activities. The CDC Team will review their programs to see how to best incorporate aspects of waste management.

Finally, the project worked with the MOH to introduce Regional Referral Hospital Managers to the concepts of HCWM planning.

3. Production of Materials

AIDSTAR-One produced and distributed training materials (HCWM segregation guide and posters) to 14 partner organizations. These materials reinforce to healthcare workers the safe HCWM practices to adopt.

4. Monitoring & Evaluation

Reliable data was generated through health facility assessments on HCWM practices, and was used by 14 partner organizations to assess risks, prioritize, and plan for health waste management activities. All 14 organizations now have competent teams that are able to use assessment tools to generate data for decision making. The data can also be used by new organizations.

Experience gained and lessons learned over the year were shared in a national stakeholders meeting. The meeting also served as a forum for articulating the MOH strategic direction on HCWM, as well as gaining stakeholders' input into the consensus-building process. Persisting challenges were discussed and possible solutions highlighted. The impact and outcomes of these interventions on sustaining quality of health care will be evaluated by the AIDSTAR-One project in the next fiscal year.

5.11 Africa Bureau

Summary and Major Accomplishments

During the past year, AIDSTAR-One, under the leadership of the International Center for Research on Women (ICRW), has made tremendous progress implementing the initiative entitled, Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for HIV-Positive Children. Jointly funded by the Africa Bureau and the Testing and Counseling TWG, the initiative seeks to better understand the psychological and social challenges faced by HIV-positive children, and their parents/caregivers and health providers.

Major accomplishments during the period include:

- Completion of the data collection tools
- Selecting countries for participation
- Conducting the Uganda assessment.

Status of Workplan Activities

1. Themes, Questions and Field Tools 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, testing and counseling are 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).

The team then drafted interview and focus group discussion (FGD) guides for each participant group (parents/caregivers, HIV-positive older adolescents, and health care providers) to help prioritize lines of inquiry. These draft field tools were shared with USAID partners and the Technical Advisory Group (TAG) and then revised based on their input—allowing flexibility to tailor the tools to each specific program and research group ultimately included in the reviews. Additional time was required to bring the activity team, including USAID partners, to consensus on the scope of the program technical reviews.

2. Preparations for Field Work

Preparations for field work began in earnest in early 2010. USAID colleagues approached in-country counterparts in four countries to explore their interest in this project including: Uganda, Lesotho, South Africa, and Kenya. Both Uganda

and South Africa responded positively in February 2010, and the project team was able to hold direct discussions with Mission counterparts to introduce the activity/team, begin the process of identifying programs for technical review and determine an overall timeline for field work.

Specific plans by country were as follows:

- Uganda—the project team held discussions with the Uganda USG Team to finalize the selection of programs for technical review. The programs selected were: The AIDS Support Organization (Masaka), Baylor College of Medicine (Kampala), Mildmay (Mukono), and Joint Clinical Research Centre (Mbarara). The Uganda USG Team facilitated discussions with each program, and all accepted being included in the technical reviews. The lead AIDSTAR-One partner for this activity, ICRW, simultaneously proceeded with obtaining in-country IRB approval and submitted its application to the Uganda National Council for Science and Technology (UNCST) for review. Ethical approval from UNCST was given in March 2010.

Additional preparations for the Uganda field work included coordinating with selected programs on schedules and identification of research participants; selecting local consultants and the senior technical consultant to facilitate interviews and FGDs; and arranging logistics related to field travel. The technical reviews were conducted during May 2010 (see section 3 below for more information).

- South Africa—the USAID Pretoria Prevention and OVC Team Lead informed the project team that no field work could take place until August 2010 at the earliest, due to travel/work restrictions around the World Cup. With this delayed timeline in mind, the team held discussions with several potential programs, finally selecting the following organizations: National Association of Child Care Workers (Eastern Cape), Bana Pele Network (Free State), and Butterfly House and Cotlands (Western Cape).

As per discussions with the USG Team, ICRW also identified a senior technical consultant based in South Africa to lead in-country preparations and supervise the field work. ICRW then proceeded with obtaining in-country IRB approvals, submitting a proposal to the University of the Witwatersrand Human Research Ethics Committee (Medical) in June 2010. During this review, ICRW was also asked to obtain ethical approval from the Hospice Palliative Care Association of South Africa (HPCA), as two of the selected projects fall under this umbrella. ICRW submitted its application to HPCA in July 2010. After several rounds of questions and revisions, ICRW received approval from both review boards in September 2010. With the delays due to both the World Cup and IRB reviews, ICRW worked with local consultants and projects to re-schedule the field reviews for October 2010.

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 were very responsive and helpful, these delays—along with other considerations noted above (local IRB review and World Cup)—pushed field work to May and October 2010, respectively.

3. Uganda Program Reviews

In May 2010, ICRW staff and senior technical consultant traveled to Uganda to conduct the technical reviews. Over the course of the three-week visit, the activity team met with the USG team, conducted interviews with key informants from the Ministry of Health and other USG partners, and visited the four program sites noted above. Across the four sites, the study team conducted 11 FGDs and 34 key informant interviews.

Interviews and focus groups focused on several core themes: the identification of HIV-positive children; HIV testing and counseling; and the disclosure process, stigma, and grief and bereavement. The data collected through interviews and FGDs provided insight into the unique psychosocial needs of HIV positive children and how these programs work through their networks of providers and caregivers to meet these needs. In addition, the field work helped to identify persistent gaps and challenges in building PSS responses.

The findings from these field visits will be combined with data from field visits in South Africa to identify the key priorities for program implementation, research, and policy guidance to better meet the most prevalent and important psychological and social needs of HIV-positive children. These findings will then be used to create a technical brief summarizing the lessons learned and recommendations for pediatric HIV and PSS programming, as well as a paper for submission in a peer review journal.

ANNEX 1: PERFORMANCE MONITORING

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 – No. and percent of AIDSTAR-One website users who report employing AIDSTAR-One products

Result September 2010: 70% Target: 25%

The AIDSTAR-One SI team conducted a baseline survey online and via email in January-February 2010. A request to participate was sent to 850 registered users, recipients of technical assistance and conference attendees. There were 132 responses, representing a 16 percent response rate.

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

Number of products used	Totals	Percent
No products	24	30
1-3 products	39	49
4-8 products	16	20
Total	79	100

N.B. Data based on AIDSTAR-One survey (1/2010)

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 35% of respondents reported adapting a Promising Practice.

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

Result September 2010: 90% Target: 80%

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

Top three uses for AIDSTAR-One materials	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%). Another indicator of use captured by the survey indicated that conference attendees and recipients of technical assistance reported being "very satisfied" (76%) or "satisfied" (24%) with the material received.

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

Result September 2010: Yes Cumulative: Yes

Summary: The website was launched in March of 2009. In October 2009, the SI/KM team with an outside consultant conducted an informal usability study of the proposed revision of the homepage. Results of the study informed the final re-design. The new homepage was launched on February 25, 2010. A more comprehensive Usability study was conducted in July and August 2010 that examined the functionality of the newly launched site. The study identified a number of design features and site architecture that will improve functionality and are currently being revised. Participants noted the breadth of information provided on the site and the effective search function.

SR 1.1.2 Number and percent of good and promising practices (G3Ps) with a gender component

Result September 2010 (see table below) Target: 50%

<u>G3Ps with a Gender component</u>	<u>Oct 2009-Sep 2010</u>
Number	Percent
15	23

Summary: 15 practices have a primary gender focus.

SR 1.1.3 – Number and percent of good and promising practices G3Ps with a Quality Assurance/Quality Improvement (QA/QI) component

Result September 2010 (see table below) Target: 50%

<u>G3Ps with a QA/QI component</u>	<u>Oct 2009-Sep 2010</u>
Number	Percent

Summary: 32 practices include a QI plan, at a minimum. Some provide results of an implemented QA/QI initiative.

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

Result September 2010: 19 Target: 30

Summary: The prevention team now has 19 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 pageviews by content area

Result September 2010: 14,164* Cumulative: 23,101 Target: 110,000

Table 1. Total number of unique pageviews by content area

Content area	Total FY 09	Oct-Dec 09	Jan-Feb 2010*	Total Oct-Feb 2010	Cumulative
Prevention	5081	5432	2984	8416	13497
Treatment	1798	2632	402	3034	4832
Care & support	164	196	189	385	549
HTC	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
Totals	8937	9844	4320	14164	23101

**Data is from January - February 24th 2010 when cookies were disabled and Google Analytics data on unique pageviews was no longer tracked*

Summary: As AIDSTAR-One produced more content to publish on the website, the number of unique pageviews increased. The number of unique pageviews between October 2009 and February 2010 was almost double the number of unique pageviews in all of fiscal year 2009. At the end of February 2010, AIDSTAR-One disabled cookies, with the result that unique pageviews could not be collected during the rest of this reporting period –from March-September 2010. USAID has since approved the use of cookies for their contractors. Thus

cookies will be reinstalled on the AIDSTAR-One website in November 2010, permitting the tracking of unique pageviews in FY11 and thereby allowing a comparison with the baseline data shown above.

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

Result September 2010: 58 Target: 18

Summary: Most of the different links to AIDSTAR-One.com are through HIV or health-related listservs that link to a specific product on the site. The number reported here is based on the Google Analytics total through February 2010. We will resume the tracking of links when Analytics is reinstalled.

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

Result September 2010: 47 Cumulative: 82 Target: 70

Summary: AIDSTAR-One has already exceeded the target for the end of the project. In addition to the 82 AIDSTAR-One-developed products that are available on the website (See Table 2), the project has produced an additional 37 products that are currently pending USAID approval.

Table 2 - Number of AIDSTAR-One resources produced and available for dissemination, FY10 and cumulative

	Produced and Available* FY10	Cumulative Available**
Prevention	32	51
Treatment	3	5
Care and support	6	6
HIV Testing and Counseling	1	4
PMTCT	-	4
OVCs	1	1
Gender	3	6
Private Sector	-	1
Other	1	4
Totals	47	82

*Produced and Available: products approved by USAID/TWGs for publication/ dissemination during FY 2010. A total of 47 products were submitted to USAID/TWGs and approved during FY10. Promising Practices are not included in this table.

**Cumulative Available: Total products available for dissemination over life of project. Products include resources such as: case studies (7), technical briefs (4), posters (7), prevention knowledge base entries (19), and prevention updates (13), among others.

Note: The majority of technical products take more than 12 months to produce on average. Many documents remain in the development/approval pipeline for longer.

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

Result September 2010: 92%

Target: 80%

Table 3. Number and percent of clients who rated the usefulness of material on the website as good or excellent, disaggregated by type of user

Type of User	Number	Percent
Web User (n=51)	47	92
Conference Attendee (n=52)	48	92
TA recipient (n=4)	3	75
Total (N=107)	98	92

Summary: Of the 107 survey respondents who reported visiting the AIDSTAR-One website, attending an AIDSTAR-One-organized conference or receiving TA, 98 (92%) rated the usefulness of material on the website as “good” or “excellent”.

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

SR 2.1– Number of HIV/AIDS core-funded activities provided by AIDSTAR-One (excludes 2.1.1)

Result September 2010: 49

Target: 15

Summary: The table below reflects AIDSTAR-One activities during FY10. During this reporting period, 37 activities (i.e., case studies, technical briefs, assessments, etc) were completed (and are pending USAID review/approval). During FY10, 12 Promising Practices were identified, rated and entered in the Promising Practices database, for a total of 72 Promising Practices over the life of the project.

Table 4 - Number of HIV/AIDS core-funded activities provided by AIDSTAR-One, FY10

	FY10 Activities*	FY10 Promising Practices**	FY10 Total
Prevention	15	5	20
Treatment	3	1	4
Care and support	-	4	4
HIV Testing and Counseling	9	-	9
PMTCT	-	1	1
OVCs	4	-	4
Gender	5	1	6
Private Sector	1	-	1
Totals	37	12	49

*Activities: AIDSTAR-One activities during FY10. Activities refer to program assessments conducted or other forms of TA provided including completed technical products that were submitted to USAID/TWGs during FY 2010 and are pending review/approval.

**Promising Practices: Over the life of the project, a total of 72 Promising Practices have been identified and rated by AIDSTAR-One. Seven additional practices (Prevention-5, Care and Support-2) are pending review.

AIDSTAR-One also provided support to 11 technical consultations and debates during FY10 reaching over 1100 participants (See Table 5).

Table 5. AIDSTAR-One Supported Technical Consultations and Debates, FY10

Technical Area	Title	Dates	Location	# Participants
Gender	Strengthening Gender Programming in PEPFAR: Technical Exchange of Best Practices, Program Models and Resources	Oct. 28-30, 2009	South Africa	37
HIV Testing & Counseling	Home-based Testing and Counseling	Nov. 3-5, 2009	Kenya	40
Field Support (LAC Bureau)	Effective Prevention with Most-at-Risk Populations: Experiences from Latin America	Dec. 8-10, 2009	Guatemala	61
OVC	Food and Nutrition Programming for OVC and their Families	Dec. 2009	Washington, DC	46
Prevention	Capacity Building Workshop on Methods for Size Estimation of Most-at-Risk Populations	Mar. 2-5, 2010	Tanzania	51
Treatment	Antiretroviral Treatment Regional Technical Consultation	May 3-5, 2010	Dominican Republic	94

Gender	Consultation on Scaling Up the Response to Gender-Based Violence in PEPFAR	May 6-7, 2010	Washington, DC	93
World Bank/ USAID Debate	Test and Treat: Can We Treat Our Way Out of the HIV Epidemic?	May 19, 2010	Washington, DC	120
World Bank/ USAID Debate	Behavior Change for HIV Prevention	June 29, 2010	Washington, DC (and webcast)	243
World Bank/ USAID Debate	Discordant Couples and HIV Transmission	Aug. 26, 2010	Washington, DC (and webcast)	258
Prevention	UNAIDS PEPFAR Southern and Eastern Africa Region Male Circumcision Communication Meeting	Sep. 22-24, 2010	South Africa	127
Total Participants				1170

R2.2 Number of AIDSTAR-One pilot interventions implemented

Result September 2010: 1 Cumulative: 1 Target: 5

Summary: AIDSTAR-One initiated a significant demonstration project on Reducing Alcohol-Related HIV Risk to explore an approach to addressing alcohol-related HIV risk. In FY11, AIDSTAR-One will continue a program of activities to reduce alcohol-related HIV risk in a peri-urban community of Windhoek, Namibia. The pilot is currently in the early implementation phase. AIDSTAR-One will launch a similar demonstration project in Cambodia in FY11 with support from the MARPs TWG.

R2.2.1 Number of programs/countries that report using AIDSTAR-One products/information in formulating policy or developing intervention guidelines

Result September 2010: - Cumulative: - Target: 25

Summary: No data has been collected to date for this indicator however we will question respondents in the 2011 Annual Survey.

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

Result September 2010: 5 Cumulative: 11 Target: 14

Summary: AIDSTAR-One technical assistance (TA) was provided in the following countries during FY10:

Cambodia (Prevention, Gender)
DRC (HIV Testing and Counseling)
Namibia (Prevention)
Swaziland (HIV Testing and Counseling)
Thailand (HIV Testing and Counseling, Gender)

In the FY10 semi-annual report, Honduras was reported in this indicator by error. Honduras is a field funded program implemented through AIDSTAR-One assistance and is reported in indicator R3.1.1.

Result Area 3: Strategic evidence-based programmatic approaches to HIV prevention, treatment and care developed and implemented in other USAID countries.

R3.1 Number of HIV/AIDS programs supported through field support-funded TA or assessments.

Result September 2010: 10 Cumulative: 11 Target: 8

Summary: AIDSTAR-One implemented workplans funded through field support from the Africa Bureau, the LAC Bureau, USAID/Central Asian Republics (for the second phase of activities in Kyrgyzstan), and the USAID Missions in Honduras, Tanzania, India, Mexico, Uganda, Ethiopia, and Nigeria. Work funded under field support from USAID/Guatemala was completed during the previous reporting period.

R3.2 Number of field support-funded programs for which evaluation results show improved program quality or use of services

Result September 2010: 2 Cumulative: 2 Target: 5

Summary: Safe injection and healthcare waste management practices at health care facilities protect the provider, patient and community from the medical transmission of HIV.

Over the last year, AIDSTAR-One conducted several quarterly supportive supervision visits to focal health facilities and facilities supported by other implementing partners in Nigeria. In these health facilities, the use of safety boxes as a means of collection and disposal of used sharps was being practised 97% of the time with immediate disposal of used syringes (without recapping) also being practised 97% of the time. There has also been a marked

improvement in storage of filled safety boxes in health facilities in a secure site prior to final treatment and disposal.

The results of supportive supervision visits conducted by AIDSTAR-One to 125 health facilities in Ethiopia where injection safety and healthcare waste management interventions have been implemented showed significant progress. The number of reported needle stick injuries in waste handlers (past 6 months) decreased from 32 percent in 2008 to 15.7 percent in 2010. The immediate disposal of used syringe (without recapping) into safety box increased from 78 percent in 2008 to 97.8 percent in 2010.

R3.1.1 Number of programs implemented through AIDSTAR-One assistance

Result September 2010: 1 Cumulative: 1 Target: 3

Summary: Since project inception in April 2009, AIDSTAR-One in Honduras has provided support to the Health Secretariat in the development of a Comprehensive Care Strategy for STI/HIV/AIDS in Honduras. Along with supporting the Health Secretariat, AIDSTAR-One in Honduras has also successfully supported civil society through technical assistance provided to ASONAPVSIDAH.

R3.1.2 Percent of AIDSTAR-One implemented programs that included a gender component

Result September 2010: -- Cumulative: -- Target: 100%

Summary: The project did not receive funding for this activity due to a shift in donor priorities, thus no data has been collected for this indicator.

R3.1.3 Percent of AIDSTAR-One implemented programs that included a QA/QI component

Result September 2010: -- Cumulative: -- Target: 100%

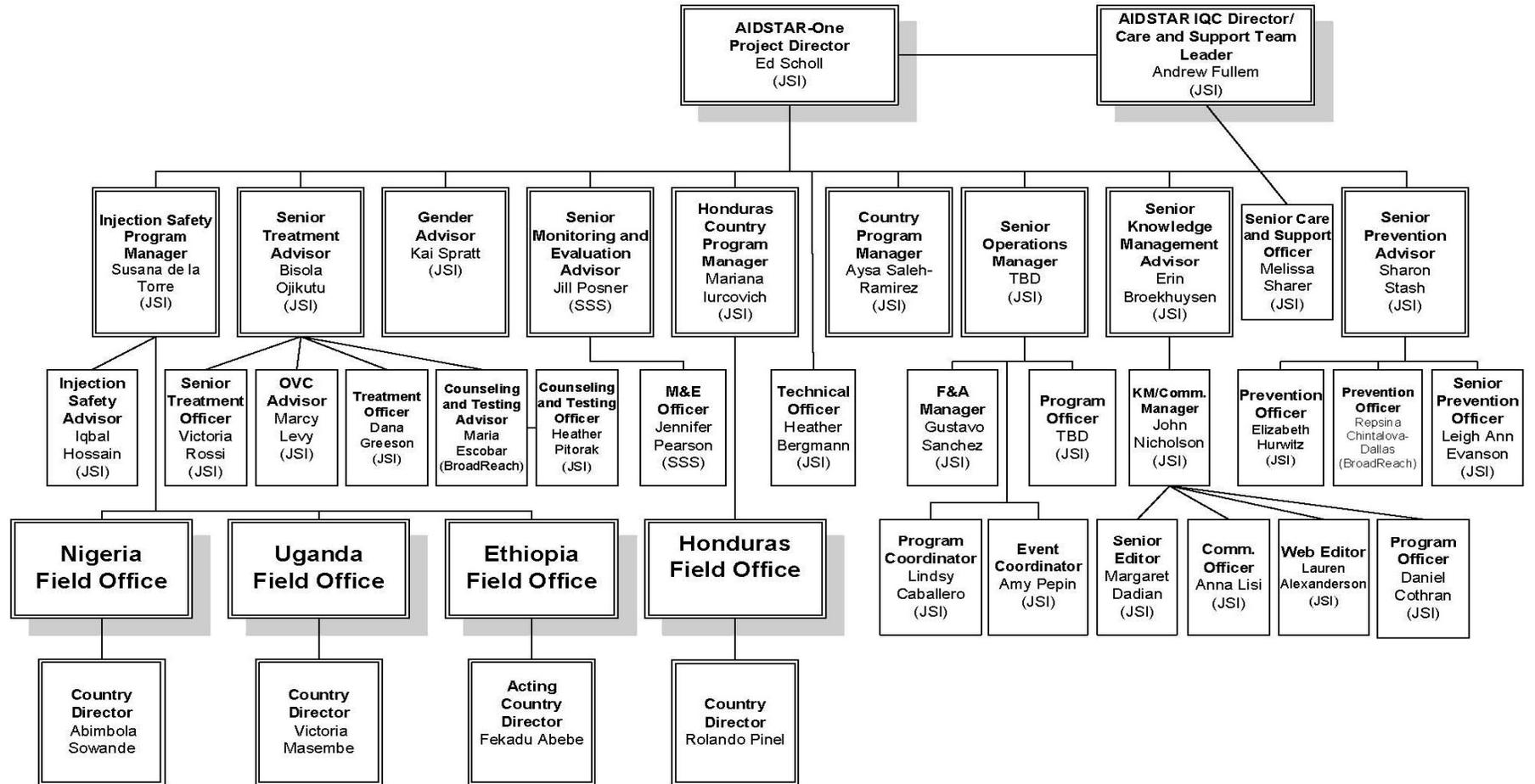
Summary: The project did not receive funding for this activity due to a shift in donor priorities thus no data has been collected for this indicator.

ANNEX 2: AIDSTAR-ONE TECHNICAL TEAMS

Team Name/ USAID Contact	Care and Support John Palen, Co-Chair	Testing & Counseling Vincent Wong, Co-Chair	KM/SI	OVC Gretchan Bachman, Co-Chair	Gender Diana Prieto, Co- Chair	Prevention Clancy Broxton, Tim Mah Co-Chairs	Treatment/ PMTCT Robert Ferris, Maggie Brewinski, Co- Chairs
Lead	Andrew Fullem (JSI)	Maria Claudia Escobar (BroadReach)	Erin Broekhuysen (JSI) and Jill Posner (SSS)	Marcy Levy (JSI)	Kai Spratt (JSI)	Sharon Stash (JSI)	Bisola Ojikutu (JSI)
Members	Maryanne Stone Jimenez (WRA) Heather Bergmann (JSI) Kai Spratt (JSI) Jill Posner (SSS) Lindsay Caballero (JSI) Mary Guttman (EnCompass) Lilia Gerberg (JSI) Melissa Sharer (JSI) John Nicholson (JSI) Naomi Printz (JSI) Jenny Dahlstein (JSI)	Heather Pitorak (JSI) Lyn Messner (Encompass) Kai Spratt (JSI) Heather Bergmann (JSI) Cassandra Blazer (BroadReach) Bisola Ojikutu (JSI) Jennifer Pearson (SSS)	Heather Bergmann (JSI) John Nicholson (JSI) Lauren Alexanderson (JSI) Margaret Dadian (JSI) Diane Gardsbane (EnCompass) Sue Griffey (SSS) Kai Spratt (JSI) Daniel Cothran (JSI) Jennifer Pearson (SSS) Jill Posner (SSS) Anna Lisi (JSI) Cassandra Blazer (BroadReach)	Melissa Sharer (JSI) Lydia Kline (World Education) Jenny Dahlstein (JSI) Jill Posner (SSS) Lyn Messner (EnCompass) Lindsay Caballero (JSI) John Nicholson (JSI)	Katherine Fritz (ICRW) Myra Betron (ICRW) Diane Gardsbane (EnCompass) Lyn Messner (EnCompass) Lisa Crye (EnCompass)	Michele Clark (JSI) Lindsay Caballero (JSI) Katherine Fritz (ICRW) Peter Okaalet (MAP) Maryanne Stone-Jimenez (WRA) Kai Spratt (JSI) Helen Cornman (Consultant) Heather Bergmann (JSI) Repsina Chintalova-Dallas (BroadReach) John Nicholson (JSI) Diane Gardsbane (EnCompass) Lyn Messner (EnCompass) Cassandra Blazer (BroadReach) Elizabeth Hurwitz (JSI) Jill Posner (SSS) Jennifer Pearson (SSS)	Lisa Hirschhorn (JSI) Bridget McHenry (WRA) Kai Spratt (JSI) Andrew Fullem (JSI) Rebecca Oser (BroadReach) Cassandra Blazer (BroadReach) Lyn Messner (EnCompass) Carolyn Bolton (UAB) Jill Posner (SSS) Lindsay Caballero (JSI) Lisa Crye (EnCompass) Maryanne Stone-Jimenez (WRA) Dana Greeson (JSI)

Cross-cutting Initiatives Focal Points: Quality Improvement: Lisa Crye, EnCompass | Policy: Lyn Messner, EnCompass | Private Sector Engagement: Cassandra Blazer, BroadReach

ANNEX 3: STAFF



ANNEX 4: AIDSTAR-ONE PUBLICATIONS

Completed publications as of September 30, 2010

Prevention

- Technical Brief: *HIV Prevention for Serodiscordant Couples*
- Technical Brief: *Prevention of Alcohol-Related HIV Risk Behavior*
- Technical Consultation Report: *Addressing Multiple and Concurrent Sexual Partnerships in Generalized Epidemics*; technical consultation held October 29-30, 2008 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, 2009 in Chennai, India
- Technical Consultation Report: 2009 MARPs Technical Consultation in Guatemala (Spanish)
- Spotlight on Prevention: *Uganda's Zero Grazing Campaign*
- Spotlight on Prevention: *Reducing HIV Infection in Young Women in Southern Africa*
- Spotlight on Prevention: *The Astonishing Neglect of an HIV Prevention Strategy: The Value of Integrating Family Planning and HIV Services*
- Case Study: *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*
- Case Study: *The International HIV/AIDS Alliance in Ukraine: Promising Approaches to Combination HIV Prevention Programming in Concentrated Epidemics*
- Case Study: *The Humsafar Trust, Mumbai, India: Empowering Communities of Men Who Have Sex with Men to Prevent HIV*

- Case Study: *“Wising up” to Alcohol-Related HIV Risk, Cape Town, South Africa*
- 13 published *Prevention Updates*
- Poster: *Combination Prevention: Four Promising Approaches*
- Poster: *Engaging New Partners and New Technologies to Prevent HIV among MSM: CEPEHRG and Maritime, Ghana*
- Poster: *Emerging Programmatic Approaches to Preventing Alcohol-related Sexual Risk*

Treatment

- Technical Brief: *Implementation of World Health Organization’s (WHO) 2008 Pediatric HIV Treatment*
- Technical Brief: *Adult Adherence to Treatment and Retention in Care*
- Technical Brief: *Decentralization of Antiretroviral Treatment at Primary Healthcare Level In Public And Private Sectors In Generalized Epidemic Resource-Constrained Settings*

Care & Support

- Technical Brief: *Mental Health and HIV*
- Assessment Report: *Food by Prescription in Kenya: An Assessment Conducted in 2009*
- Poster: *Food as Medicine When Food is Scarce: The Food by Prescription Programme in Kenya*
- *Pilot WASH Training Curriculum and Participant Technical Resource*
- APCA: *Beating Pain Pocketbook*
- APCA: *Handbook of Palliative Care*

Testing and Counseling

- Technical Consultation Report: *Home-Based Testing and Counseling: Program Components and Approaches* (technical consultation held November 3-5, 2009 in Nairobi, Kenya)
- *Provider Initiated Country Policy Review*

- *Poster: Stigma is Still a Barrier to Uptake of Counseling and Testing by MSM in Thailand*

Gender

- *Technical Brief: Gender-based violence and HIV*
- *Poster: Integrating Comprehensive Gender Strategies to Improve HIV Prevention: Case Studies from Sub-Saharan Africa*
- *Poster: Integrative Microfinance: Critical Success Factors for Women and HIV*

PMTCT

- *Risk of HIV Transmission During Breastfeeding: A Table of Research Findings*

Private Sector

- *Technical Brief: Private Sector Involvement in HIV Service Provision*

Field Support

- *Case Study: HIV Prevention on the U.S.-Mexico Border: Addressing the Needs of Most-at-Risk Populations*
- *Situation Analysis of Infection Prevention Control in Bishkek and Osh, Kyrgyzstan*

Other

- *Debate Report: Emerging Issues in Today's HIV Response: Debate 1—Test and Treat: Can We Treat Our Way Out of the HIV Epidemic?*
- *Debate Report: Emerging Issues in Today's HIV Response: Debate 2—Behavior Change for HIV Prevention*

Publications under development

Prevention

- *Case Study: Alcohol Consumption and HIV Risk, India (finalizing for USAID approval)*
- *Case Study: The Avahan-India AIDS (finalizing for USAID approval)*
- *Case Study: The O Icheke Campaign, Botswana: A National Behavior Change Communication Program to Reduce Multiple and Concurrent Partnerships (awaiting final USAID approval)*

- Case Study: *Fataki* (in review)
- Case Study: *Club Risky Business* (in review)
- Case Study: *Mixed Epidemics, Nigeria* (in review)
- Case Study: *Combination Prevention, Namibia* (in review)
- Prevention Spotlight: *Balancing Research with Rights-based Principles of Practice* (in review)

PMTCT

- Technical Brief: *Increasing Coverage, Access and Utilization of Prevention of Mother-to-Child Transmission Services* (in review)
- Technical Brief: *Integrating Prevention of Mother-to-Child Transmission of HIV Interventions with Maternal, Newborn, and Child Health Services* (in review)

Treatment

- Toolkit: *Pediatric HIV Treatment Toolkit: A Practical Guide to the Implementation of the 2009 World Health Organizations Pediatric HIV Treatment Recommendations* (in final stages of production/review)
- Case Study: *Revision of HIV Treatment Guidelines, Guyana* (in review)
- Case Study: *Revision of HIV Treatment Guidelines, Zambia* (in review)
- Case Study: *Emergency Planning for ART, Kenya* (in development)
- Case Study: *Emergency Planning for ART, DRC* (in development)
- Case Study: *Emergency Planning for ART, Uganda* (in development)
- Case Study: *Emergency Planning for ART, Nigeria* (in development)
- *ART Costing Crosswalk Analysis* (in review)
- *Pediatric Study Protocol and Assessment Tools* (in review)

Testing & Counseling

- Report: *Increasing Access and Uptake of HIV Counseling and Testing Among Men Who Have Sex With Men In Thailand* (awaiting final USAID approval)

- Report: *Assessment of Provider-Initiated Testing and Counseling Implementation: Cambodia* (in final stages of review)
- Case Study: *Reaching MSM in Thailand* (in development)
- Case Study: *PITC and the Private Sector, Kenya* (in review)
- *South-to-South Technical Assistance to Swaziland: Home-based Counseling and Testing* (in final stages of production/review)
- Literature Review: *Cost and Cost-Effectiveness of HIV Counseling and Testing in Resource-Constrained Countries* (in development)
- Literature Review: Update of HBHTC Literature (in development)
- Literature Review: Update of PITC Literature (in development)
- Home-based HIV Testing and Counseling Tools (approved; being uploaded to newly designed HTC web page)
- PITC Training Modules for DRC (in final stages of development)
- HTC pocket guide for DRC (in development)

OVC

- Technical Brief: Early Childhood Development (in development)
- Case Study: Center-based Care and Early Childhood Development (in development)
- Case Study: *Legal Units for Orphans and Vulnerable children: A Crucial Resource for Hope and Justice, Cote d'Ivoire* (KM reviewing)
- Case Study: *Food Security/Nutrition, Tanzania* (at USAID for review)
- Case Study: *Food Security/Nutrition, Ethiopia* (at USAID for review)
- Technical Brief: Permaculture and OVC (in development)
- Technical Report: *Child Protection within OVC Programming* (in review)
- Granting Assessment (in development)

Gender

- Technical Brief: *Microfinance, HIV, and Women's Empowerment* (awaiting USAID final approval)

- Technical Brief: *Integrating Gender into Programs for Most at Risk Populations* (in review)
- Compendium on Gender in Concentrated Epidemics (10 case studies in development)
- 3 Gender-based Violence Case Studies (in development)
- Africa Gender Compendium Case Studies (5 case studies, USAID reviewing)
- Gender Fact Sheets (USAID reviewing)
- Gender-based Violence Meeting Report (USAID reviewing)
- Gender Technical Exchange Meeting Report (USAID reviewing)
- Spotlight on Gender: *Preventing Gender-Based Violence and HIV: Lessons from the Field* (in final stages of review/production)

Care and Support

- Technical Brief: *Supply chain for cotrimoxizole under PEPFAR Supported Programs* (in final stages of development)
- Analysis of Hospice and Palliative Care Drugs in Selected PEPFAR Countries (in review)
- Case Study: *Mental Health Care and Support—FHI Vietnam Program* (in final stages of production/review)
- Case Study: *Mental Health Care and Support—Peter Alderman Foundation Program in Uganda* (in development)
- *Guidelines for Using the APCA African Palliative Outcome Scale* (in development)

Private Sector

- Case Study: *The HIPS Project: Extending Health Care Through the Private Sector in Uganda* (in review)

Other

- Debate Report 3, World Bank Debate Series (in review)

ANNEX 5: 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	51,304	56,334	207,083	530,621	169,379	75.80%
PREVENTION	4,775,000	7,000,000	2,225,344	552,076	589,488	810,813	922,342	2,874,719	5,100,064	1,899,936	72.86%
CARE & SUPPORT	1,616,000	2,070,000	454,175	223,664	424,029	336,666	373,309	1,357,668	1,811,844	258,156	87.53%
OVC	403,000	750,000	347,023	94,543	86,449	51,828	76,746	309,567	656,590	93,410	87.55%
HIV COUNSELING & TESTING	1,204,000	1,820,000	615,874	181,232	161,638	141,422	300,093	784,386	1,400,260	419,740	76.94%
ADULT/PED HIV TREATMENT	1,715,000	2,700,000	842,086	211,355	283,563	349,701	353,785	1,198,404	2,040,491	659,509	75.57%
STRATEGIC INFO	200,000	630,000	430,182	118,995	(5,924)	87,979	(1,232)	199,819	630,000	(0)	100.00%
OTHER		1,360,000	935,335	127,781	(33,886)	68,139	82,774	244,809	1,180,144	179,856	86.78%
--PRIVATE SECTOR	195,000			115,898	(43,521)	53,435	68,851	194,664			
--FP/HIV	230,000			11,883	9,635	14,704	13,923	50,145			
GENDER	1,300,000	2,100,000	800,398	272,750	179,351	386,950.96	359,521	1,198,573	1,998,971	101,029	95.19%
KM		190,000									
Unspecified Incremental Funding FY 11		1,122,912								1,122,912	0.00%
SUBTOTAL CLIN 1	12,014,000	20,442,912	6,973,957	1,843,224	1,723,327	2,284,805	2,523,673	8,375,028	15,348,985	5,093,927	75.08%
FIELD SUPPORT				Q1	Q2	Q3	Q4	Total			
Central Asia Region (Kyrgyzstan)		164,000	83,531	0.00	355	578	6,355	7,289	90,820	73,180	55.38%
Honduras		1,683,458	356,402	164,350	139,552	183,221	242,354	729,477	1,085,879	597,579	64.50%
Guatemala		70,000	69,998	1,343	3,730	25,314	(30,386)	2	70,000	0	100.00%
Central America Program		60,000	0				60,000	60,000	60,000	0	100.00%
LAC Bureau		1,244,400	32,066	89,050	6,602	(9,952)	(7,392)	78,309	110,375	1,134,025	8.87%
AFR Bureau		564,822	82,833	29,395	27,021	50,998	52,053	159,467	242,299	322,523	42.90%
E&E Bureau		50,000									
Ethiopia		4,023,652	0	92,517	254,499	344,013	973,024	1,664,053	1,664,053	2,359,599	41.36%
Nigeria		4,335,000	0	221,690	407,645	378,027	260,749	1,268,112	1,268,112	3,066,888	29.25%
Uganda		752,500	0	42,819	47,526	90,478	88,561	269,385	269,385	483,115	35.80%
Mexico		52,000	0	12,739	8,159	24,914	5,466	51,278	51,278	722	98.61%
India		2,250,000	0	2,864	48,414	82,458	36,553	170,288	170,288	2,079,712	7.57%
Swaziland		500,000	0	0	128,695	118,889	155,190	402,775	402,775	97,225	80.55%
Tanzania		710,000	0	0	0	18,926	22,093	41,019	41,019	668,981	5.78%
SUBTOTAL CLIN 2		16,459,832	624,830	656,768	1,072,199	1,307,865	1,864,620	4,901,452	5,526,282	10,883,550	33.57%
TOTAL		36,902,744	7,598,787	2,499,992	2,795,526	3,592,670	4,388,292	13,276,480	20,875,267	15,977,477	56.57%

Level of Effort(LOE)	FY 08 Actual	Actual LOE FY 10				Cumulative Total	Contract Ceiling	Balance
		Q1	Q2	Q3	Q4			
CLIN 1								
PMTCT	315	42	28	65	26	476		
PREVENTION	2,374	442	697	877	804	5,194		
CARE & SUPPORT	428	193	296	356	171	1,444		
OVC	436	98	91	68	71	765		
HIV COUNSELING & TESTING	601	58	191	136	291	1,277		
ADULT/PED HIV TREATMENT	933	120	311	286	325	1,974		
STRATEGIC INFO	531	174	182	176	45	1,108		
OTHER	868	135	15	146	134	1,298		
GENDER	1,050	159	198	183	309	1,899		
TOTAL	7,536	1,422	2,007	2,292	2,178	15,436	21,727	6,291
CLIN 2								
Kyrgyzstan	250	0.00	0.38	0.63	6.25	257		
Honduras	377	235	290	316	486	1,704		
Guatemala	291	2	4	5	0	301		
Central America Program	0	0	0	0	16	16		
LAC Bureau	50	54	7	20	20	150		
AFR Bureau	150	31	34	63	75	353		
Ethiopia	0	90	348	1,909	2,581	4,928		
Nigeria	0	73	167	531	502	1,274		
Uganda	0	17	124	134	348	623		
Mexico	0	10	6	26	10	52		
India	0	3	43	68	35	150		
Swaziland	0	1,913	725	6,173	6,118	14,927		
Tanzania	0	0	0	17	53	70		
TOTAL	1,117	2,428	1,747	9,262	10,250	24,804	60,244	35,440

AIDSTAR-One

John Snow, Inc.

1616 Fort Myer Drive, 11th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: aidstarone-info@jsi.com

Internet: aidstar-one.com