

**STRENGTHENING HIGH
IMPACT INTERVENTIONS FOR
AN AIDS-FREE GENERATION
(AIDSFREE) PROJECT**

**FINAL REPORT
2014–2019**



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AIDSFree

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ACRONYMS

AIDSFree	Strengthening High Impact Interventions for an AIDS-free Generation
AGYW	adolescents, girls, and young women
ANC	antenatal care
ANECCA	African Network for the Care of Children Affected by AIDS
ART	antiretroviral therapy
CE	Central Edition
CHV	community health volunteer
CQI	continuous quality improvement
EID	early infant diagnosis
EIMC	early infant male circumcision
eLMIS	electronic logistics management information system
EQA	external quality assessment
FE	Facility Edition
FSW	female sex workers
FY	fiscal year
GBV	gender-based violence
GLSL	Green Label Services Ltd.
GRZ	Government Republic of Zambia
HCWM	health care waste management
HTS	HIV testing services
IPC	infection and prevention control
IPLS	Integrated Pharmaceutical Logistics System
IR	intermediate result
LPV/r	lopinavir/ritonavir
LTFU	lost to follow-up
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MSM	men who have sex with men

NGO	nongovernmental organization
OTH	Online Training Hub
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PrEP	pre-exposure prophylaxis
PY	project year
QI	quality improvement
SBCC	social and behavior change communication
SPPCHS	Strengthening Police and Prisons Comprehensive HIV Services
TA	technical assistance
TB	tuberculosis
TMA	total marketing approach
USAID	United States Agency for International Development
VL	viral load
VMMC	voluntary medical male circumcision
WHO	World Health Organization

EXECUTIVE SUMMARY

In 2012, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) released the *PEPFAR Blueprint: Creating an AIDS-free Generation*. The Blueprint outlined four roadmaps to an AIDS-free future: saving lives, making smart investments, sharing responsibility, and driving results with science. From 2014 to 2020, the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project worked to fulfil these roadmaps. AIDSFree successfully expanded HIV education, prevention, and treatment in 19 countries throughout Africa, including the Middle East/North Africa region, while also strengthening systems to support long-term, sustainable containment of the epidemic.

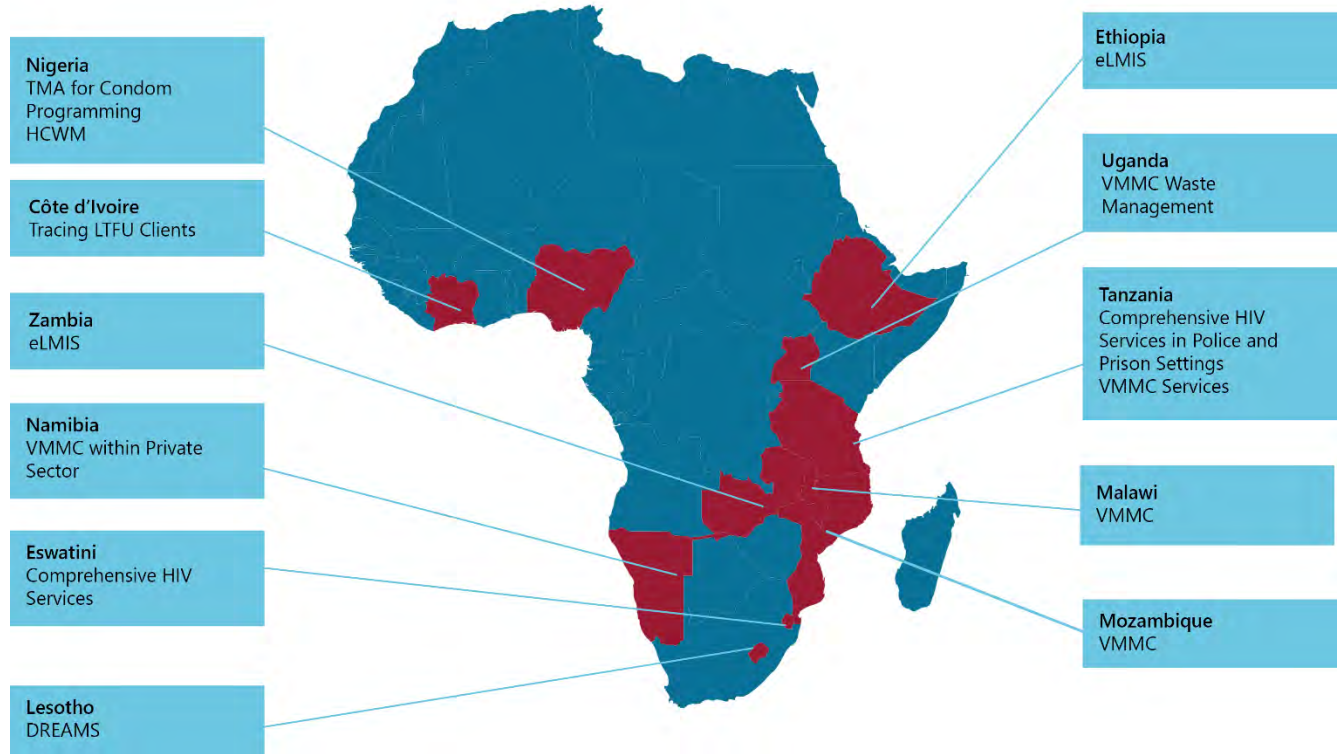
AIDSFree is a consortium, funded by PEPFAR through the United States Agency for International Development (USAID), dedicated to the control of HIV in targeted African nations. It was led by JSI Research & Training Institute, Inc., which coordinated the efforts of seven partners: Abt Associates Inc., the Elizabeth Glaser Pediatric AIDS Foundation, EnCompass LLC, Jhpiego Corporation, IMA World Health, Frontline AIDS (formerly the International HIV/AIDS Alliance), and PATH.

Funding for AIDSFree's initiatives was driven by priorities identified by USAID to support broad, regional initiatives to address HIV and field buy-in, in PEPFAR-supported countries to strengthen implementation and fill gaps in service delivery. The priorities for funding streams consisted of 1) engaging young men and boys, 2) reaching women, girls, and children, 3) implementing comprehensive services to reach the 95-95-95 targets, and 4) advancing HIV care and treatment.

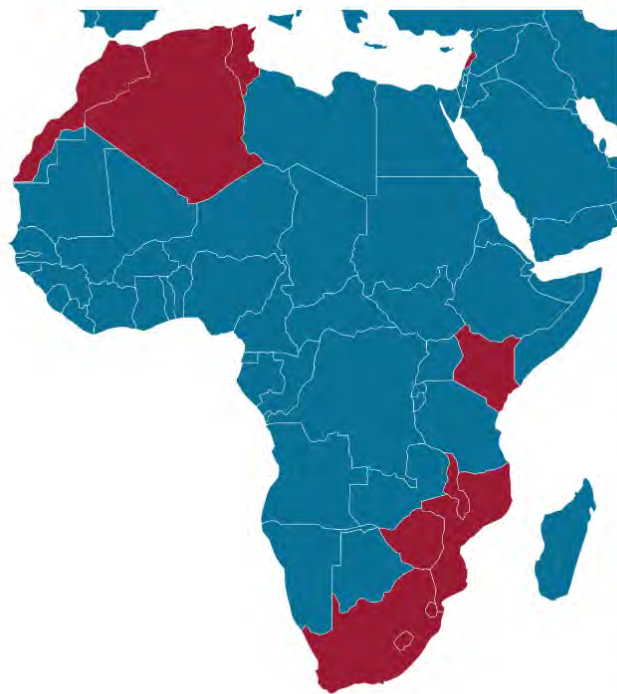
To that end, AIDSFree worked in a total of 16 countries in sub-Saharan Africa and 4 countries in the Middle East/North Africa region. The project provided technical assistance, direct service delivery, and health system strengthening via short- and long-term interventions. Highlights of these activities include:

- Comprehensive HIV services in Eswatini and Tanzania
- Interventions to promote voluntary medical male circumcision (VMMC) via public, private, and community-based services in Tanzania, Mozambique, Malawi, and Namibia
- A consistent focus on vulnerable populations such as women and girls
- DREAMS programing in Lesotho and tracing lost to follow-up (LTFU) clients in Côte d'Ivoire.

AIDSFree Field Buy-Ins 2016–2019



AIDSFree Technical Assistance Projects, 2016–2019



- Civil Society Capacity Building for PMTCT Service Delivery**
Lesotho
- Index Testing and Partner Notification**
Eswatini
- Jivunia Uzazi na Afya Program**
Kenya
- Mother-Baby Pairs**
Eswatini
- PrEP SBCC Demand Creation**
Botswana, Mozambique, and Nigeria
- Public-Private Alliance for Pediatric HIV**
Kenya
- Enhancing PMTCT by Engaging the Private Sector**
Zimbabwe
- Rights to Equality in Middle East/North Africa**
Algeria, Lebanon, Morocco, and Tunisia
- VMMC Continuous Quality Improvement**
Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, and Zimbabwe

AIDSFree's Approach

A hallmark trait of the AIDSFree Project was its capacity to leverage partnerships, tailoring activities to consortium members' strengths. All project activities included partnerships with local partners in the public and private sectors (including communities, faith-based, and for-profit entities), aimed at building local skills to provide comprehensive HIV services while establishing the policies and systems to maintain these services beyond the project's end.

A second characteristic was AIDSFree's continuous activity monitoring, evaluation, and course modification to ensure consistent alignment with local needs, evolving epidemiological strategies, emerging technology, and U.S. Government directives (see "Quality Assurance").

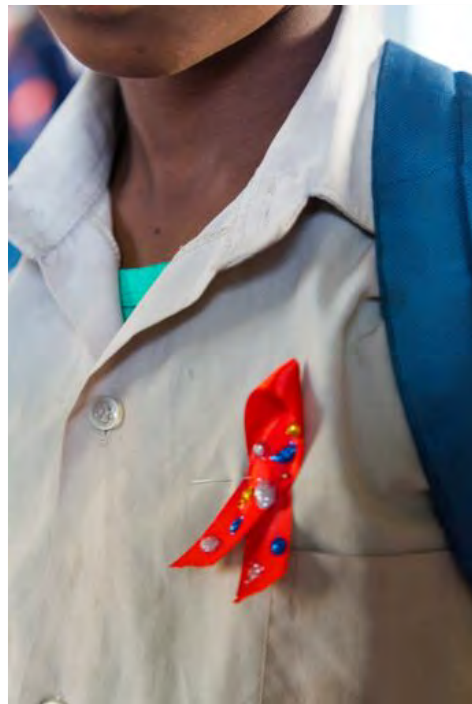
Continuous quality improvement—which the project incorporated within local structures—enabled AIDSFree to remain a leader in using cutting-edge knowledge, approaches, and technology—and transferring this knowledge to host countries.

Over AIDSFree's duration, the HIV field saw remarkable evolution, including the development of new treatment drugs, changing understanding of communities' role in health care, and new, evidence-informed directions and approaches that influenced international and country-based goal-setting. The project's flexible approach facilitated continuous strategic course correction to align with changes in PEPFAR and USAID goals—from the 90-90-90 goals for testing, treatment, and viral suppression, to the revised 95-95-95 goals, to the goal of epidemic control and handover of program management to local partners.

Since its inception, AIDSFree used its evidence-informed interventions and research to identify and put in place tools and best practices. Using both innovative and proven strategies, AIDSFree filled service delivery gaps and supported capacity building and system strengthening activities. These smart investments were paramount to achieving programmatic sustainability while helping countries to meet their targets.

To complement the project's interventions, the AIDSFree web portal helped program managers, policymakers, practitioners, and volunteers access and apply the resources they needed to shape programs that better reached their target populations. The foundation of all of the project's activities, AIDSFree's knowledge base built from and fed into the project's work.

By leveraging partners' strengths and constantly evaluating and adjusting project activities and goals, AIDSFree was a catalyst for significant changes in participating countries within its project lifetime—for example:



Alicia Carter/AIDSFree

- Providing support and technical assistance to help countries transition to locally-owned services
- Developing and disseminating tools to apply emerging approaches
- Piloting and scaling up innovative approaches for protecting vulnerable populations
- Supporting sustainability through infrastructure improvements to ensure reliable availability of commodities
- Facilitating knowledge transfer and capacity building using mobile-based eLearning applications and WhatsApp
- Conducting market research across five countries on condom manufacturing to inform total market approach for sustainable condom programming

Underlying every AIDSFree activity was a vibrant knowledge management strategy that informed, and was informed by, the activity's progress, outcomes, and findings. AIDSFree developed databases, communities of practice, handbooks, and social media outreach to reflect the latest knowledge on existing best practices, research, and new approaches.

Funding

AIDSFree had two main streams of funding: field support, which comprised approximately 82 percent, and central funding, which accounted for approximately 18 percent of all funds received. In project year (PY) 5, AIDSFree's total funding obligation increased from approximately US\$163 million in obligations received by September 2018 to approximately \$195 million in obligations received by September 2019, representing 78 percent of the overall award ceiling (see Annex C).

All AIDSFree activities were designed and implemented to address one or more of the intermediate results (IRs) established PEPFAR. These IRs are all part of the larger PEPFAR monitoring and evaluation framework.

AIDSFree was accountable for three main IRs:

- IR 1: Research findings are used to inform policy and improve practices
- IR 2: New and emerging research findings are integrated into country programs
- IR 3: Improved technical and organization performance of HIV/AIDS programs

Within each IR are sub-IRs that provide nuance and detail to the main result.

Most of AIDSFree's activities addressed more than one IR simultaneously. Knowledge management, market research, and selected capacity building projects addressed the first IR. The second intermediate result related to designing and implementing a technical model in which a particular approach or a combination of interventions were implemented in a pilot-like setting or at scale and monitored and evaluated to assess the model's effectiveness. Both delivery of direct services by AIDSFree's country programs and headquarters-funded technical assistance responded to the third IR.

AIDSFree's core and field initiatives contributed to three of PEPFAR's Strategic Gender Areas:

1. Engaging men and boys to address norms and behaviors around masculinity and sexuality
2. Increasing gender equity in HIV programs and services, including reproductive health services
3. Preventing and responding to gender-based violence

This report contains five annexes. Annex A summarizes the project's performance monitoring data. Annex B outlines the project's knowledge management activities, including web analytics and a list of completed publications. Annex C summarizes AIDSFree's financial and level of effort status report. Annexes D and E outline the project's compliance with its plans for protecting the environment and human subjects, respectively.

COMPREHENSIVE PROJECTS: HOLISTIC SERVICE STRENGTHENING

AIDSFree’s initiatives in the Kingdom of Eswatini and the United Republic of Tanzania sought to strengthen the availability and quality of comprehensive services for HIV prevention and treatment in support of the countries’ 95-95-95 goals. These large projects offered technical and direct assistance to support epidemic control through several strategies. AIDSFree worked toward building a critical mass of providers with the essential skills in HIV prevention and treatment. Simultaneously, the project broadened the pool of potential clients to bring underserved groups and populations into care—men and mother-baby pairs in Eswatini, and prisoners and prison guards in Tanzania. Underlying AIDSFree’s activities was an effort to redress common system failings—weak links—between policies and services on the ground. The project increased the contribution of policies, government, providers, and communities to better health care by strengthening connections between communities and facilities, enhancing linkages from one HIV service to another, instilling promising practices such as index testing, and ensuring availability of updated guidance on new policy approaches such as pre-exposure prophylaxis (PrEP).

Eswatini: Strengthening Comprehensive Coverage

In the Kingdom of Eswatini—which has the world’s highest HIV prevalence¹—AIDSFree partnered with the government and local agencies to build support for holistic HIV services in Hhohho and Shiselweni regions. The project strengthened HIV testing services (HTS), HIV care and treatment, prevention of mother-to-child transmission (PMTCT), and tuberculosis (TB)/HIV services. AIDSFree also leveraged the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) platform to address broader maternal, newborn, and child health (MNCH) priorities through integration, as outlined in the U.S. Global Health Initiative strategy, while working toward the 95-95-95 objectives. As the country’s needs and the United States Agency for International Development (USAID)’s goals evolved, AIDSFree adapted to meet new needs and tested emerging strategies, such as index testing, to help Eswatini approach epidemic control (Figure 1).

AIDSFree supported a total of 63 facilities in two regions (42 in Hhohho and 21 in Shiselweni). In these facilities, the project trained providers on following revised HIV guidelines, including use of new antiretroviral therapy (ART) regimens and formulations. AIDSFree scaled up services for routine viral load (VL) monitoring; test and start initiative, index testing, and HIV self-testing, among other initiatives. By the end of the program, AIDSFree’s achievements included:

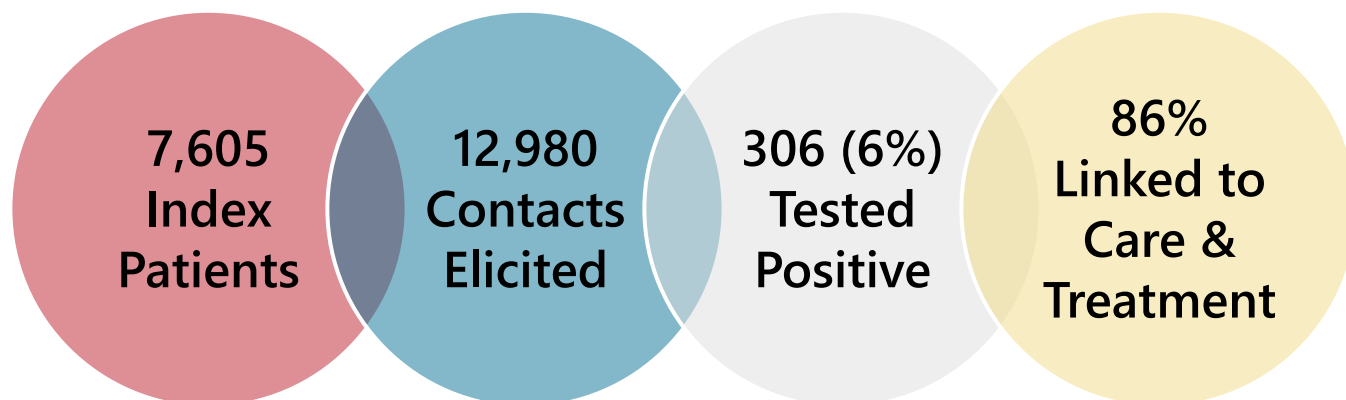
- 543,911 people tested for HIV



¹ Avert. 2019. “HIV and AIDS in Eswatini.” Available at <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/swaziland>

- 27,408 newly enrolled in ART
- 96.4 percent of all HIV-positive pregnant women enrolled in antenatal care

Figure 1. Eswatini Index Testing Cascade, September 2018–March 2019



First 95—Knowing One’s Status

AIDSFree strengthened HTS with particular attention to mothers and their infants, and built capacity for HIV-exposed infants. As of 2018, 127 exposed infants had received testing and the 2 infants found positive were started on treatment (see Figure 2). To expand the reach of HIV testing services, AIDSFree conducted onsite training to implement and expand index testing along with the nationally approved four partner notification strategies; and also worked with community partners to conduct community-based testing of contacts identified at the facility level. The project also used mentorship and community outreach models as strong practices for bringing men and pregnant women into testing, identifying positives, and linking them to ART. This technical assistance (TA) yielded positive results, including an increase of index testing linkage rates from 79 percent in 2018 to 97 percent by March 2019.

Second 95—Enrolling Clients in Sustained Treatment

AIDSFree supported facilities to prepare clients for same-day ART initiation, and to enroll those who are not ready to start ART into pre-ART and follow up with counseling and phone support (using project-provided phones and airtime) until they initiate ART. To improve linkage of positive patients, the project implemented quality improvement (QI) processes and supported use of a facility-based tracking/linkages tool. AIDSFree also supported social workers to ensure that all HIV-positive pediatric patients are initiated on ART.

Third 95—Sustained Viral Suppression

AIDSFree conducted onsite trainings and offered intensive mentorship on VL monitoring, sample collection, and results interpretation, including stepped-up adherence counseling for those with detectable VL. To ensure institutionalization of VL testing according to national standards, the project also improved client flow and strengthened record-keeping and documentation of results in chronic care files, registers, and electronic medical records.

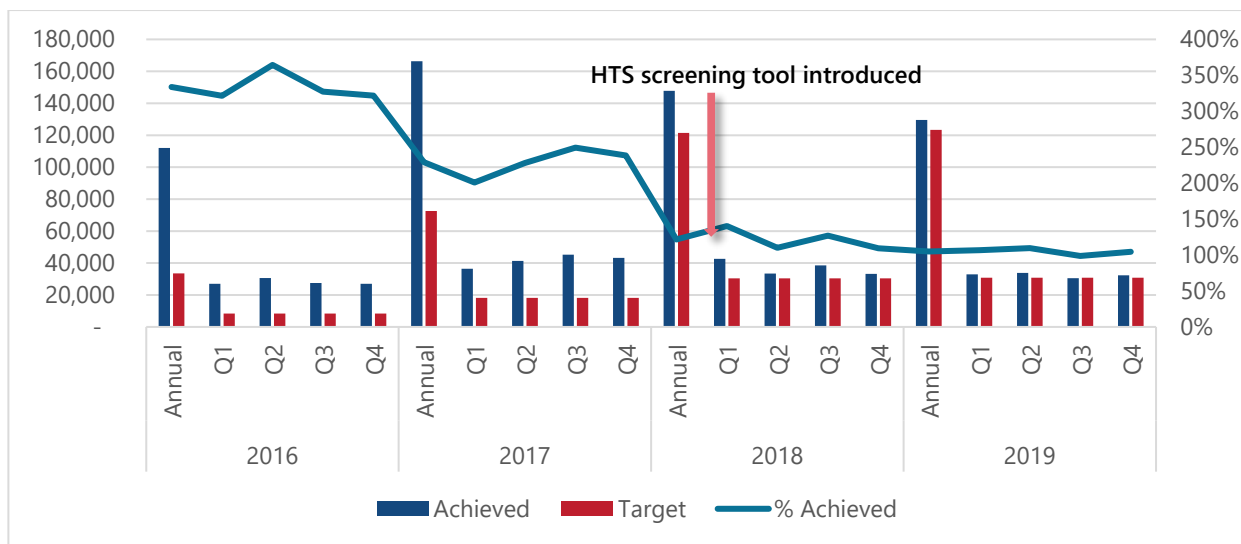
Figure 2. HIV-Exposed Infant (HEI) Clinical Cascade, 2017-2018



Focus Areas in Eswatini

Service delivery: In the 63 participating facilities, AIDSFree built the capacity and skills of health care workers on the revised HIV guidelines, including use of new ART regimens and formulations. The project also scaled up routine VL monitoring, the test and start initiative, index testing, and HIV self-testing, as well as other initiatives. Over the life of AIDSFree in Eswatini, the project tried several new initiatives to reduce unnecessary HIV testing and improved testing yield by introducing the nationally approved HTS risk-screening tool (see Figure 3).

Figure 3. HTS Risk-Screening Tool Results



Male engagement: Throughout its activities in Eswatini, AIDSFree used various male engagement strategies to increase men’s use of HIV testing and ART linkages. Though men remain a difficult group to reach, the project increased men’s use of HTS by 15 percent, mainly through facility-based provider-initiated HIV testing and counselling, and through campaigns in prisons and community outreach initiatives. AIDSFree scaled up male-friendly outpatient departments to identify and initiate more men

living with HIV. The project also worked with the Ministry of Health to ensure that all facilities were adolescent- and youth-friendly.

Regional and national support: AIDSFree supported and built the capacity of Regional Health Management Teams to manage and oversee HIV/TB activities in their regions. The project trained these teams on managing programs and retaining sufficient human resources, and enhanced their capacity to formulate and implement comprehensive workplans that include clearly articulated monitoring and supervision plans.

Partner Notification: Building Knowledge About An Emerging Practice

Ensuring that 95 percent of people living with HIV know their status requires widespread access to HTS. To that end, AIDSFree's HTS team worked closely with the U.S. Government, PEPFAR, host governments, and implementing partners to broaden the suite of enabling strategies. In FY 2018, the project focused on emerging practices in partner notification, index testing, and self-testing. Partner notification and index testing are known to be effective for increasing testing. However, limited operational guidance existed for these practices, and they had not yet been widely scaled up in sub-Saharan African countries. In 2018, AIDSFree published [*Partner Notification: A Handbook for Designing and Implementing Programs and Services*](#). The document, complements the updated World Health Organization (WHO) HTS guidelines for HIV partner services and describes partner notification experiences across nine countries that vary by HIV prevalence and type of epidemic. It details unique features of individual partner notification programs, gives a snapshot of how the intervention is currently practiced, and offers key principles, approaches, and promising practices derived from the included programs.

At the national level, AIDSFree contributed to the development of policies, guidelines, and monitoring and evaluation tools of all the new initiatives, including the 2015 HIV integrated guidelines, 2018 HIV integrated HIV guidelines, and addenda for adapting the WHO guidelines. In addition, as a PEPFAR lead for pediatric HIV and PMTCT, AIDSFree worked with the Eswatini National AIDS Program and the Sexual and Reproductive Health Unit, respectively, to ensure that the pediatric HIV and PMTCT chapters of the guidelines were finalized.

AIDSFree Tanzania Strengthening Police and Prison Comprehensive HIV Services: Reaching Underserved Populations

Under the Strengthening Police and Prison Comprehensive HIV Services (SPPCHS) Project in Tanzania, AIDSFree partnered with the Ministry of Home Affairs to improve the quality of comprehensive HIV and TB prevention, treatment, care, and support services at high-volume police and prison facilities in Tanzania mainland and Zanzibar. SPPCHS supported HIV interventions, including facilitating easier access to lifesaving treatment, both in facilities and within high-risk populations in adjacent communities. The project operated in 22 regions in Tanzania mainland and Zanzibar, providing full HIV services for HIV and TB for 55 police and prison facilities and nearby communities.

First 95—Knowing One’s Status

AIDSFree’s holistic approach included providing technical support to ensure that populations at risk are tested for HIV; increasing services for prisoners and guards; and using targeted provider-initiated testing and counseling, as well as emerging approaches—such as index testing, screening, and sexual network testing—to expand the number of people with access to services. The project also provided technical assistance to ensure that pregnant women were tested during antenatal care, labor and delivery, and postnatal visits.

Helping Practitioners Help Each Other: The AIDSFree Testing Community of Practice

The AIDSFree HIV Testing Services Community of Practice provides a forum to connect with and learn from peers working in HIV testing services around the world. Community members ask questions, share lessons learned, access the latest literature and news in HIV testing, and learn from experts—through a simple, mobile-friendly, email-based format.

The community, hosted through Knowledge Gateway, was launched in July 2015 and had more than 750 members from 66 countries. A member survey showed that nearly 95 percent said that the community had helped them in their work; and 81 percent rated the policy updates as “valuable” or “very valuable.”

Second 95—Enrolling Clients in Sustained Treatment

To improve access to treatment, SPPCHS focused on quality improvement, coaching on linkage, assisted referral, improved documentation, and client tracking. The project strengthened same-day ART and ensured that high-volume sites offered testing and ART services five days a week and, in some sites, on weekends as well. SPPCHS also helped health facility staff implement TB infection control and increase TB case identification, including screening inmates and HIV patients for TB, helping facilities introduce isoniazid preventive therapy, and coaching and mentoring providers. AIDSFree implemented an intensified case-finding approach through prison peer educators and TB contact tracing in the community.

Third 95—Sustained Viral Suppression

AIDSFree strengthened linkages to viral load testing laboratories and supported sample courier services, physical tracking of results, and enhanced adherence counseling for high-VL clients. In high-volume sites, the project provided mentorship support to ensure block appointments and prescription of multi-month

In the area of provider-client relationship[s], the experience garnered in HTS community of service has helped me to educate health providers on the need to cultivate good provider-patient relationships that eventually lead to positive health attitude[s] and outcomes.

—Qualitative feedback, AIDSFree Annual Survey



ART. Skill strengthening also included addressing disclosure, interpersonal violence, stigma, and other concerns during enrollment and in subsequent follow-up visits to improve ART adherence.

Achievements

Within the SPPCHS activity, AIDSFree developed a comprehensive peer-to-peer curriculum designed to effect behavior change among the prison population during and after incarceration. The program, which concluded at the end of a person's incarceration, focused on HIV prevention, negotiation of safe sex, and other skills crucial for a successful life outside prison.

AIDSFree also implemented interventions to increase the HIV testing yield in police and prison clinics. Index testing and partner notification were introduced in 46 clinics, and 17 clinicians were trained and mentored in implementing these strategies. This resulted in a yield of 4.9 percent through index testing. Throughout the life of the project, 192,543 individuals (100,122 from prison sites) were tested for HIV, including 20,206 pregnant women, with a yield of 3.3 percent (6,335 HIV-positive). The project provided partner notification and testing for high-risk individuals and ensured that all pregnant woman and their partners were tested at the first and fourth antenatal care (ANC) visits.

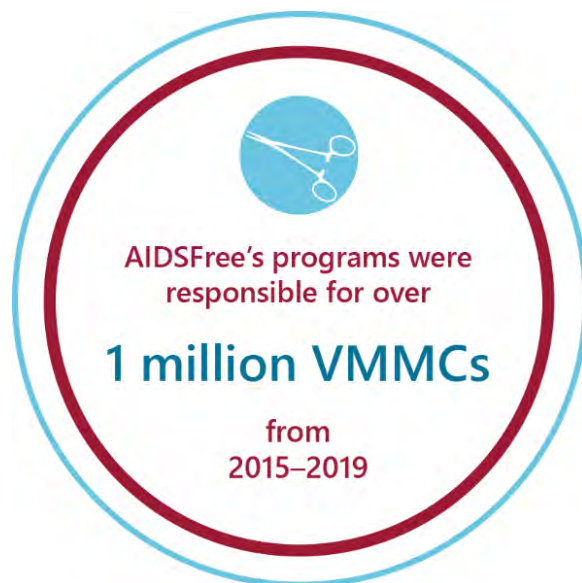
SPPCHS's strategies resulted in linkage to ART services for 90 percent of those identified as HIV-positive, with 6,495 initiated on ART. For PMTCT, 3,746 women were initiated on treatment, representing 99 percent of HIV-positive ANC clients.



VMMC: PROTECTING MEN FROM HIV

PEPFAR 3.0—focused on epidemic control—includes voluntary medical male circumcision (VMMC) among the core prevention interventions of PEPFAR 3.0, along with condom use, HIV testing and ART treatment, and PMTCT. To increase men’s protection from HIV as per WHO recommendations, AIDSFree conducted a suite of core- and field-funded activities to increase use of medical circumcision in Tanzania, Mozambique, Malawi, and Namibia (figures 4 and 5). Best practices identified during each project were adapted and implemented in subsequent projects (see Box 1). Responding to PEPFAR directives, the project sought sustainability by circumcising both male infants and boys nearing adulthood (those aged 10 to 14 years), while also developing strategies to reach older men. Taken together, the project’s activities resulted in 1,012,443 male circumcisions in the four countries.

The project also produced updated guidance and standard operating practices, including the second edition of the [*PEPFAR Best Practices for VMMC Site Operations*](#). Whereas the first edition focused on establishing VMMC sites, the second edition focuses on ensuring high-quality VMMC services at the site level, reflecting the maturity of the VMMC program and the number of sites already established. AIDSFree also capitalized on the proliferation of mobile technology by launching the VMMC Online Training Hub (OTH). The OTH allows providers to first learn the principles and theory of VMMC before attending practicum sessions, freeing them from time away from patient care. The project also produced a [series of guidance documents](#) on health care waste management in the VMMC setting.



Box 1. Best Practices in VMMC

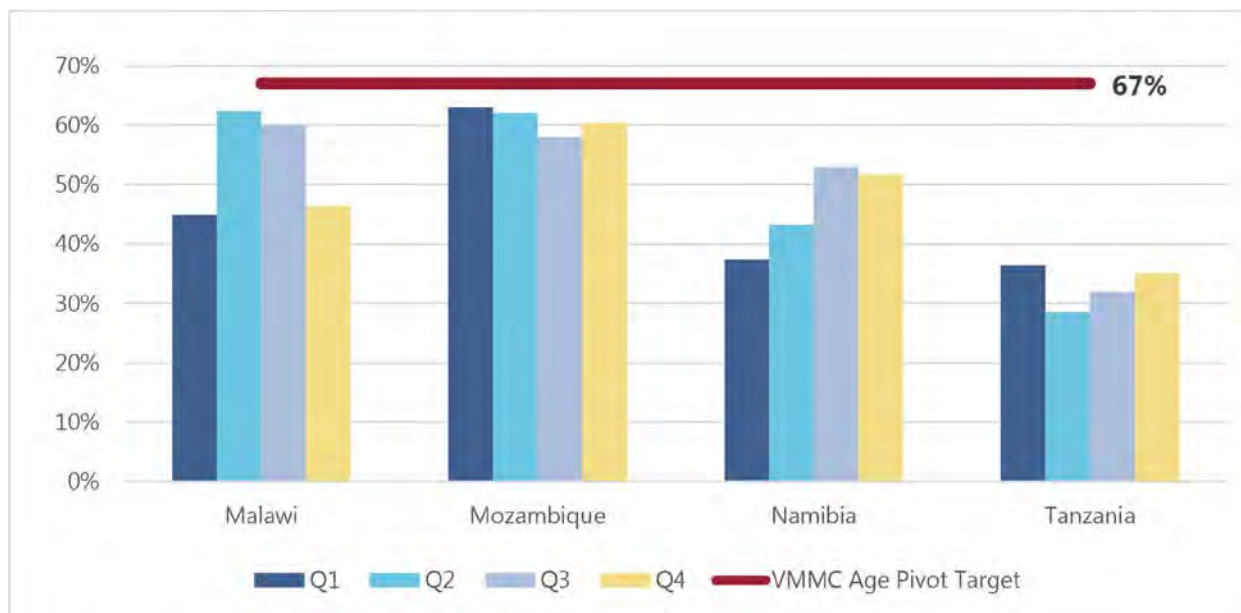
Over time, AIDSFree’s VMMC work incorporated key practices that facilitated the scale-up and sustainability of VMMC:

- *Milestones for sustainability:* Specifying steps for institutionalizing in-country management of VMMC services (Tanzania)
- *Site-specific action plans:* Institutionalizing context-based evaluation and action plans by facility staff (Mozambique)
- *Balancing supply and demand:* Coordinating demand and services to ensure availability, efficiency, and quality (Malawi)
- *Investing in community mobilizers, and specifically satisfied VMMC clients:* Recruiting and preparing the right peer educators to promote VMMC (Malawi)
- *Collaboration and routine review:* Informing all partners about project progress and routinely conducting joint planning and update meetings (all countries)
- *Expanding private-sector VMMC services:* Building skills and infrastructure for VMMC provision outside the public health sphere (Namibia)
- *Streamlining training:* Enabling mobile-based access to training in VMMC (all countries)

Figure 4. Number of Men and Boys Circumcised over Project Lifetime

PY 4 Result		% Target
Tanzania	615,468	98%
Malawi	72,106	100%
Namibia	61,210	85%
Mozambique	353,185	98%

Figure 5. PY 5 Percentage of VMMCs for the Priority Age Band of 15–29



Tanzania: Supporting National Ownership for Epidemic Control

In Tanzania, AIDSFree worked with the Government of Tanzania to maintain 80 percent circumcision coverage by scaling up early infant male circumcision (EIMC) and focusing on early adolescent male circumcision—seeking to reach boys aged 10 to 19 years. A principal focus here was preparing the handover of VMMC services to the Tanzanian government. To that end, AIDSFree partnered with facilities, districts, and regions, all working in coordination to move the country toward country-owned, high-quality services. Progress on sustainability of the program was monitored using the PEPFAR sustainability index.

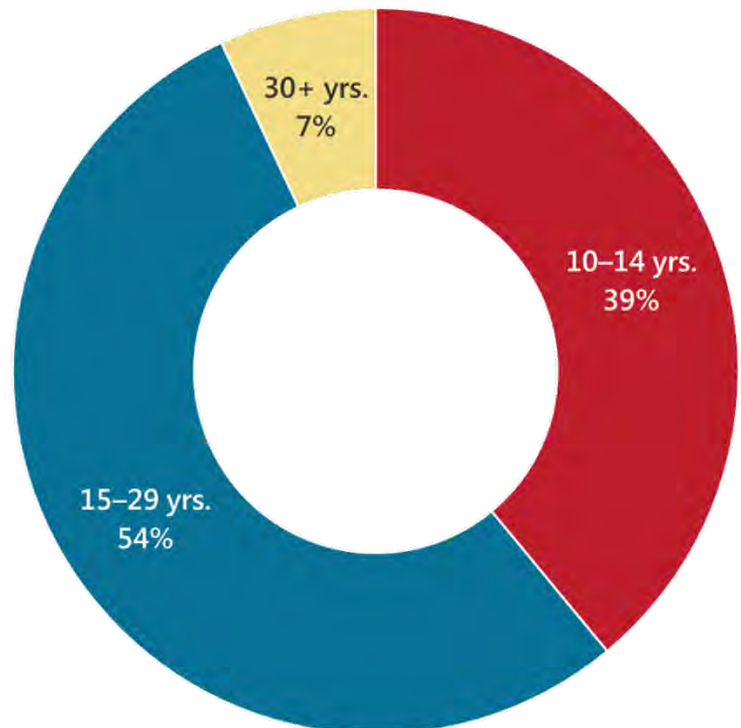
The project worked in five regions at different stages in the push for epidemic control:

- Iringa and Njombe: Transitioning sustainably to the Government of Tanzania.
- Tabora: Achieving 80 percent male circumcision prevalence in PEPFAR priority districts; supporting EIMC to transition to the Tanzanian government.
- Morogoro and Singida: Introducing EIMC and provide VMMC services to meet annual targets.

To help the community build demand, AIDSFree collaborated with local partners, civil society organizations, and other community-based organizations through fixed-amount awards and seed funding of innovative ideas to build on existing networks and cadres of community workers. The project also used multiple approaches to enhance facilities' ability to provide services—for example, not only training providers in technical skills, but also developing their skills in working with adolescents—and used routine evaluation to constantly adjust to changing needs. AIDSFree enabled a total of 615,468 boys and men to receive safe, high-quality VMMC services—averting an estimated 27,629 infections. Iringa and Njombe reached male circumcision saturation, defined as 80 percent circumcision prevalence for 10–34-year-old males; and 15,340 circumcisions for infant males under 60 days old were performed between October 2014 and March 2019 (Figure 6).

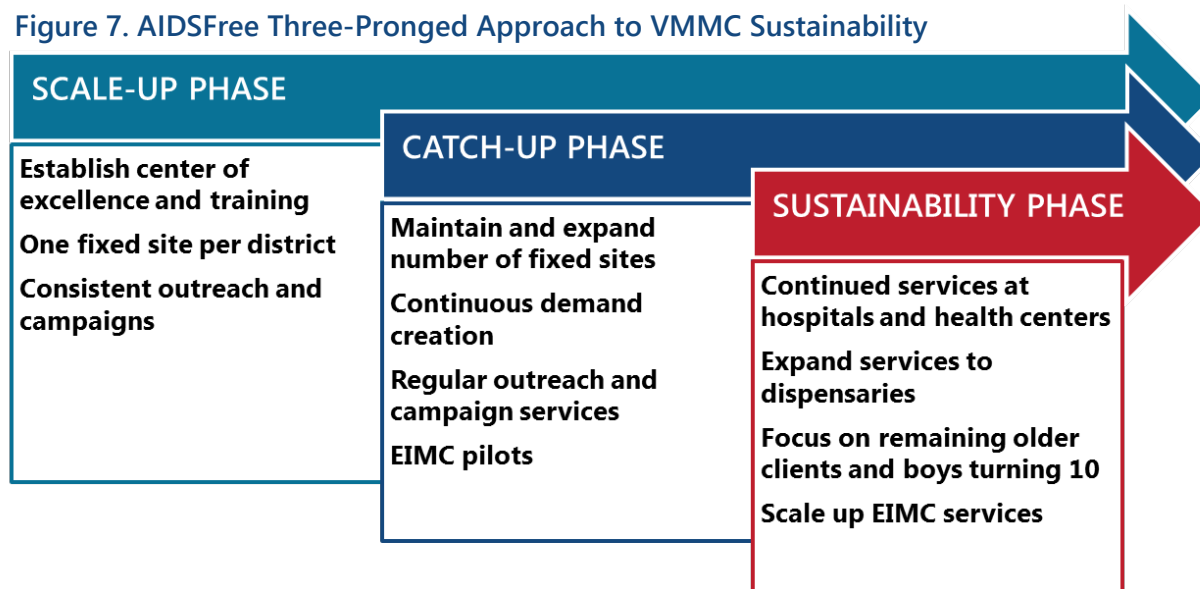
Sustainability-focused capacity building: To support transfer of VMMC and EIMC services to the Tanzanian government, AIDSFree strengthened the capacity of the Ministry of Health (MOH) and regional and district authorities to ensure that VMMC and EIMC services were fully integrated within existing health facility services, using district- and region-led provider trainings, supportive supervision, and quality assurance visits to maintain quality service delivery and tools consistent with guidance from the PEPFAR Sustainability Index and Dashboard. AIDSFree also provided sub-awards to six local government

Figure 6. Overall VMMC Client Age Distribution in Tanzania



authorities and three regional health management teams. Figure 7 shows the three-pronged approach AIDSFree developed to support the transition to local control.

Figure 7. AIDSFree Three-Pronged Approach to VMMC Sustainability



Mozambique: Site-Specific Planning

In Mozambique, AIDSFree supported VMMC in Manica and Tete provinces. The project’s goal was to expand access to high-quality services VMMC services for adults and adolescents, improve clinical management and reduce incidence of adverse events, and improve data collection and use for decision-making. To achieve the greatest impact, VMMC activities and scale-up focused primarily on the priority age group—men aged 15–29 years, who are at greatest risk of HIV infection—but also included boys aged 10–14 years and men over age 29.

By using multiple outreach and capacity building strategies, combined with increased monitoring through site optimization and site-specific action plans, providers in Manica and Tete conducted a total of 353,185 VMMCs over the period of April 2016–September 2019, significantly contributing to male circumcision prevalence in these provinces. This is reflected in national data and reported in surveys and national studies as the *National Survey on Prevalence, Behavioral Risks and Information about HIV and AIDS*. AIDSFree's innovative use of site planning tools facilitated the rapid scale-up of high-quality VMMC and transformed Mozambique's VMMC program into a regional model whose approach can be used for south-to-south learning to help countries improve their VMMC programs.

Optimizing site productivity: AIDSFree fine-tuned the PEPFAR VMMC program tools and piloted a site-specific action plan to optimize services at all VMMC sites. The site optimization strategy brought together targeted demand creation that responded to the characteristics of the districts; demand matched with site capacity, with daily coordination among demand teams, service delivery teams; the MOH at all levels, the supply chain for continuous quality improvement, and site supervision and planning.

In the site optimization process, facilities examined their own VMMC capacity, including both clinical and nonclinical functions, demand for services, barriers, and possible solutions. The process took partners and

facilities through four steps (each in turn encompassing a series of activities necessary for the success of the site optimization):

1. Initial brainstorming
2. Assessments of current productivity and demand creation to achieve the target for each site
3. Development of site-specific action plans
4. Supervision, data-based progress monitoring, and continuous quality improvement (CQI)

This process enabled Mozambique and two other AIDSFree countries, Malawi and Namibia, to break the pattern of seasonal demand—a barrier to universal VMMC—and offer more efficient and reliable year-round services. As a result, these countries no longer needed to rely on campaigns to reach their targets during quarters three and four of FY 2018. They achieved optimal site productivity and site efficiency by successfully addressing known barriers to VMMC uptake—generating robust demand for services, while ensuring that capacity for service delivery matched the increasing demand. AIDSFree produced a demand creation toolkit on this process.

As further support for sustainability, AIDSFree used mini-buses to bring clients from surrounding community/s to the nearest VMMC static or outreach site—an especially vital system for clients who live in remote areas.

Malawi: Quality Improvement and Mobilizer Strengthening

AIDSFree’s VMMC work in Malawi, launched in October 2017, continued work conducted under the Jhpiego-led Sankhani Project. The project used static and outreach activities to scale up VMMC services for men aged 10–49 in seven sites in three districts—Thyolo (two), Chikwawa (four), and Zomba (one) — over a two-year period, with demand creation prioritizing adolescents and men aged 15–29. The team also adapted the use of site-specific action plans to ensure the most effective use of each site’s available resources, local needs, demand, and targets.

A total of 72,106 boys and men—100 percent of the target—received safe, high-quality VMMC services—more than 54 percent in the priority age group (15–29 years), with minimum adverse events. Nearly all clients who accessed VMMC services, 35,665 (99.2 percent) were tested for HIV, with 124 clients newly diagnosed as HIV-positive.

Matching demand to service capacity: AIDSFree Malawi significantly increased the number of clients served in the three districts, without compromising the quality of services, by deploying several strategies. An initial analysis using the PEPFAR *Site Capacity and Productivity Tool* showed that sites were performing far below their capacity. AIDSFree worked with other implementing partners to provide direct onsite CQI support while improving capacity to use data to track performance at national, district, and facility levels—resulting in substantial performance improvements. In addition, a demand creation assessment conducted prior to the start of AIDSFree revealed a number of gaps, primarily related to the community mobilization, a critical approach for reaching the older priority age group. Community mobilizers lacked the necessary training and equipment to do their jobs effectively. With over 90 percent of clients reporting that they heard about VMMC from a community mobilizer, it made sense to invest in strengthening the mobilizers.

The project supported the CQI measures with changes in demand creation. Conducting demand creation outside the traditional “seasonal” period enabled the team to encourage demand for VMMC as a routine service. This in turn entailed meticulous, daily coordination between service provision and outreach to ensure that when clients came for services, trained providers and the necessary supplies were available.

Equally importantly, AIDSFree Malawi made strategic investments to improve the performance of community mobilizers, ensuring that they were selected and trained appropriately, well-supplied (for example, with bicycles, job aids, branded attire, and cell phone airtime), motivated, and recognized for their time and work. Strategies included recruiting satisfied VMMC clients as mobilizers, matching mobilizer cadres to the target population, and supporting them with equipment, training, and supplementing fixed monthly pay with performance-based pay for their teams.

As a result, demand for VMMC services rose dramatically and quickly—tripling over the course of a single quarter—while assessment revealed similar increases in service quality.

Namibia: Quality Services from the Private Sector

Although Namibia’s public-sector health services cover the majority of the country, the private health sector has more facilities and human resources. AIDSFree’s work in Namibia engaged private providers to scale up access to quality VMMC services—thereby expanding services by leveraging existing resources. AIDSFree expanded a network of private providers to partner with Namibia’s Ministry of Health and Social Services (MOHSS) in delivering VMMC services, while also offering technical assistance to the MOHSS to increase VMMC uptake in the public sector. The project provided additional training, commodities, and support for demand creation to increase the number of providers able to conduct VMMC; collaborated with the MOHSS to adapt the OTH as a national VMMC training platform; and established CQI as a standard quality monitoring approach for VMMC. As a result, 61,210 Namibian boys and men received safe, high-quality VMMC services (6,111 in FY 2016; 12,328 in FY 2017; 19,365 in FY 2018; and 23,406 in FY 2019).

In December 2016, Namibia adopted the WHO 2013 ART guidelines, enrolling all patients with a CD4 count of 500 and below in HIV treatment. AIDSFree worked with the MOHSS’s Directorate of Special Programmes, medical aid funds, and professional associations to strengthen private-sector HIV management, including printing and dissemination of and training on national ART guidelines and supporting alignment of services with national protocols. The project also worked with medical aid disease management—an approach that combines coordinated health interventions with patient counseling to help manage chronic disease, strengthening VL testing and monitoring VL suppression, among clients enrolled for HIV disease management. This approach, which has been used with patients with other long-term conditions, combines coordinated health interventions with patient-provider partnerships that help patients (and their support system) to optimize their own self-care and improve their quality of life.

AIDSFree increased access to HIV services for out-of-pocket and low-income clients by facilitating innovative partnerships between the public and private health sectors and by supporting VMMC outreach “camping campaigns” in remote rural areas. The project also supported private facilities to develop in-house demand creation strategies—and also repaired vehicles used for outreach activities.

This support spurred the providers to contract with project-trained mobilizers, attracting more adolescents and men for VMMC services.

VMMC Online Training Hub

The VMMC Online Training Hub (OTH) is an eLearning platform that provides classes, resources, and communities of practice to help clinicians advance their skills and knowledge around performing VMMC. The OTH covers the didactic, theoretical VMMC information conventionally learned through in-person workshops. Learners complete and pass this online course before proceeding to their in-person clinical practicum. More than 2,285 users registered for the OTH, including VMMC trainers, providers, program managers, and counselors from 13 African countries during the life of the project (Figure 8). Over 1,190 completed the course or refreshed their VMMC knowledge and skills through the OTH, with 30 percent preferring mobile access via the mobile OTH app. Most OTH users were in Malawi, Lesotho, Namibia, and South Africa.



Thank you to AIDSFree for the Online Training Hub. Now we are able to say who has done training, when did they train, and how did they perform, and as a standard we require every cadre working with VMMC to produce an OTH certificate whether you are a provider, counselor, or hygienist.

—Andiswa Letsoalo, National OTH Monitor, South Africa

The robust VMMC OTH curriculum boasted seven comprehensive modules with more than 1,570 slides of content, including visuals, animations, videos, illustrations, quizzes, and important VMMC resources. Course modules were downloaded thousands of times, and learners completed more than 2,715 post-tests. The OTH's comprehensive resource library provides more than 150 VMMC resources, including documents, guidelines, handouts, and videos. Learners viewed 1,500 postings and held more than 830 OTH discussions.

User surveys suggest nearly universal enthusiasm; over 90 percent of respondents found the program easy to navigate and said that they would recommend the OTH to others. Since the OTH's launch in August 2017, the OTH section of AIDSFree's website received more than 3,044 visits with over 800 downloads of the OTH one-page brochure, suggesting high interest in learning about and signing up for the VMMC course. The OTH is now being used in 13 countries. The analytics summarized here suggest that this innovative approach will continue to support rapid buildup of a critical mass of trained local providers.

The content was excellent, integrating different aspects of theory, practical application of different types of VMMC and supportive information.

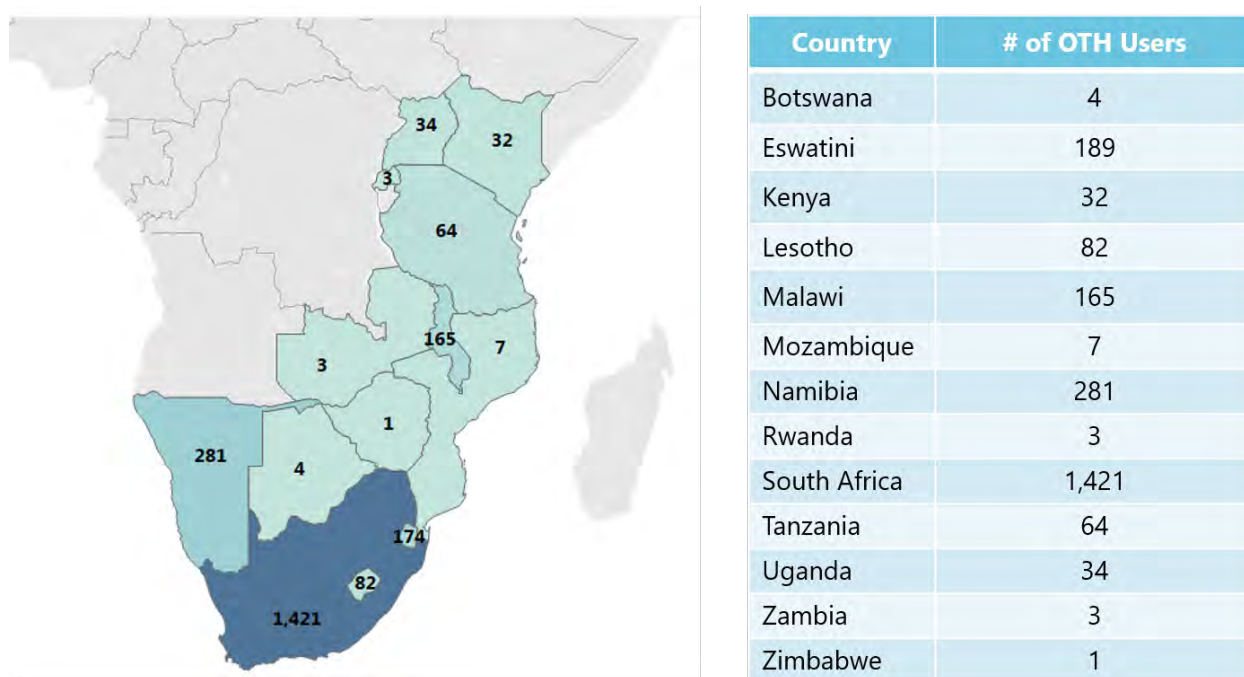
—VMMC provider/surgeon



For example, as of September 2019 in South Africa, 675 individuals of the 1,421 registered had completed the OTH coursework, and 42 moderators from all provinces had begun planning province-level rollout. A total of 82 participants completing training in workshops in Free State, Gauteng, and North West provinces as of September 2019. USAID South Africa and the South Africa National

Department of Health have endorsed the OTH as part of their standardized didactic training. Plans to offer practicum training for successful OTH trainees are underway. JSI also trained a national-level OTH moderator to administer the OTH program and report on its progress.

Figure 8. Online Training Hub Users, 2018–2019



STRENGTHENING HEALTH SYSTEMS

When working with countries seeking to approach epidemic control, AIDSFree considered the effectiveness of national HIV programs as a whole—looking beyond policies and service provision to the systems on which they rely. As health care improves and demand for services increases, the underpinning systems must function reliably. The project’s work in improving supply chain function and health care waste management (HCWM) focused on strengthening and sustaining the infrastructure of facilities to function beyond the project’s duration.

Zambia and Ethiopia: Strengthening the Supply Chain

From 2014–2019, AIDSFree brought Zambia’s health data management system from its infant stages to the threshold of sustainable local governance, operation, and financing. This work built on other projects, most notably a cooperative venture for supply chain management between the Government Republic of Zambia (GRZ) and the John Snow, Inc.-led USAID | DELIVER PROJECT. The legacy of AIDSFree Zambia is an electronic logistics management information system (eLMIS) for the oversight of pharmaceuticals and other health commodities.

The eLMIS, built on open-source software, overhauled a previous, paper-based approach that handled more than 2,000 facility reports monthly. The goal of Zambia’s eLMIS is to improve access to accurate, timely, and routine consumption data; create real-time logistics management capabilities covering point of origin to point of consumption; and enable demand forecasting, capacity planning, and modeling based on consumption.

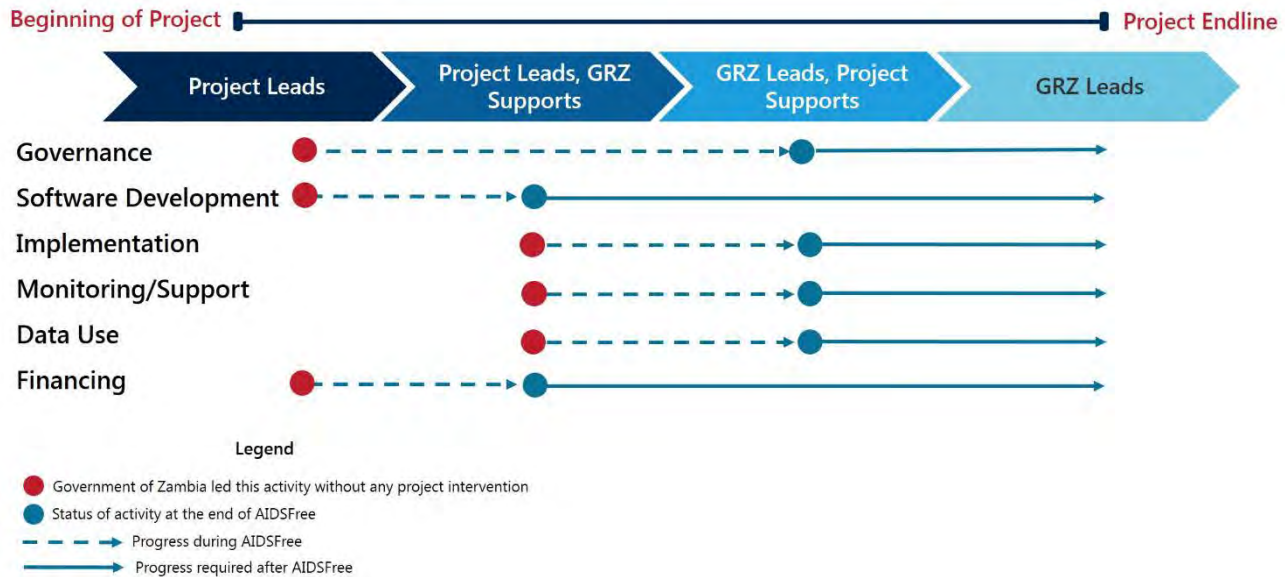
eLMIS was first rolled out in Zambia in the form of the Central Edition (CE), a web-based application used to collect and manage logistics data at the national level. In the CE version, logistics data are entered into CE at district and hospital levels and aggregated centrally for operational and research purposes.

The successor to CE was the Facility Edition (FE), piloted in 48 health facilities across the country beginning in June 2014. An assessment in August 2014 confirmed the pilot’s success, and AIDSFree supported its countrywide rollout. As of September 30, 2019, the eLMIS FE had been deployed to over 600 MOH facilities (23 percent of the total facilities in the country), covering more than 80 percent of the highest consumers of medical commodities. AIDSFree also developed a series of user resources on the eLMIS CE and FE tools. An [online user guide](#) provides step-by-step information on using the tools.



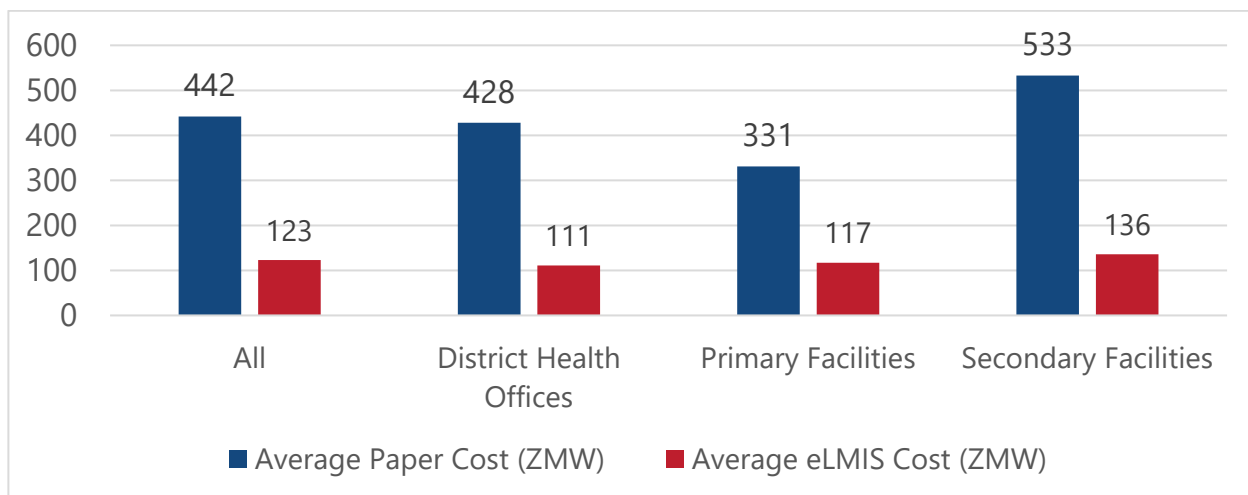
The framework for eLMIS sustainability after AIDSFree suggests that Zambia will ultimately assume all responsibility for the system’s governance, software development, implementation, monitoring and support, data use, and financing (see Figure 9).

Figure 9. Sustainability Continuum for Zambia eLMIS



The impact of Zambia’s eLMIS extends beyond improvements to the supply chain. The electronic system enables providers to deliver reports and requests for resupply in a timely manner. As a result, submission of timely reports improved dramatically in Zambia. The eLMIS also saves time; facility reports now reach the central level within one day—down from 15 days. Thus the system saves providers’ time, enables them to focus on patient care, and improves delivery of critical supplies and medicines—for example, doubling the number of HIV test kits, and tripling the number of antiretrovirals delivered in 2017—and as a result, saves costs as well (Figure 10).

Figure 10. Facility Average Monthly Labor Costs in Zambian Kwacha (ZMW) for Processing Health Commodity Logistics Report, Zambia, Pre- and Post-eLMIS



An innovative addition to the eLMIS, which helped to increase local ownership of the tool, was AIDSFree's support for an eLMIS WhatsApp group (Box 2).

The MOH had adopted eLMIS as Zambia's official electronic logistics management information system and had begun independently deploying eLMIS at 19 sites as of the end of PY 4. The nursing school curriculum now includes use of eLMIS and the project trained 64 lecturers as trainers.

Box 2. WhatsApp for eLMIS Users in Zambia

Zambia is incorporating social media into its successful push to improve the operations of its pharmaceutical supply chain. More than 900 eLMIS operators now turn to the popular messaging service WhatsApp to share operational tips and encourage each other to submit orders and reports on time. Mercy Sitali, a medical laboratory technologist at Sinda Zonal Clinic and avid user in Zambia's Eastern Province, calls the information she accesses on WhatsApp "an eye opener." "I had a challenge of sending [a] facility report, but after consulting on the reporting, I was shown how to do it," she says. WhatsApp group members include facility, district, and provincial health commodity managers and users. The groups, organized by province and managed by MOH pharmacists, offer a way for operators of the fast-growing system help each other as more sites come onboard. Generally, emergency ordering is a key target of eLMIS's WhatsApp groups and the system's quality control activities. Rush orders are disruptive to smooth functioning of the supply chain and indicate a risk of patients going without life-saving medication. Since June 2017, emergency orders as a percentage of the total have declined to below 4 percent.

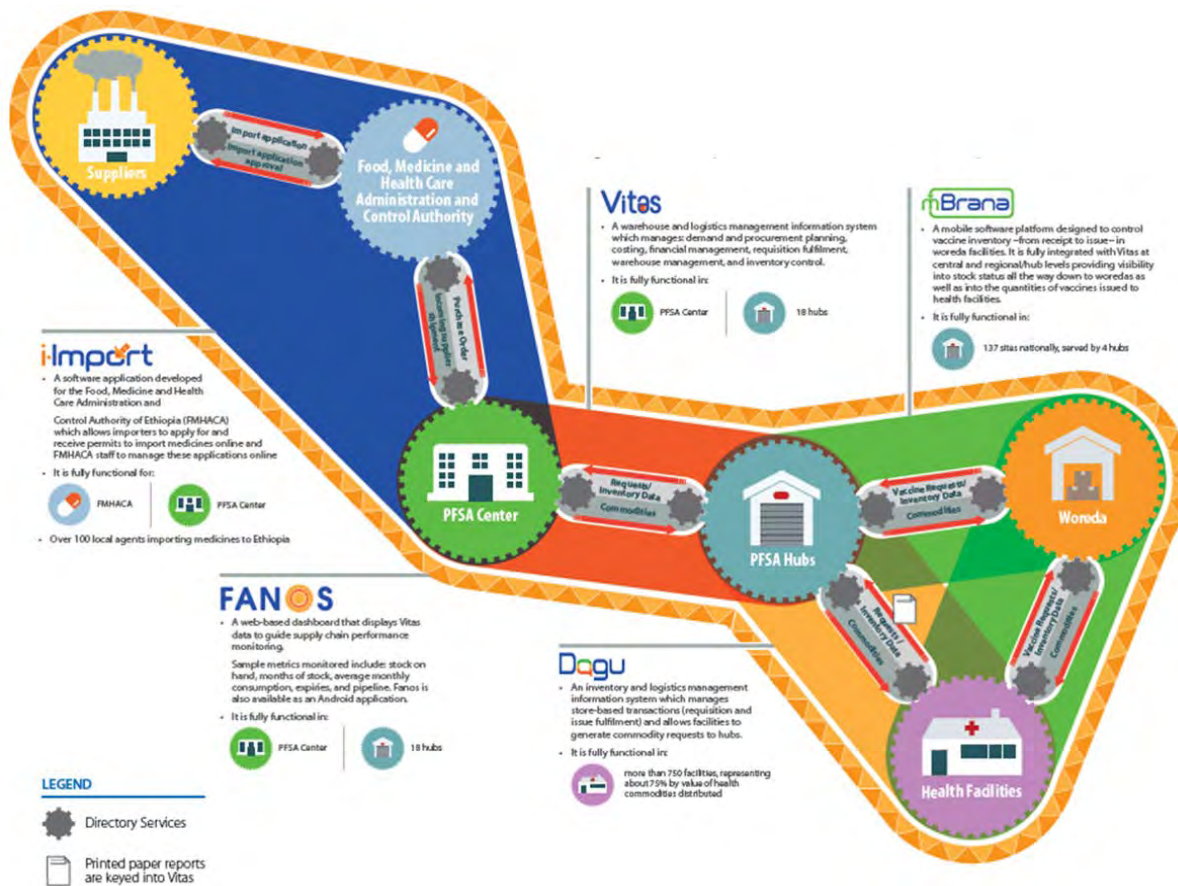
In 2016, AIDSFree began partnering with the Government of Ethiopia to improve health care outcomes through supply chain systems. The project aimed to increase commodity availability in support of the country's 95-95-95 goals. To that end, AIDSFree worked to enhance data visibility, quality, and use in decision-making; increase the government's capacity to sustain the national Integrated Pharmaceutical Logistics System (IPLS); strengthen delivery of quality medicines; and develop a Center of Excellence for supply chain operations.

Using innovative technology and strategies to accomplish its goals, AIDSFree worked with a range of agencies in the Ethiopian government, including the Federal Ministry of Health, the Ethiopian Food and Drug Administration, and the Ethiopian Pharmaceuticals Supply. From 2016 to 2019, the project supported the IPLS to create a strong, connected health care supply chain providing accurate, timely data for decision-making and meeting numerous milestones, including:

- Rolling out Dagu, an inventory and logistics management system, in 973 sites with 1,039 active users and 1,200 on-the-job trainings
- Implementing supply chain system strengthening quality teams in 18 hubs
- Supporting 1,081 health facilities to implement the IPLS through regular supportive supervision and on-the-job training, with 271 sites graduating from supervision
- Facilitating pre-service training for 1,997 students from Ethiopian health sciences colleges

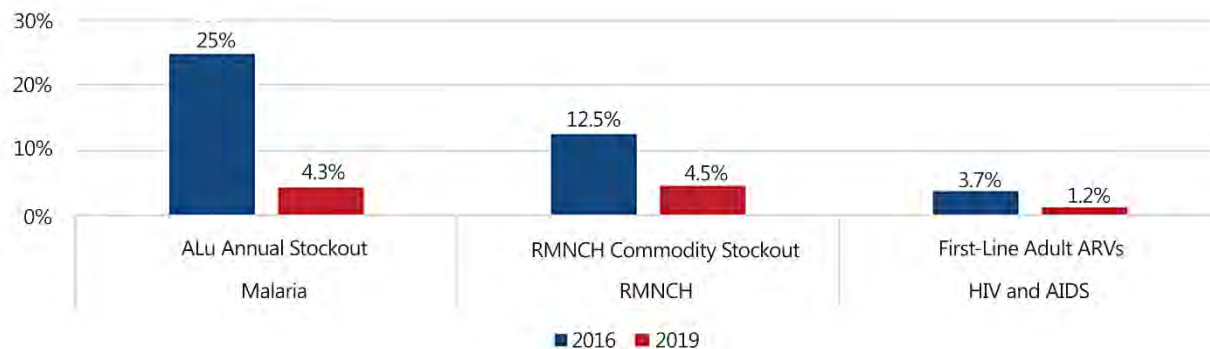
The cumulative effect of AIDSFree’s work in Ethiopia strengthened the supply chain, reduced stockout rates, and set the stage for Ethiopia and its future partners to move toward sustainable epidemic control (see Figure 11 and Figure 12).

Figure 11. AIDSFree Ethiopia: Supply Chain Management Information Systems and Technology



John Snow, Inc. 2019. "JSI Ethiopia Supply Chain Program Overview." PowerPoint Presentation.

Figure 12. Stockout Rates across Programs in Ethiopia, 2016–2019



ALu: artemether-lumefantrine; RMNCH: reproductive, maternal, neonatal, and child health; ARV: antiretroviral

Nigeria and Uganda: Managing Health Care Waste

As demand for HIV and other health care services rises, the need to protect communities and the environment through appropriate disposal of hazardous and nonhazardous waste becomes increasingly critical. AIDSFree partnered with public and private institutions to improve health care waste management (HCWM) activities in Nigeria and Uganda.

In Nigeria, AIDSFree's HCWM support ranged from assessment and evaluation to training, development of key policies, and advocacy. The project assessed 110 health facilities in three PEPFAR priority states (Akwa Ibom, Cross Rivers, and Rivers), focusing on workers' knowledge of and adherence to proper infection and prevention control (IPC) and HCWM practices, and their access to related commodities and protocols, job aids, operating procedures, and guidance. Responding to the assessment findings—revealing limited training on HCWM among providers and waste handlers, frequent needle injuries, insufficient HCWM infrastructure and equipment, and limited guidance in the absence of state-level policies—AIDSFree initiated a training program to improve knowledge and practices.

The project used a cascade training strategy that improved HCWM among over 13,000 providers; strengthened knowledge among 339 logistics officers; and left a strong cadre of trainers in place at the program's end. AIDSFree also provided educational materials and essential commodities to participating facilities, which allowed staff to initiate appropriate HCWM practices immediately. Finally, the project developed a logistics training manual and trained three logistics officers from three states. By 2018, when activities in Nigeria ended, more than half of the participating facilities had developed plans for institutionalizing HCWM and IPC.

AIDSFree also shared the assessment findings with state officials and conducted a learning tour to Lagos, where the functioning HCWM system serves as a national model. As a result, the project's outreach to stakeholders led to state-level development of HCWM and IPC plans—both essential to sustainably safe injection and waste management.

From July 2015 to September 2019, AIDSFree Uganda supported significant advancements in HCWM. The project established strong partnerships with Uganda's MOH, district local governments, and Green Label Services Ltd. (GLSL), a private-sector provider. These partnerships allowed the project to advance Uganda's HCWM activities—improving overall national infection prevention and control; establishing safe, sustainable health care waste solutions in southwestern Uganda; and helping GLSL to correctly implement best practices in HCWM. AIDSFree:

- Supported the establishment of sustainable final HCWM disposal solutions by working with the MOH to implement the national HCWM plan.
- Built capacity among U.S. Government partners and local government counterparts to assess and plan for HCWM. This included incorporating HCWM activities into budgeting processes at national and district levels to ensure sustainable ongoing support.
- Oversaw a review of GLSL's finance and administration functions to identify areas that could be strengthened and improved in the company's internal controls.
- Provided supportive supervision visits to improve segregation between VMMC waste and general health care waste, supporting GLSL to consistently follow agreed-upon standards for waste pick-up.

This ensured that all health care waste was treated and appropriately disposed of following transportation and delivery.

- Supported a one-time activity in collaboration with GLSL to ensure safe disposal of 591,230 kg of expired medicines.

Under AIDSFree's management, GLSL was able to provide regular waste pickup to facilities in 88 districts. This led to over 4.7 million kilograms of waste disposed of from January 2015 to June 2019, with over half of this waste being considered highly infectious. From pickup at the facilities to transportation and delivery, all health care waste collected by GLSL was treated and appropriately disposed of by incineration or disinfection and sterilization. AIDSFree's work ensured that GLSL safely disposed of the waste using best practices related to public health and environmental management, preventing incidence of further health issues.

QUALITY ASSURANCE

AIDSFree's activities relied on routine, continuous use of evaluation and quality assurance, using monitoring and evaluation, program data, and regular meetings with stakeholders at all levels to assess progress, identify roadblocks, and adjust activities as needed to address them. This success in quality assurance resulted in an additional activity even in AIDSFree's closeout year—providing continuous quality improvement and external quality assessment (EQA) technical support to USAID Washington and country programs. AIDSFree directly supported PEPFAR to conduct EQA activities in Lesotho, Malawi, Mozambique, South Africa, and Zimbabwe, and indirectly supported USAID's EQA in Tanzania. The project also supported the enhancement of USAID's EQA mobile app for VMMC quality to make it more user-friendly and address gaps identified through previous EQAs.

AIDSFree's major impact has been in integrating CQI within country VMMC programs and within MOH structures. For example:

- In Malawi, AIDSFree worked with several implementing partners (PSI, Project IQ, and the Malawi Defense Force) to provide direct onsite CQI support at 38 sites. A total of 142 service providers (including 18 from the MOH) received training on CQI, and 178 attended learning sessions. Five rounds of CQI assessments were conducted, after which AIDSFree provided onsite coaching to address the gaps identified during the assessments.
- In Tanzania, AIDSFree supported staff from all government levels in Iringa and Morogoro to integrate CQI in VMMC by conducting joint CQI assessments, trainings, and coaching sessions. A total of 70 service providers received training on CQI.
- In Namibia, AIDSFree provided CQI technical support to 17 VMMC sites and conducted two rounds of CQI assessments, along with monthly onsite coaching visits to support the QI team to address deficiencies identified initially through the EQA and subsequently through ongoing CQI assessments. The existing CQI assessment tool was reviewed and converted to Excel to make it user-friendly.
- In Lesotho, AIDSFree provided technical support to six TSEPO ("hope") project sites by assembling QI teams and supporting CQI assessments and onsite coaching. Responding to an MOH request, the project also conducted CQI assessments, followed by onsite coaching, at four MOH VMMC sites, and provided an orientation on CQI for MOH staff. AIDSFree also worked with the MOH to develop a CQI assessment tool that aligned with other national VMMC policies.

OTHER HIV PREVENTION SERVICES

AIDSFREE's holistic activities encompassed all aspects of prevention—both newer approaches such as pre-exposure prophylaxis—and proven approaches such as condoms. The project's work in North Africa also supported human rights for marginalized groups.

Building Demand for PrEP

As countries began rolling out PrEP, they needed effective social and behavior change communication (SBCC) approaches and materials to support awareness-raising, demand creation, and counseling activities for clients and community tailored to priority audience segments. To this end, in FY 2018 and 2019 AIDSFREE provided technical assistance in two countries for SBCC on PrEP.



Alicia Carter/AIDSFREE

To support Mozambique's rollout of PrEP, in FY 2018 AIDSFREE provided technical assistance to the MOH for development of [social and behavior change communication materials](#) to support demand creation for PrEP. AIDSFREE proposed a four-phase approach for reviewing PrEP materials, obtaining a framework based on stakeholder input, developing and pre-testing materials, and training providers on their use. A PrEP communications working group that included representatives from the MOH, USAID, the U.S. Centers for Disease Control and Prevention, and 20 implementing partners helped to develop the materials. They were pretested in three provinces—Manica, Nampula, and Zambezia—with priority populations (female sex workers [FSWs], men who have sex with men [MSM], and young women aged 18 to 24 years). Using feedback from these groups, the working group finalized the materials and developed a dissemination guide for partners.

In Botswana, AIDSFREE worked with the MOH to review existing PrEP communication materials and engage with stakeholders to create a national PrEP SBCC strategy. AIDSFREE reviewed effective strategies in reaching members of the priority populations (serodiscordant couples, FSWs, MSM, and adolescents, girls, and young women or AGYW) and conducted in-country focus group discussions with AGYW to understand their particular needs. Working with the SBCC technical working group, AIDSFREE helped develop a strategic communication framework, which was reviewed and approved by the PrEP technical working group.

To better inform the work in Botswana, AIDSFREE conducted a [general desk review](#) on SBCC best practices for reaching priority populations to improve PrEP uptake and adherence. The review included communication approaches used to increase awareness and demand for PrEP in sub-Saharan African countries, existing SBCC materials from those countries, and key communication lessons learned from those implementing PrEP. This review was based on interviews with key stakeholders in four countries that had rolled out PrEP (South Africa, Mozambique, Zimbabwe, and Kenya), relevant research from the

literature, and reports, case studies, success stories, and SBCC materials from partners with PrEP rollout experience.

During 2018 and 2019, AIDSFree also supported PEPFAR's commitment to advance Zambia's scale-up of PrEP services at facilities by providing logistical assistance for two trainings of PrEP trainers. The objective of the trainings was to provide health providers in clinical settings with PrEP knowledge, skills, and attitudes through learning experiences. Sixty participants were trained in PrEP. All the facilities where participants worked were already offering PrEP, but with limited knowledge on counselling, baseline management, lab, and clinical follow-ups. All participants participated in the theory and practical sessions of the training and demonstrated understanding of the PrEP concept.

Condom Use and Promotion

Underlying all of AIDSFree's activities was the assumption that controlling the HIV epidemic will require using all available resources—public, private, and community—and activating and coordinating stakeholders and market players to increase their contribution. The project's work in condom programming exemplifies this principle.

By global consensus, condoms remain essential to HIV prevention and epidemic control. Nations have signed on to the multi-agency 20 x 20 Initiative, which calls for distributing 20 billion condoms by the year 2020. Yet funding for condom programming is shrinking, and existing markets (public, free and social marketed, and for-profit) operate in silos, leading to missed opportunities for both purveyors and clients.

Condoms and the total marketing approach: To investigate the potential for marketing condoms more widely, AIDSFree conducted a [series of studies](#) to examine aspects of the condom market in Africa—looking at the retail environment, price revisions in socially marketed condoms, views of manufacturers of condoms and lubricants, and willingness to pay for condoms. In Nigeria—which has the world's second-largest HIV epidemic behind South Africa—AIDSFree worked with stakeholders in the Nigerian government and the private sector to strengthen the sustainability of condom supplies by implementing a total marketing approach (TMA).

TMA is a holistic method that engages and coordinates all condom supply sectors (public, commercial, and social marketing) to integrate both condom marketers' needs and those of different types of consumers. Though brief (May 2017–September 2018), the intervention quickly secured government endorsement, and helped in the development of two national policies incorporating TMA within the national HIV strategy and condom programming strategy. TMA also garnered enthusiastic support from private sector condom marketers by making the composition of the whole market transparent, enabling commercial players to understand the market's true volume and to spot gaps and areas of need or potential growth.

AIDSFree also conducted activities to strengthen condom programming, including the introduction of a TMA dashboard, a condom and lubricant demand creation strategy for key populations, and a logistics management information system for condoms. This combined approach will help to bridge Nigeria's condom gap of 600–700 million, achieve better targeting of donor subsidies, improve access to condoms

by high-risk populations, and ensure that Nigeria contributes to the 20 x 20 Initiative and other global targets for controlling the epidemic.

HIV and Rights in the Middle East and North Africa

Through AIDSFree, the International HIV/AIDS Alliance (now Frontline AIDS) reached out in 2017–2018 to vulnerable populations in the Middle East and North Africa. The Prevention Project worked to increase access by gay men, other MSM, and transgender people to integrated, quality HIV services along the care cascade. Highlights included using information communication technology to reach these vulnerable groups. In Lebanon, 1,200 MSM were referred to HIV and sexually transmitted infection services by peer educators who engaged with them on Grindr. A social media campaign with partner M-Coalition using videos to demystify HIV testing reached 150,000 people. In the second activity, Rights to Equality, the Alliance and its partners used a human rights monitoring and response system called Rights, Evidence, Action (REAct) to document and respond to more than 250 human rights cases, and used this evidence to advocate for more rights-based policies in the region.

TREATMENT

A hallmark of AIDSFree’s leadership in the drive to control the epidemic was its rapid adoption of emerging tools and trends. The project continuously sought to test and scale up new and promising approaches to broaden access to treatment—working with pediatric populations, developing tools and resources, and strengthening approaches to expand the role of communities in care.



Viral load/early infant diagnosis:

Achieving epidemic control requires scale-up of known positive practices, including early infant diagnosis (EID) to ensure prompt treatment, along with VL testing to track the progress of the treatment. However, institutionalizing these practices entails effective, coordinated function among many “moving parts”—demand creation, provider training, rapid testing and use of results, and timely treatment. The project conducted a [landscape analysis](#) to identify approaches and materials in use to create demand for VL testing and EID. The report presents information on programmatic strategies to create demand for VL monitoring within the treatment cascade, and EID within the PMTCT cascade, which may be helpful to programs working to scale up VL testing or EID. The document describes demand creation in terms of increasing service uptake and using results—both critical to achieving suppressed viral load (for VL testing), and initiation of treatment (for infants testing positive through EID). The findings of the analysis were developed into an article for journal submission. AIDSFree also developed an [online knowledge base](#) providing country and global guidance and procedures for implementing and monitoring VL and EID (see “Knowledge Management” section).

Differentiated models of care: Countries have implemented and scaled up various ART distribution models to expand access to treatment. Those implemented at the community level can be effective, but often face challenges, especially local stigma and weak linkages to treatment. In 2018, AIDSFree completed a three-country qualitative study in South Africa, Uganda, and Zimbabwe describing several community-based novel approaches for increasing access to ART and identifying enablers, barriers, and benefits of these new models. The research focused on three approaches—community adherence clubs, outreach to provide ART in remote areas and at worksites, and community ART pickup—implemented among clinically stable adults.

The research showed that these differentiated models can increase access to treatment. Building on the learning from early stages of implementation and scale-up can help refine these models to benefit additional populations of persons living with HIV. The data, derived from interviews and group discussions from 163 policy, programmatic, and client stakeholders, pointed to several key elements with implications for successful implication or scale-up:

- Client and provider education
- Strong information systems
- Buy-in at multiple levels (client, provider, community)
- Appropriate client grouping (e.g., voluntary grouping of “like” clients)
- Interventions to address stigma

Côte d’Ivoire nongovernmental organization (NGO) engagement and linkage to care: During AIDSFree’s final year, the USAID mission in Côte d’Ivoire engaged the project’s field support mechanism to increase adherence and reduce loss to follow-up throughout the prevention to care continuum in three high-burden districts (Abobo-Est, Cocody-Bingerville, and Koumassi). AIDSFree worked closely with PEPFAR’s implementing partners, through memoranda of understanding, to strengthen the continuum of care.

AIDSFree focused on using community resources to track patients who were lost to follow-up in all three districts and link them back to care. The project conducted several activities with NGOs and community workers to ensure sustainability after AIDSFree ends:

- Coached NGO staff on care and support for PLHIV: 13 sessions for 50 community counselors and 7 supervisors
- Conducted supervision visits in all three districts to ensure that NGOs were implementing the activities correctly
- Created six community support groups to improve ART adherence and viral suppression for PLHIV
- Conducted training for community workers and communication focal persons in the districts, using tools and guidelines developed by AIDSFree and covering viral load literacy, creation of support groups, interpersonal communication skills and counseling of PLHIV, managing appointments, tracking patients, and supporting patient care and retention
- Organizational and financial management capacity strengthening for NGOs

AIDSFree was able to trace 67 percent of the 2,040 patients lost to follow-up. Half of these were still on treatment and therefore not lost to follow-up and just over one-fourth (29 percent) were brought back into care. Among the rest, 7 percent had died; 7 percent were found at another site; 4 percent had moved to another province; and 4 percent refused to continue treatment.

AIDSFree trained the two NGOs selected to work with the national HIV program and USAID to link facilities and communities by deploying community counselors across their designated districts. As sub-grant agreements were being developed, AIDSFree trained the NGO staff in monitoring and evaluation, financial management, and interpersonal counseling. These investments will support PEPFAR in Cote d’Ivoire as it shifts implementation to local partners.

Handbook on Counseling and Support for HIV-Positive Children and Adolescents: Children and adolescents who are dealing or living with HIV have particular needs that providers are often unprepared to address. In FY 2018, AIDSFree supported the African Network for the Care of Children Affected by AIDS (ANECCA) to develop two companion documents: the [*Handbook on Counselling and Psychosocial Care for Children and Adolescents Living with and Affected by HIV in Africa*](#) and a [*Pocket Guide*](#), a

condensed version of the comprehensive guide designed for on-the-job use. The handbook serves as a comprehensive guide for health care providers who work in counseling and psychological care of children and adolescents, with chapters on the physical and psychosocial aspects of caring for these individuals and meeting their needs. The chapters include details on HIV clinical care; HIV and growth and development; HIV and mental health, disclosure, loss, grief, and bereavement; adherence; and sexual and reproductive health. It also covers support systems (including support for health care providers) and monitoring and evaluation of psychosocial services.

SUPPORTING HIV PREVENTION AND WELLNESS FOR WOMEN, GIRLS, AND OTHER VULNERABLE POPULATIONS

Controlling the HIV epidemic among women and children demands a multifaceted, comprehensive approach. AIDSFree's initiatives for pregnant women and mothers, adolescent girls and young women, and children recognized the variety of services needed to control and contain the epidemic. These services included PMTCT, early infant diagnosis, and linkage to other maternal and child health services, including immunizations, family planning, and gender-based violence referrals. The services themselves were delivered in a way that recognized that the health of the mother and child are interdependent with the health of their family and community.

Prevention of Mother-to-Child Transmission

Several programs under the PMTCT and orphans and vulnerable children portfolios addressed the specific needs of pregnant women, mothers, and children. These included efforts to improve retention in care of mother-baby pairs in Eswatini and Kenya. From June 2017 to December 2018, AIDSFree implemented a successful mother-baby pair retention in care program in Eswatini to improve PMTCT final outcome rates. In collaboration with the Eswatini Ministry of Health, USAID, and other key stakeholders, AIDSFree developed a mentor mother model to ensure that mothers and infants stay connected to health facilities so they can receive the infant's final PMTCT outcome at 18–24 months. This community-based model trained community focal mothers to conduct home visits with mother-baby pairs to plan out the next two years and develop strategies to ensure they visit the health facility and complete all scheduled child welfare visits on time. By taking a proactive approach, where community focal mothers visit mother-baby pairs in their home before they miss a visit, AIDSFree was able to reduce rates of loss to follow-up and ensure both mothers and their infants received critical health services.

The AIDSFree model demonstrated successful retention in care—all children (100 percent) completed their child welfare care visits through 18 months of age at the clinic, per the MOH schedule. Alternatively, they were documented in the facility register as transferred-out, discontinued due to relocation outside the community intervention catchment area, or deceased. Although this intervention focused on scheduled HIV testing, and the test for PMTCT final outcome at 18–24 months, AIDSFree also assisted children in receiving other vital maternal and child health services. Of the HIV-exposed infants, 127 (100 percent) were tested for HIV, according to the MOH testing algorithm (up to their current age-appropriate visit). Only two infants out of 119 (2 percent) tested HIV-positive, both of whom (100



percent) were initiated on ART. As of November 2018, 60 children had reached the 18-month visit, and all 60 (100 percent) completed that visit. Of the 60, 18 were HIV-exposed and needed an HIV test to determine the PMTCT final outcome. All 18 (100 percent) had their final HIV status determined. The Elisabeth Glaser Pediatric AIDS Foundation, which led this activity under AIDSFree, is now scaling the activity up using additional funding.

Due to the success of the program, AIDSFree Eswatini integrated this model into the field program and also helped the MOH incorporate the model and training materials into the national training process for mentor mothers. This approach was also successfully adapted in Kenya to identify, map, and link pregnant women and mother-baby pairs to care at health facilities in two counties. AIDSFree trained community health volunteers (CHVs) to identify and connect pregnant women and new mothers to care. CHVs visited households in their community, mapped pregnant women or mothers with infants and children not accessing care, and referred them to their nearest health facility. Women who enrolled received monthly visits from CHVs, to remind them of appointments and encourage them to complete clinic visits as well as help pregnant women prepare their birth plan to increase the number of women having skilled deliveries.



This program has helped us as a facility—we've seen quite an improvement in our facility data.

—Delsile Nxumalo, data clerk at Silele Red Cross Clinic

From December 2018 to April 2019, AIDSFree trained 67 CHVs in Turkana and Trans-Nzoia counties to implement the mother-baby pair program. These CHVs conducted community mapping of over 9,240 pregnant women and mother-baby pairs, enrolling 672 clients—391 ANC clients and 281 mother-baby pairs. CHVs reported the issue of 3,599 referrals for first ANC, fourth ANC, facility delivery, immunizations, EID, postnatal care, and HTS. Ultimately, 76 percent of referrals were reported as complete. The success of these two mother-baby pair programs at reducing loss to follow-up and improving linkage to care had a significant effect on PMTCT service delivery and final outcomes rates, and are a promising practice to promote in other settings. PEPFAR has recognized the model as a best practice, per the PEPFAR Epidemic Control Team, and it was included in the Country Operational Plan 2019 guidance for countries as a strategy for mother-infant cohort monitoring.

In addition to the focus on mother-baby pairs, AIDSFree conducted a variety of programs over the life of the project focused on improving PMTCT service delivery, advocacy, and policy. These included:

- Engaging the private sector in Zimbabwe to provide PMTCT services
- Building the capacity of civil society organizations working on PMTCT in Lesotho and Malawi
- Researching the willingness of PMTCT clients in Côte d'Ivoire and Tanzania to pay for HIV self-test kits to use with their male partners
- Developing a tool for assessing the vulnerability of orphans and at-risk children in Zimbabwe

We don't know what we'd do without our community focal mothers now—and we have the facility data numbers to show it.

—Zandile Magongo, head nurse at Silele Clinic



Addressing Gender-Based Violence

In Lesotho, AIDSFree focused on adolescent girls and young women (AGYW) through PEPFAR's Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program. From October 2017 to September 2019, the project mobilized communities to support and protect AGYW through strengthened school-based education—linked with community education by trained agents—aimed at preventing gender-based violence and HIV and facilitating post-violence referrals to services, and reached nearly 27,000 people with training and outreach (Table 1). The project provided training on psychosocial support guidelines for survivors of gender-based violence (GBV) and a directory of providers offering services to survivors.

Table 1. Gender-Based Violence Prevention Trainings under DREAMS, Lesotho

GBV Capacity Building and Training	Number Reached
GBV prevention community sensitization outreach	26,293
Education officers	21
Refresher training for life-based skills education teachers	291
Sensitization of school principals and inspectors	291
Training for law enforcement personnel	30
Total	26,926

The AIDSFree program in Lesotho was designed to reach at least 80 percent of adolescent girls and young women in Maseru and Berea districts with evidence-based interventions to reduce their vulnerability to HIV infection and GBV. The project prioritized continuity of condom programming and distribution to expand condom availability and access, life-skills and sexuality education through schools, and community interventions to facilitate access to GBV care and support.

AIDSFree worked with the Lesotho school system to roll out a life skills-based sexual education curriculum in Maseru and Berea districts to teach children about their bodies, provide sexual and reproductive health information, and address key issues for children and adolescents, such as alcohol and drug use, nutrition, and GBV (Figure 13). AIDSFree deployed norms change agents in communities to work with men on HIV prevention and GBV, as well as interpersonal communication agents in two districts to engage adolescent girls and young women and their male partners with messages on risk perception, correct condom use, and self-efficacy to seek HIV counseling and testing.

The Lesotho program also focused heavily on addressing GBV by raising awareness of and support for the response to GBV through community outreach, developing tools for GBV service providers, and providing technical assistance to stakeholders involved in GBV response, including governmental, social, and traditional institutions.

From July through September 2018, AIDSFree Nigeria provided implementers of PEPFAR activities with tailored technical assistance on designing and implementing interventions to transform gender norms and respond to GBV. A joint American–Nigerian team interviewed 20 trainees on their priorities for learning about gender integration and GBV prevention and response. Findings were used to develop a three-day participatory, multifaceted training attended by 26 participants from 13 implementing partner organizations and a PEPFAR representative. On the final day of training, participants developed mentoring plans that outlined how AIDSFree mentors—Nigerians based around the country—could support them over the three weeks immediately following in implementing what they learned from the training. During this time, the mentors guided trainees through email, phone calls, and provided documents as needed.

After the training, AIDSFree developed the *Gender-Based Violence Prevention and Response Training Manual* based on the workshop sessions and subsequent feedback. AIDSFree worked with implementing partners to develop a messaging campaign to increase awareness for Nigeria’s 16 Days of Activism against Gender-Based Violence Campaign (#16days, November 25–December 10). The project produced videos (*Gender-Based Violence in the Workplace* and *Gender-Based Violence at Home*) outlining various aspects of gender-based violence and describing how to seek help.

Figure 13. AIDSFree Nigeria Gender-Based Violence Awareness Banners



KNOWLEDGE MANAGEMENT

AIDSFree implemented a dynamic outreach strategy to expand ongoing knowledge sharing from the global to the country and local levels, and focused on translating complex HIV data and findings into easily digestible and usable content. The project used digital and traditional communication methods—including Twitter, Facebook, LinkedIn, blogs, e-newsletters, webinars, communities of practice, face-to-face events, eLearning, and the AIDSFree website—to share programmatic information, such as scaling up of HIV best practices or implementation of innovative approaches and interventions to achieve results. AIDSFree worked with existing partner networks to make best practices and innovations more accessible to the HIV community—policymakers, implementers, and frontline health workers. The project continually improved its rich collection of HIV resources and tools to highlight proven practices, facilitate access to national standards, and disseminate timely findings about new technical areas to help countries reach epidemic control.

To complement the project’s interventions, the AIDSFree web portal helped program managers, policymakers, practitioners, and volunteers access and apply the resources they need to shape programs that effectively reach their target populations. The foundation of all of the project’s activities, AIDSFree’s knowledge base built from and fed into the project’s work. In PY 5, 81,681 users (a 19 percent increase from PY 4) visited AIDSFree’s website to follow project progress, view and download documents, and use information from the project’s HIV testing and treatment databases, toolkits, and communities of practice. Users hailing from 208 countries, over half in Africa, downloaded more than 34,000 documents; and social media users from over 150 countries viewed AIDSFree content about new developments in HIV and the latest project activities.



Some of AIDSFree’s top resources follow.

Prevention Knowledge Base: With over 34,000 pageviews in 2018–2019 alone, the Prevention Knowledge Base comprises one of AIDSFree’s legacy contributions to emerging knowledge about HIV. This resource, organized under four categories (combination, behavioral, biomedical, and structural prevention), provides overviews, core elements, and current knowledge and practices. In FY 2018-2019, the Prevention Knowledge Base article on preventing mother-to-child transmission garnered over 17,000 pageviews.

LPV/r Pellet Toolkit: In 2018, AIDSFree launched the lopinavir/ritonavir (LPV/r) Pellet Toolkit, an online resource for health care providers, government officials, and supply chain partners to use in administering and distributing LPV/r pellets, a pediatric HIV medication, to health facilities on a national scale. LPV/r pellets are a new formulation of a medication recommended by the WHO as first-line therapy for HIV-positive infants and children.

The toolkit provides comprehensive clinical information on LPV/r pellets for health care workers. It covers recommendations on dosing and administration of the medication and resources for working with caregivers, and includes a section for government and supply chain officials with information on how to roll out LPV/r pellets into the national health care system. Since the toolkit's launch through a webinar and online—despite being launched late in the project's fourth year—LPV/r-related content on the AIDSFree website garnered over 3,000 pageviews.

Viral Load and Early Infant Diagnosis Knowledge Base: This database proved to be an important resource for users, with over 9,000 pageviews between 2018 and 2019. The database provides guidance on country mandates, implementation, logistics, and monitoring.

Other top downloads included the *Handbook on Counselling and Psychosocial Care for Children and Adolescents Living with and Affected by HIV in Africa* and the VMMC Online Training Hub Update e-newsletter. For more details and analytics on AIDSFree's web activities and outreach, see Annex B.



ANNEXES

- Annex A. Program Monitoring Plan
- Annex B. Strengthening the Knowledge Base
- Annex C. Financial Status and Budget Summary
- Annex D. Environmental Compliance
- Annex E. Human Subjects Protection

ANNEX A. PROGRAM MONITORING PLAN

Table 2. AIDSFree Program Monitoring Plan Indicators

Intermediate Result (IR)	Indicator	Oct. 1, 2018–Sept. 30, 2019	Explanations
IR 1: Research findings are used to inform policy and improve practices	1.1 Percentage of individuals surveyed who reported that a knowledge management (KM) product provided new knowledge	n/a	No survey conducted this quarter
	1.2 Percentage of individuals surveyed who reported using a KM product	n/a	No survey conducted this quarter
Sub-IR 1.1: Research findings are captured and synthesized (cumulative)	1.3 No. of information products produced and/or updated that capture and synthesize findings, experiences, and lessons learned about/from HIV programs and research	19	<ul style="list-style-type: none"> • Reports: 3 • Success stories: 2 • Posters: 6 • Presentation: 1 • Meeting displays (Bangkok): 7
Sub IR 1.2: Info resources are institutionalized and KM outputs created	1.4 No. of KM outputs created	9	<ul style="list-style-type: none"> • Webinar: 2 • Video: 2 • Factsheet: 1 • Newsletter (Online Training Hub): 1 • NL (AIDSFree): 3
Sub IR 1.3: Research findings are disseminated	1.5 No. of individuals served by KM outputs during reporting period (primary dissemination)	318	n/a
	1.6 No. of copies or instances of KM outputs distributed to existing lists during reporting period (primary dissemination)	1,475	n/a
	1.7 No. of file downloads during reporting period (secondary dissemination)	15,348	n/a
	1.8 No. of sessions (visits) to AIDSFree website (secondary dissemination)	38,485	n/a
	1.9 No. of links to AIDSFree web products (referrals)	1,260	n/a
IR 2: New and emerging research findings are integrated into country program	2.1 No. of HIV policies and/or plans revised or updated with assistance from the project to integrate new evidence	2	<ul style="list-style-type: none"> • Technical assistance (TA) for index testing and HIV self-testing (HST) in Eswatini • TA for pre-exposure prophylaxis (PrEP) demand creation materials in Mozambique
	2.1 (a) No. of HIV policies and/or plans revised or updated to address one or more of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) gender strategic areas		

Intermediate Result (IR)	Indicator	Oct. 1, 2018–Sept. 30, 2019	Explanations
Sub-IR 2.1: Pilot interventions are tested and documented	2.2 No. of innovative technical approaches implemented by AIDSFree <i>2.2 (a) No. of innovative technical approaches tested by AIDSFree that address one or more of the PEPFAR gender strategic areas</i>	1	Technical assistance for index testing and HST in Eswatini
	2.3 No. of instances in which lessons learned from innovative technical approaches were documented and disseminated	1	PrEP Training in Zambia
Sub-IR 2.1: Specialized technical support is provided	2.4 No. of instances of technical assistance provided by AIDSFree <i>2.4 (a) – No. of instances of technical assistance provided by AIDSFree that addressed one or more of the PEPFAR gender strategic areas</i>	7	<ul style="list-style-type: none"> • TA for index testing and HST in Eswatini • TA for PrEP demand creation materials in Mozambique • Advocacy training for Lesotho civil society organizations (CSO) • Organizational development training • Board orientation workshop • Adolescent mobilization TA • Facilitated a training of trainers in Eswatini focused on voluntary medical male circumcision (VMMC) demand creation and in-service communication/counseling
	2.5 No. of instances of technical assistance provided by AIDSFree that were completed successfully	7	<ul style="list-style-type: none"> • TA for index testing and HST in Eswatini • TA for PrEP demand creation materials in Mozambique • Advocacy training for Lesotho civil society organizations • Organizational development training • Board orientation workshop • Adolescent mobilization TA • Facilitated a training of trainers in Eswatini focused on VMMC demand creation and in-service communication/counseling
IR 3: Improved technical and organizational	3.1 No. of health care facilities supported by AIDSFree that graduated to a higher Site Improvement Through Monitoring Systems score		

Intermediate Result (IR)	Indicator	Oct. 1, 2018–Sept. 30, 2019	Explanations
performance of HIV/AIDS programs	3.2 No. of national/local partners demonstrating improved technical and/or organizational performance according to a documented instrument	1	LENASO in Lesotho
	3.3 No. of national/local partners who are using the technical and/or organizational systems/tools/processes developed or improved with the support of the project	4	4 CSOs: LENASO, LENEPWHA, Matrix, Care for Basotho
Sub-IR 3.1: South-to-south (S2S) exchange opportunities are facilitated	3.4 No. of S2S exchanges facilitated with the assistance of the project	3	Quarterly review meetings
	3.5 No. of S2S exchanges completed	3	Quarterly review meetings
Sub-IR 3.2: National partner technical competence is strengthened	3.6 No. of national/local partners provided with technical capacity development assistance, disaggregated by: Above-sites (includes national and subnational government agencies) Health care facilities Nongovernmental organizations/CSOs <i>3.6 (a) No. of national/local partners provided with minimum package of technical capacity development assistance which addressed one or more of the PEPFAR gender strategic areas</i>	9	<ul style="list-style-type: none"> • 4 CSOs: LENASO, LENEPWHA, Matrix, Care for Basotho • National AIDS Commission • Four Community-Based Organizations (CBOs) (Kagwa, Make Me Smile, Adventist Centre for Care and Support and St. John Community Centre) were provided with organizational and technical assistance to implement a home visiting program to improve the health and social outcomes for pregnant adolescents and adolescent mothers under the AIDSFree JUA (Jielimishe Uzazi Na Afya) project
	3.7 No. of technical systems/tools/processes developed or improved with support of the project	12	<ul style="list-style-type: none"> • Handbook on Counseling and Psychosocial Care for Children and Adolescents Affected by HIV In Africa • Nigeria training manual on gender-based violence • <i>Creating Demand for Voluntary Medical Male Circumcision: A Training for Community Mobilizers</i> (Generic) • <i>Training For Community Mobilization and In-Service Communication and Counseling for VMMC</i> (Eswatini) • <i>Training for Community Mobilization for VMMC</i> (Slide deck, generic)

Intermediate Result (IR)	Indicator	Oct. 1, 2018–Sept. 30, 2019	Explanations
			<ul style="list-style-type: none"> • <i>Training for Community Mobilization and In-Service Communication for VMMC</i> (Slide deck, Eswatini) • <i>VMMC Demand Creation Assessment Tool</i> • PrEP training in Zambia (approximately 30 participants trained in PrEP) • Adolescent mobilization cards, community engagement guide, peer educator manual for men who have sex with men, peer educator manual for female sex workers
	<p>3.8 - No. of individuals trained (technical skills)</p> <p><i>3.8 (a) No. of individuals trained (technical skills) who also received training in one or more of the PEPFAR gender strategic areas</i></p>	629	<ul style="list-style-type: none"> • 147 lay counselors on adherence • 282 police officers on stigma and discrimination • 50 CSO staff on TB and HIV demand creation • 20 CSO staff on adolescent mobilization cards • 40 youth trained on adolescent mobilization cards • PrEP training in Zambia (approximately 30 participants trained in PrEP) • Training of trainers in Eswatini focused on VMMC demand creation and in-service communication/counseling. 60 participants were from implementing partners and Ministry of Health
Sub-IR 3.3: National partner organizational competence is strengthened	<p>3.9 No. of national/local partners provided with organizational capacity development assistance</p> <p><i>3.9 (a) No. of national/local partners provided with minimum package of managerial capacity development which addressed one or more of the PEPFAR gender strategic areas</i></p>	4	4 CSOs: LENASO, LENEPWHA, Matrix, Care for Basotho
	<p>3.10 No. of organizational systems/tools/processes developed or improved with support of the project</p>	14	<ul style="list-style-type: none"> • 4 finance policies • 4 procurement policies • 2 human resource policies • 4 governance documents
	<p>3.11 No. of individuals trained (organizational skills)</p>	43	<ul style="list-style-type: none"> • 18 CSO staff trained on monitoring and evaluation • 10 CSO staff trained on advocacy

Intermediate Result (IR)	Indicator	Oct. 1, 2018–Sept. 30, 2019	Explanations
	3.11 (a) <i>No. of individuals trained (organizational) who also received training in one or more of the PEPFAR gender strategic areas</i>		<ul style="list-style-type: none"> • 7 CSO staff trained on finance and procurement • 4 CSO staff trained on governance • 4 CSO staff trained on human resources

ANNEX B. STRENGTHENING THE KNOWLEDGE BASE

AIDSFree Website Activity & Outreach

Reporting Period: October 2018–September 2019

AIDSFree’s website was the knowledge management (KM) face for all United States Agency for International Development (USAID) HIV flagship projects working to connect people to essential testing, treatment, and prevention resources, to help advance progress toward reaching epidemic control of HIV. Each year, AIDSFree measured the website analytics for several important HIV testing and treatment databases, prevention tools, and communities of practice, which connected over 81,000 users from 208 countries, including the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) priority countries, to technical information. Through strategic dissemination, AIDSFree’s information portal connects users to testing, treatment and prevention policies and resources that can help country policymakers and program managers more effectively achieve their testing, treatment, maintenance, and prevention goals.

Visits to the AIDSFree Website

- AIDSFree had a total of **81,681 users** to the website this year, a 19% increase from project year (PY) 4.
 - A *user* is a visitor to the AIDSFree website. Users are defined by IP address and are unduplicated, meaning each user is only counted once.
 - A *session* is a single 30-minute interaction with the AIDSFree website by one user.
 - A *pageview* is a view of a single page on the website.
- This year, AIDSFree had a total of **101,003 sessions on the website**, an **increase of 6%** from PY 4.
- A total of **34,259 documents** were downloaded from the AIDSFree website between October 1, 2018 and September 30, 2019, a 1% increase from PY 3.
- The average time spent on a webpage was **1 minute and 44 seconds**.

Over 80% of users accessed the AIDSFree website from outside of the United States.

- Users accessed the AIDSFree website from **208 countries** (eight additional countries in comparison with the previous year), with approximately **61% of all visits coming from Africa**.

**Visits from Africa, by Region:
October 1, 2018–September 30, 2019**

Region	%
Eastern Africa	52.04
Western Africa	22.19
Southern Africa	22.89
Middle Africa	1.64
Northern Africa	1.24

**Top 20 Country Visits to AIDSFree:
October 1, 2018–September 30, 2019,
after the United States.**

1.	Nigeria
2.	Kenya
3.	South Africa
4.	Tanzania
5.	Zambia
6.	Uganda
7.	Ethiopia
8.	India
9.	Zimbabwe
10.	Ghana
11.	United Kingdom
12.	Namibia
13.	Malawi
14.	Philippines
15.	Lesotho
16.	Botswana
17.	Canada
18.	Eswatini
19.	Australia
20.	Nepal

AIDSFree Website Content

Top 5 AIDSFree Interactive Tools, by Unique Pageviews: October 1, 2018–September 30, 2019

Interactive Tool	Unique Pageviews
1. Prevention Knowledge Base	34,271
2. Viral Load and Early Infant Diagnosis Knowledge Base	9,661
3. HIV Testing Services (HTS) Knowledge Base	7,550
4. Voluntary Medical Male Circumcision (VMMC) Online Training Hub	3,424
5. Lopinavir/ritonavir (LPV/r) Pellet Toolkit	2,996

Top 10 AIDSFree Webpages by Unique Pageviews: October 1, 2018–September 30, 2019

(Excludes AIDSFree homepage, search, and email sign up pages.)

AIDSFree Webpage	Number of Unique Pageviews
1. Prevention of Mother-to-Child Transmission of HIV	17,159
2. Septrin Dosage Formulations and Dosage for Infants, Children, and Adults Living with or Exposed to HIV	8,376
3. VMMC Online Training Hub	3,424
4. HIV Prevention for Serodiscordant Couples	1,943
5. Mass Media & HIV Prevention	1,753
6. VMMC Focus Area page	1,698
7. Health Care Waste Management New Incident Report Form	1,277
8. HIV Testing Services Knowledge Base—HIV Self-Testing	1,222
9. Workplace Interventions to Prevent HIV	1,203
10. LPV/r Pellet Toolkit Landing Page	1,175

Resource Downloads

- A total of **34,259 documents** were downloaded from the AIDSFree website between October 1, 2018 and September 30, 2019, a 1% increase from PY 4.

Most Downloaded Resources: October 1, 2018–September 30, 2019

AIDSFree Resource	Number of Downloads
5. Septrin Dosage Formulations and Dosage for Infants, Children, and Adults Living with or Exposed to HIV	2,586
6. National Guidelines for HIV Prevention, Treatment, and Care	837
7. VMMC Online Training Hub One-Pager	802
8. Guiding Principles for Working with Gender-Based Violence Survivors	733
9. VMMC Online Training Hub Updates (November 2018)	643
10. VMMC Online Training Hub Updates (March 2019)	588

AIDSFree Resource	Number of Downloads
11. Ethiopia National Guidelines for Comprehensive HIV Prevention, Care, and Treatment (2017)	580
12. Handbook on Counselling and Psychosocial Care for Children and Adolescents Living with and Affected by HIV in Africa	531
13. VMMC Online Training Hub Update (October 2018)	520
14. Gender-Based Violence Referral Pathway	386

Referrals

- Referrals are visits to the AIDSFree site from external websites. Visits were generated during this reporting period from **95 websites** including the following illustrative list:

- *Abt Associates Inc.*
- *AIDSMap*
- *ARV Procurement Working Group*
- *Atlas SOLTHIS*
- *AVERT*
- *CABSA South Africa*
- *Catholic Medical Mission Board*
- *Center for Human Services*
- *CHAI HIV New Product Introduction Toolkit*
- *Children and AIDS*
- *Clearinghouse on Male Circumcision*
- *Columbia University*
- *Communication for Development Network*
- *Communication Initiative Network*
- *Compass, Oxfam International*
- *Compass for Social and Behavior Change*
- *EBM Africa*
- *Ecosia*
- *Elizabeth Glaser Pediatric AIDS Foundation*
- *EnCompass LLC*
- *Foreign Service Institute Learning Center*
- *Global Coalition on Women and AIDS*
- *Global Health Learning*
- *Global Network of Sex Work Projects*
- *Health 247*
- *HIV InSite-University of California, San Francisco*
- *HIV Share Space*
- *HIV Self-Testing Clearinghouse*
- *International Association of Public Health Logisticians*
- *IMA World Health*
- *International HIV/AIDS Alliance*
- *JBS International*
- *JMIR Public Health and Surveillance*
- *Johns Hopkins Center for Communication Programs (CCP)*
- *JSI*
- *Médecins Sans Frontières*
- *National Institute of Health- NCBI*
- *Nature*
- *Never Ending Food*
- *OVC Support*

- *OVCTTAC (Office of Justice Programs-DOJ)*
- *PAHO*
- *Peace Corps*
- *Planet Aid*
- *PLOS*
- *PrEPWatch*
- *RIATT-ESA*
- *Royal Tropical Institute*
- *Sexual Violence Research Initiative*
- *South Africa Department of Health Knowledge Hub*
- *South African College of Applied Psychology*
- *Southern Africa HIV/AIDS Regional Exchange (SHARE)*
- *St. Ambrose University*
- *Thursdays in Black*
- *Together for Girls*
- *Treatment Action Group Pipeline Report*
- *UNAIDS*
- *University of California, Berkeley*
- *University of South Carolina*
- *University of Wisconsin*
- *VMMC Online Training Hub*
- *WHO*
- *Women Strong*
- *Women Win*
- *World Bank*
- *Young Heroes Foundation*
- *Youth Power*

Targeted Dissemination

AIDSFree disseminated its resources to global health and HIV-focused listservs, blogs, LinkedIn groups, knowledge management platforms, social media, and other channels. Targeted dissemination of **tagged links*** generated approximately **1.3%** of the total visits to the AIDSFree website. The following is a representative list of channels that sent traffic to the AIDSFree website as a result of targeted dissemination:

- AFRO-NETS Listserv
- ATHENA Network
- CORE Group
- Global Health Delivery Online
- HIFA-Healthcare Information for All
- HIPNet Listserv
- Southern African HIV and AIDS Regional Exchange
- Young People with HIV Listserv

*A tagged link is a URL that has a custom code used to track sources and campaigns through Google Analytics. This allows AIDSFree to track the number of users reading and sharing our material.

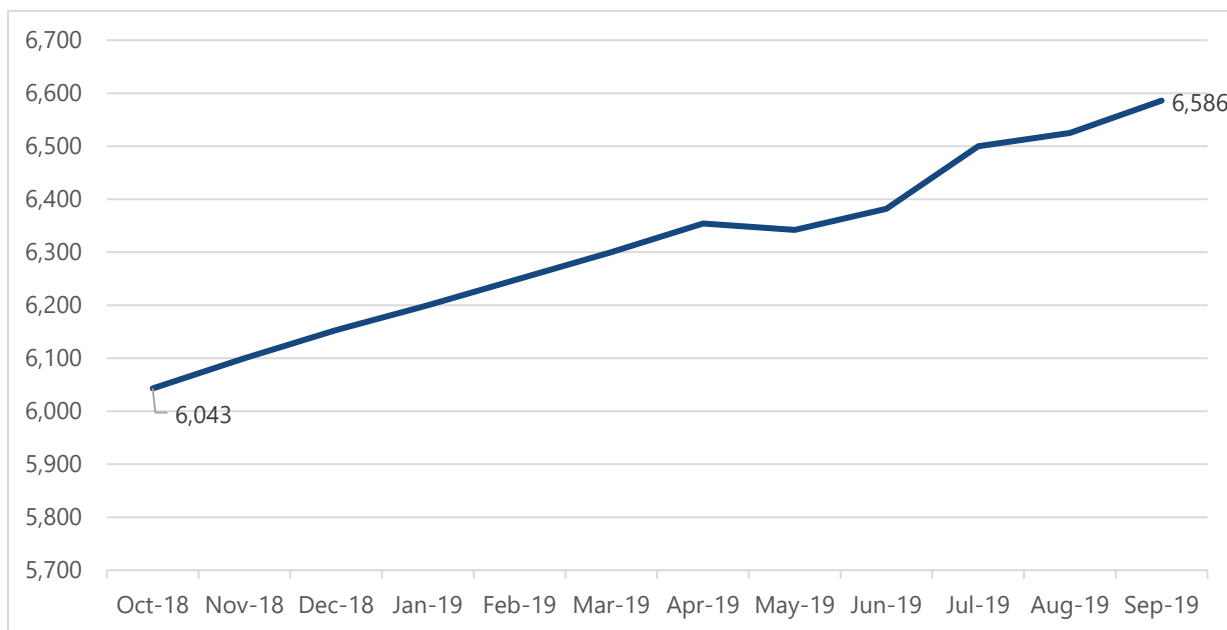
E-Newsletters

AIDSFree Project Newsletter

The AIDSFree Project utilized newsletters as an essential dissemination channel to keep the AIDSFree audience up-to-date with the latest news from the project and global HIV response. AIDSFree shares content consisting of AIDSFree publications, interactive tools, current events, field experiences, and the latest research through three different newsletter channels: the AIDSFree Project Newsletter, the OTH Update, and the Viral Load and Early Infant Diagnosis Update.

During PY 5, AIDSFree disseminated **9 newsletters** to our audience, with an average **open rate of 21%** and an average **clickthrough rate of 12%**, both well above the average industry standard. AIDSFree disseminated 6 AIDSFree Project Newsletters, 1 OTH Update, and 2 Viral Load & Early Infant Diagnosis Updates.

Figure 1. Growth in Subscribers to Project Newsletter October 1, 2018–September 30, 2019



Interactive Tools

LPV/r Pellet Toolkit

The Lopinavir/ritonavir Pellet Toolkit provided information on how to implement rollout of LPV/r pellets into the national health care system and provided clinical information on LPV/r pellets, including recommendations on dosing and administration of the medication, as well as resources for working with caregivers. The LPV/r Toolkit had **5,880 pageviews** during PY 5.

Most Visited Pages from the LPV/r Pellet Toolkit

1. [About LPV/r Pellets](#)
2. [Rollout Planning and Management](#)
3. [Administer LPV/r Pellets](#)
4. [Weight Dosing Tool](#)
5. [Patient Eligibility](#)

VMMC CQI and EQA Toolkit

The VMMC Continuous Quality Improvement (CQI) and External Quality Assessment (EQA) Toolkit was designed for VMMC program managers, supervisors, providers, and implementing partners, to guide efforts to improve the quality of VMMC services through CQI and EQA. The toolkit had **2,157 pageviews** in PY5.

Most Visited Pages from the CQI and EQA Toolkit

1. [Tool A: SOPs, Guidelines, Policies, and Job Aids](#)
2. [QA vs. QI: The Role of Continuous Quality Improvement](#)
3. [Stakeholder Coordination](#)
4. [Tool I: Site Capacity and Utilization](#)
5. [External Quality Assessment](#)

Viral Load and Early Infant Diagnosis Knowledge Base

The Viral Load and Early Infant Diagnosis Knowledge Base brought together tools and updates used to scale up viral load testing and early infant diagnosis initiatives. The tool had **11,344 pageviews**—though no longer updated in PY5, a 47 percent increase over the previous year.

Most Visited Pages from the VL & EID Knowledge Base

1. [Uganda Viral Load Dashboard](#)
2. [DBS Sample Collection for Early Infant Diagnosis \(EID\) by PCR \(India\)](#)
3. [Kenya Viral Load Dashboard](#)
4. [ForLab Laboratory Product Quantification Tool](#)
5. [Guidance for Developing a Specimen Transport and Referral System for Viral Load and Infant Virologic HIV Diagnosis Testing Networks](#)

HIV Testing Services Knowledge Base

The HTS Knowledge Base detailed scale-up of both Assisted Partner Notification & HIV Self-Testing. The knowledge base received **11,822 pageviews**—a 27 percent increase over PY4.

Most Visited Pages from the HTS Knowledge Base

1. [HIV Self-Testing Tools and Curricula](#)
2. [Assisted Partner Notification Tools and Curricula](#)
3. [HIV Self-Testing Monitoring & Evaluation](#)
4. [Partner and Family-Based Index Case Testing: A Standard Operating Procedure \(SOP\)](#)
5. [HIV Self-Testing Register](#)

Social Media (Twitter, Facebook, and Instagram)

- During PY 5, AIDSFree’s social media following grew to **17,095 users** across Twitter (8,721), Facebook (7,308), and Instagram (1,066), which was almost a 5% increase from the last PY.
- AIDSFree social media posts were seen over **347,000** times during PY 5, with an average of **28,930 views per month**.

AIDSFree Has Social Media Followers from 157 Countries

Afghanistan	Côte d’Ivoire
Albania	Croatia
Algeria	Cyprus
Angola	Czechia
Argentina	Democratic Republic of the Congo
Armenia	Denmark
Aruba	Djibouti
Australia	Dominican Republic
Austria	East Timor
Bahamas	Ecuador
Bangladesh	Egypt
Barbados	Eritrea
Belarus	Estonia
Belgium	Ethiopia
Belize	Fiji
Benin	Finland
Bolivia	France
Bosnia and Herzegovina	Georgia
Botswana	Germany
Brazil	Ghana
Brunei	Greece
Bulgaria	Guam
Burkina Faso	Guatemala
Burundi	Guinea
Cambodia	Haiti
Cameroon	Honduras
Canada	Hong Kong
Cape Verde	Hungary
Cayman Islands	Iceland
Chile	India
China	Indonesia
Colombia	Iran
Comoros	Iraq
Costa Rica	Ireland

Isle of Man
Italy
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kosovo
Kuwait
Latvia
Lebanon
Lesotho
Liberia
Lithuania
Luxembourg
Macedonia
Madagascar
Malawi
Malaysia
Mali
Mauritius
Mexico
Micronesia
Mongolia
Montenegro
Morocco
Mozambique
Myanmar
Namibia
Nepal
Netherlands
New Zealand
Nicaragua
Niger
Nigeria
North Korea
Norway
Pakistan
Palestine
Panama
Paraguay
Peru
Philippines
Poland
Portugal
Puerto Rico
Republic of the Congo
Romania
Russia
Rwanda
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia

Seychelles
Sierra Leone
Singapore
Slovenia
Somalia
South Africa
South Korea
South Sudan
Spain
Sri Lanka
Swaziland
Sweden
Switzerland
Syria
Taiwan
Tajikistan
Tanzania
Thailand
The Gambia
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
United Arab Emirates
Uganda
United Kingdom
Ukraine
Uruguay
United States of America
Venezuela
Vietnam
Yemen
Zambia
Zimbabwe

Completed Publications: October 1, 2018–September 2019

All technical reports, success stories, case studies, toolkits, and training manuals were submitted to the Development Experience Clearinghouse (DEC).

Case Studies

- [Increasing Uptake of VMMC: Lessons from AIDSFree Malawi](#)
- [Addressing Quality Needs in Male Circumcision Services Using Continuous Quality Improvement in Southern Malawi](#)

Conference Posters

International AIDS Society 2019

- Does Early Infant Male Circumcision Increase Mothers' Attendance for Postnatal Care Services?
- Female Volunteer Community Advocates Perform at a Comparable Level with Their Male Counterparts Supporting Voluntary Medical Male Circumcision Services at Routine Facilities in Tanzania
- The AIDSFree JUA Program: Improving Health and Social Outcomes for Pregnant Adolescents, Adolescent Mothers, and Their Children in Kenya
- Final HIV Outcome for Exposed Infants: Improving Mother-Baby Pair Retention in PMTCT Care in Eswatini through Proactive Community Follow-Up
- Improving HIV Testing and Linkage to Antiretroviral Therapy Among Men Through Various Male Engagement Strategies in Eswatini

20 x 20 Condom Initiative Meeting (Bangkok)

- Pathways to Sustainable Condom Programming
- What is the state of condom programming in Sub-Saharan Africa?
- Zimbabwe Condom Investability Overview
- Zambia Condom Investability Overview
- South Africa Condom Investability Overview
- Kenya Condom Investability Overview
- Condom Market Investability Overview

Newsletters

[VMMC Online Training Hub Update 2019](#)

One-Pagers

- Gender-based Violence Referral Pathway
- Lapeng Care Center: Factsheet
- Guiding Principles for Working with Gender-based Violence Survivors

Other

- [AIDSFree Jielimishe Uzazi Na Afya Program: Our Girls' Voices—A Story Book](#)
- [Addressing the Parallel Risks of Pregnancy and HIV: AIDSFree JUA Program for Pregnant Adolescents, Adolescent Mothers, and their Children in Kenya](#)

Reports

- [AIDSFree Annual Report Project Year 4: 2017–2018](#)
- [Rights to Equality in the Middle East and North Africa: Literature Review](#)
- [Rights to Equality in the Middle East and North Africa: Human Rights Programming in the Context of HIV in Lebanon](#)
- [AIDSFree Mother-Baby Pair Retention in Care Through Community Focal Mothers](#)
- [Rights to Equality in the Middle East and North Africa: Building Evidence-based Responses to Protect and Promote Human Rights among Vulnerable and Marginalized Populations](#)
- [AIDSFree Lesotho Final Report: Capacity Strengthening of Civil Society Organizations, January 2016–December 2018](#)
- [Increase Access of Gay Men, Men Having Sex with Men, and Trans Individuals to Integrated, Quality HIV Services along The Care Cascade in Middle East and North Africa—The OHA Program: End of Project Report](#)
- [AIDSFree Nigeria HIV Self-Testing Project Report](#)
- [AIDSFree Technical Assistance to Mozambique for Pre-Exposure Prophylaxis Social and Behavioral Change Communication Materials Development](#)
- [AIDSFree Lesotho Gender-Based Violence Service Provider's Manual](#)
- [Standard Operating Procedure Manual for Condoms and Lubricants Logistics Management in Nigeria, Version 1](#)
- [AIDSFree Mother-Baby Pair Identification and Retention in Care Through Community Health Volunteers in Kenya: Final Report](#)
- [Generating Demand for PrEP: A Desk Review](#)
- [Uptake and Results Utilization of Viral Load Testing and Early Infant Diagnosis: Demand Creation Landscape Analysis](#)
- [Guide on High-Impact Practices to Create Demand for Voluntary Medical Male Circumcision Services](#)
- [AIDSFree Zambia: Improving Supply Chains through Innovation Final Report 2016–2019](#)
- [AIDSFree VMMC CQI/EQA Annual Report](#)
- [Improving Health and Social Outcomes for Pregnant Adolescents, Adolescent Mothers, and Infants in Kenya: Jielimishe Uzazi na Afya Program Final Report](#)
- [Prevention of Mother-to-Child Summary Report](#)
- [AIDSFree Final Report: 2014–2019](#)
- [The OVC Risk Screening Tool Study: Dissemination Package \(awaiting publication of manuscript\)](#)
 - [Analysis Report](#)
 - [Case Study](#)

- Literature Review
- AIDSFree Tanzania Strengthening Police and Prison Comprehensive HIV Services: Quarterly Report July 1, 2019–September 30, 2019
- Electronic Logistics Management Information System: End Line Evaluation Report
- Zambia Evaluation Report
- World Health Organization Compendium
- Botswana Communications Strategy

Success Stories and Program Notes

- [Success Story: WhatsApp Helps Reduce Emergency Pharmaceutical Orders in Zambia](#)
- [Success Story: Community Focal Mothers Keep Mothers and Babies in Care in Eswatini](#)
- [Success Story: Home Visiting Teams Help Young Kenyan Mothers and Babies Stay Healthy](#)
- [Success Story: Collaborative Partnerships in Zambia: A Win-Win Approach for Supply Chain Improvement](#)
- [Program Note: Tackling Gender-Based Violence in Lesotho through Changing Community Norms](#)

Toolkits and Training Materials

- [Guiding Principles for Working with Gender-Based Violence Survivors](#)
- [VMMC Demand Creation Assessment Tool](#)
- [Creating Demand for Voluntary Medical Male Circumcision: A Training for Community Mobilizers](#)
- [Training for Community Mobilization for VMMC: Trainer’s Slide Deck \(PPT\)](#)
- [Training for Community Mobilization for VMMC: Trainer’s Slide Deck \(PDF\)](#)
- [Pocket Guide on Counselling and Psychosocial Care for Children and Adolescents Living with and Affected by HIV in Africa](#)
- [Gender Integration and Gender-based Violence Prevention and Response: Training Manual](#)

ANNEX C. FINANCIAL STATUS AND BUDGET SUMMARY

AIDSFree Financial Status Report Project Year (PY) 5 (October 2018–September 2019)

Data reported through September 20, 2019.

Name	Funds Available PY 5	Total Expended Actuals	Total Pipeline (Budget Remaining and Unprogrammed)
Voluntary Medical Male Circumcision (VMMC) TWG	\$37,466	\$21,744	\$15,722
Prevention TWG	373,115	257,665	115,450
Prevention of Mother to Child Transmission (PMTCT) TWG	397,493	362,499	34,994
Gender TWG	7,239	(5,707)	12,946
HIV Testing Services TWG	259,895	101,789	158,106
Adult Treatment TWG	3,502	16,084	(12,582)
Pediatric Treatment TWG	226,731	113,901	112,830
Orphans and Vulnerable Children TWG	841,142	768,874	72,268
Total Core	2,146,583	1,636,849	509,734
Total TOM+	752,219	555,852	196,367
Grand Total	\$2,898,802	\$2,192,701	\$706,101

Notes:

- 1) The TOM+ budget amount only reflects the VMMC Eswatini technical assistance, Lesotho External Quality Assurance, Lesotho DCTA and PMTCT Kenya MBP that have been programmed with minimal charges as of September, 2019.
- 2) Total Expended Actual figures include actual posted expenditures in JSI's accounting system as of September 2019 and consortium partner invoices through August and September 2019
- 3) The total pipeline includes the funds remaining from ongoing activities and unprogrammed funds.

PY 5 Field Support Funding

Name	Funds Available PY5 (Net of PM)	Total Expensed Actuals	Total Pipeline (Budget Remaining and Unprogrammed)
Tanzania VMMC	7,097,770	7,029,348	68,422
Tanzania Strengthening Police and Prisons Comprehensive HIV Services	2,161,688	1,506,148	655,540
Eswatini	5,363,194	4,267,905	1,095,289
Nigeria Waste Management/Condom Programming	116,654	114,074	2,580
Namibia Private Sector	3,937,699	2,437,535	1,500,164
Uganda Waste Management	28,708	3,900	24,808
Mozambique VMMC	2,291,444	2,234,161	57,283
Zambia Electronic Logistics Management Information System	4,621,437	4,339,276	282,161
Ethiopia	5,015,831	4,217,891	797,940
MENA	217,892	155,429	62,463
Uganda VMMC Health Care Waste Management	851,057	780,637	70,420
Zimbabwe Quality Improvement	6,466	-	6,466
South Africa VMMC University	84,430	45,911	38,519
Malawi VMMC	2,909,078	2,882,542	26,536
Lesotho DREAMS	2,555,350	2,350,412	204,938
Lesotho Network of AIDS Services Organizations	337,621	302,511	35,110
Nigeria HIV ST	147,814	13,974	133,840
Nigeria Gender-Based Violence Technical Assistance (TA)	577,628	28,496	549,132
Uganda Expired MD	21,460	-	21,460
Uganda TA	236,209	202,511	33,698
Online Training Hub (OTH)	222,895	108,677	114,218
Malawi Continuous Quality Improvement/External Quality Assurance (CQI/EQA)	630,828	542,909	87,919
CQI/EQA	-	909	(909)

Tanzania CQI/EQA	-	101	(101)
Namibia CQI/EQA	55,639	18	55,621
Mozambique CQI	158,899	91,136	67,763
Lesotho CQI/EQA	14,642	14,642	-
South Africa CQI	73,569	62,528	11,041
Uganda EQA & CQI	52,761	47,797	4,964
Cote d'Ivoire	943,073	744,006	199,067
Eswatini Cervical Cancer	660,151	654,500	5,651
Eswatini VMMC TA	282,922	152,424	130,498
Mozambique VMMC 2	2,864,000	2,547,543	316,457
Ethiopia PMI	377,229	249,141	128,088
Malawi VMMC 2	200,000	200,000	-
Namibia 2	548,868	287,669	261,199
Uganda VMMC 2	417,937	411,749	6,188
Total Field Support	44,916,038	39,028,410	7,054,433
Total Project Management	3,743,114	3,743,114	(0)
Knowledge Management Website	1,335	1,794	(459)
Total Other Funds	1,335	1,794	(459)
Grand Total	48,660,487	42,773,318	7,053,974
Notes:			

1) The listed Field Support expenditures are from October 2018 through September 2019.

2) PY 5 Funds Available figures reflect final PY 5 Project Management (PM) true up adjustments, which result in increased funds available.

3) Total Expended figures include actual posted expenditures in JSI's accounting system as of September 2019 and consortium partner invoices through September 2019.

4) Ethiopia total expenses do not include JSI September 2018 Field accounts, which actually posted in PY 5.

ANNEX D. ENVIRONMENTAL COMPLIANCE

Overview of Environmental Compliance

As the recipient of United States Agency for International Development (USAID) funds, AIDSFree was expected to comply with USAID environmental procedure (22 CFR 216). Consequently, AIDSFree developed and submitted environmental monitoring and mitigation plans (EMMPs) for each of its field offices. USAID approved AIDSFree Lesotho, Malawi, Tanzania Strengthening Police and Prisons Comprehensive HIV Services (SPPCHS), and Tanzania VMMC's EMMPs. However, AIDSFree Eswatini, Ethiopia, and Mozambique are still pending approval.

The EMMPs outline the mitigation, monitoring, and institutional measures that would be taken during project implementation to avoid or control adverse environmental impacts, and the actions needed to implement these measures. The plans also described actions taken to eliminate, offset, or reduce potentially adverse environmental impacts to acceptable levels. AIDSFree implemented the following mitigation strategies.

AIDSFree Eswatini

AIDSFree Eswatini developed an EMMP and submitted it to USAID Eswatini for review in May 2016. Although the mission's approval remained pending, the project took several steps to ensure proper environmental mitigation. These were also part of the EMMP submitted to USAID mission.

- Conducted seven infection prevention and control (IPC) trainings incorporating waste management with 167 participants in Hlatikhulu Public Health Unit (PHU), Hlatikhulu Hospital, Mbabane Government Hospital, Pigg's Peak PHU, Dvokolwako Health Centre Emkhuzweni Health Centre, and Matsanjeni Health Centre, to strengthen/foster IPC responsibility among health care workers (HCWs), particularly IPC committee members. One other hospital was trained in Q3 of financial year (FY) 2018.
- Presented and provided technical assistance on tuberculosis (TB) IPC during Q2 Regional TB Semi-annual Review Meetings, with 32 participants from Hhohho and 35 from Shiselweni region.
- Provided TB IPC plan templates to supported facilities.
- Conducted mentorship visits to supported facilities. During these visits, mentors ensured that facilities had health care waste management guidelines. They also ensured that they were following appropriate waste disposal methods and using personal protective equipment.
- Reviewed Environmental Compliance Assessment progress for Ezulwini Satellite site. Waste disposal SOPs are now in place, and infectious waste is now stored in a secured fenced area while awaiting disposal.
- Conducted Environmental Compliance Assessments in 13 sites, namely KaMfishane, Jericho, Matsanjeni, Moti, Ntshanini, Mbabane, Maguga, Ngonini, Ntfonjeni, Ngowane, Vusweni, Ekuphileni, and Nyonyane. In these facilities, the major challenges were a lack of hard copies of waste management guidelines and standard operating procedures (SOPs), a shortage of protective clothing for waste handling, a lack of secure storage for infectious waste, and inconsistent waste

transportation. Remedial action plans were developed and progress was tracked. Soft copies of waste management guidelines have been disseminated to all sites.

- Conducted mentorship activities for Elizabeth Glaser Pediatric AIDS Foundation-supported facilities; SOPs were in place in all supported facilities.
- Pre-fabricated units were installed at four clinics (Herefords, Hluthi, Lobamba, and Ezulwini Satellite) in FY 2018, using skilled labor and appropriate waste disposal techniques. In quarters 1–3 of FY 2019, plumbing and electricity were installed using skilled labor.

AIDSFree Ethiopia

AIDSFree Ethiopia developed and submitted an EMMP to USAID Ethiopia in September 2017. The team implemented two main activities identified in the plan.

- Supported the quantification of HIV and malaria commodities with the aim of ensuring no excess of health commodities that will expire and affect the waste disposal capabilities. The support included data preparation, forecasting and supply planning. The project also provided technical support in the development of a seasonality index from five years of public health emergency management data to be used for supply planning of malaria commodities.
- Produced technical assistance training material to support quantification and facility-level commodity management. This reinforced management responsibility for the environment. The training materials included an environmental impact management section. The environmental management section included:
 - An emphasis on commodities procured by the government or public sector to be stored according to the information provided on the manufacturer's Materials Safety Data Sheet.
 - Guidelines regarding proper disposal of pharmaceuticals. Pharmaceuticals which have expired or which are defective for any reason should be returned to the manufacturer. Failing this, facilities should follow World Health Organization guidelines for safe disposal of unwanted pharmaceuticals.
 - Instructions regarding effective disposal of used training material including Integrated Pharmaceutical Logistics System (IPLS) training materials.
- Conducted 1,166 supportive supervision visits to 1,127 health facilities during the year. During these visits, field logistics advisors assessed stock status of priority program commodities (HIV; malaria; family planning; and maternal, newborn, and child health) and monitored IPLS implementation. Supporting facilities to implement good storage practice to proactively prevent damage or expiration was one component of supportive supervision and implementation activities.
- Provided supportive supervision to service delivery points by traveling to implement and monitor the IPLS and Health Commodity Management Information System. All supportive supervision conducted by the projects staff to health facilities also focused on environmental, health, and safety practices to avoid damaged and/or expired commodities.

AIDSFree Lesotho

The project developed an EMMP that included correct storage and disposal of condoms and lubricants. Following revisions to include proper environmental disposal of the tablets procured for data collection, the EMMP was updated and approved on June 10, 2019.

AIDSFree Malawi

Per USAID Malawi's Health Initial Environmental Examination (IEE) the following AIDSFree Malawi activities would potentially have a "Negative Determination with Conditions" pursuant to 22 CFR 216.3(a) (2) (iii) and required environmental monitoring:

- Commodities for the testing component of the HIV testing services
- Materials related to male circumcision activities (used sharps, foreskin, etc.)
- Construction and/or rehabilitation of laboratory and other health care facilities.

AIDSFree Malawi established adequate mitigation and monitoring activities to ensure that these activities had no significant environmental impact. The AIDSFree Malawi EMMP was approved by the mission and formal approval is on file. The project's Chief of Project and Technical Director provided oversight to ensure that all project activities were implemented in line with the project EMMP.

- AIDSFree Malawi mitigation efforts were guided by the Government of Malawi's National Environmental Policy (Act No. 23 of 1996) and the Guidelines for Environmental Impact Assessment (December 1997). The objective of the Malawi environmental policy is to promote sustainable, social and economic development through the sound management of the environment in the country. The policy aims to narrow the gap between the degradation of natural resources and the environment on one hand and sustainable production and economic growth on the other. These documents informed both the initial AIDSFree Malawi EMMP, and its revision to accommodate the larger-scale refurbishments at Chikwawa District Hospital.
- AIDSFree Malawi project work complied with Government of Malawi, Ministry of Health Infection Prevention and Control Policy (July 2006). AIDSFree Malawi interventions at targeted facilities included Performance and Quality Improvement (PQI), a process that consists of setting performance standards, measuring performance against standards, implementing action plans to address identified gaps, measuring progress toward achievement of standards, and rewarding achievements. PQI standards already existed for infection prevention and injection safety. The standards describe the desired performance for facilities when handling and disposal of medical and general waste. In addition, AIDSFree Malawi collaborated with USAID's ASSIST Project, which trained AIDSFree Malawi staff on continuous quality improvement (CQI) and monitored implementation of the CQI standards dictating adherence to the Ministry of Health's infection prevention and control policy. These standards enforced appropriate management and eventual safe disposal of all waste generated from the voluntary medical male circumcision (VMMC) services.
- During construction and rehabilitation, steps were taken to mitigate impact on the environment. Supervision during the refurbishment efforts took several forms. The project, hired contractors through Jhpiego's Procurement Manager. The hospital's administrator and maintenance officer

provided day-to-day supervision of these contractors to mitigate the risk of abuse of resources for construction and to minimize any degradation or pollution to the environment.

AIDSFree Mozambique

A draft EMMP was submitted to the USAID mission in December 2016. In their review, USAID requested AIDSFree to transfer the information submitted to a revised EMMP format, which included a breakdown of estimated costs and followed the IEE for the USAID/Mozambique Integrated Health Office Portfolio, IR 4.1: Increased Coverage of High Impact Health and Nutrition Services (Health Service Delivery).

In March/April 2018, USAID Washington modified AIDSFree's award to contain construction, including incinerator renovation. Although AIDSFree Mozambique planned to complete the construction activities before project closeout, technical staff shortages and funding complications prevented this.

At the time of this report, the EMMP is pending review by USAID. A signed version was shared with AIDSFree on August 2019. The AIDSFree team identified the most urgent priority sites for incinerator renovations and construction and incorporated those costs into a final, two-month activity budget requested by JSI. The AIDSFree team received concurrence from the project's USAID Agreement Officer's Representative for these works, and the AIDSFree procurement team is working to get updated proposals. AIDSFree Mozambique hopes to complete these priority incinerators in the next three months pending available funding. All environmental recommendations will be observed during construction as per the EMMP.

AIDSFree Namibia

AIDSFree Namibia developed and submitted an updated EMMP in FY 2018; however, the plan is still pending approval. The project implemented the following key activities from their EMMP.

- Revised training material to include waste management.
- Developed and distributed waste management SOP. Additionally, the *Environmental Health Management for VMMC - Site Guidance* document was printed and distributed to all facilities.
- Ensured that facilities had a waste disposal plan and practiced waste segregation.
- Provided all facilities with a checklist to assess waste management practices regularly.
- Collected used instruments for regular disposal.
- Supported development of EMMPs for clinics.
- Conducted quarterly quality support visits to sites to check compliance to EMMP.
- Received EMMP training with USAID and received feedback on the EMMP.

AIDSFree Nigeria

AIDSFree Nigeria developed and submitted an EMMP in October 2018. It was formally approved by the mission in November 2018. The project entered closeout in October 2018. During this process, all electronic equipment was transferred, ensuring that no computers or other equipment were disposed of.

AIDSFree Uganda

AIDSFree Uganda's support for environmental mitigation are listed below.

Health care waste management at the facilities and outreach sites:

- AIDSFree worked with the Ministry of Health (MOH) and Green Label Services Limited (GLSL) to ensure that bins and bin liners were supplied to the facilities. Although some progress was made, there was still inadequate stock of color-coded bin liners and waste bins at some facilities. Overall, the available waste storage spaces were not yet organized and protected within the facility premises. However, expired drugs were stored separately and documented before being picked up by NMS or GLSL.
- GLSL continued to use well-covered and protected transport vehicles as per established standards to avoid spillage when transporting health care waste from facilities to the disposal site at Iganga.
- GLSL ensured that incineration/disinfection and sterilization were undertaken by trained operators. In addition, GLSL made fire emergency response equipment available and trained staff on fire-fighting.
- Several steps were taken to prevent occupational health illnesses due to handling of wastes, including making available safe personal protective equipment, training on standard operating procedures, provision of guidelines, and vaccination of staff.
- Trees surrounding the waste management facility were cared for and grass was planted to control soil erosion.
- AIDSFree transferred ownership of a vacuum assist autoclave for the treatment of infectious health care waste to GLSL in February 2019, following USAID's approval. Details of the equipment were as follows:

Item Description	Qty	Model	Value	Country of Origin	Location
Medi-Clave Vacuum Assist Autoclave	1	JSD 7000	\$230,871	South Africa	Mbarara

AIDSFree Tanzania/VMMC

During FY 2019, AIDSFree trained MOH staff in appropriate storage and/or waste disposal of items used in VMMC and early infant medical circumcision (EIMC) service delivery as part of the VMMC and EIMC service trainings. Additionally, AIDSFree staff ensured that waste management and disposal were integrated into national VMMC and EIMC guidelines and training packages. In addition, during the development of the national guidelines and training package of VMMC and EIMC for Tanzania, during mentorship and supportive supervision and any contact where AIDSFree staff provided the MOH with technical assistance, AIDSFree ensured that waste management and disposal were integrated into the activities and documents.

During FY 2019, AIDSFree disposed of 41.5 tons of metal waste from the used disposable kits that were stored in the regional offices after their one-time use. The project received permission from USAID Tanzania to dispose of the waste through incineration and smelting in Tanzania. Site visits of the incinerator and smelting facilities were conducted by the AIDSFree team and all procedures followed

the national guidelines. Any smelted metal from the disposable VMMC kits was used to make rebar for Tanzanian construction projects.

AIDSPFree Tanzania/SPPCHS

SPPCHS supported sites to meet the minimum health care waste management standards and maintained an updated checklist on integrated waste management activities in supported sites. Quality improvement support influenced site-level integration of waste management practices in routine service delivery. The project collaborated with council health management teams to support the government-led mentorship support and regular assessments to ensure that waste management practices aligned with the Tanzania Infection Prevention and Control SOPs, including labelling, handling, separation, storage, treatment, transportation, and medical waste disposal.

Not all sites and service delivery points had functioning incinerators and sufficient waste containers to meet national standards. To address this, AIDSPFree SPPCHS facilitated waste incineration at nearby sites. The project also supported the redistribution of available waste containers from other sites and advocated for the purchase of waste bins using revenue from user service fees.

Also, throughout the course of the project, SPPCHS maintained an updated inventory log (including all non-expendable property) to ensure compliance with USAID requirements. SPPCHS completed the inventory check for items in all supported facilities and headquarter offices in Dar es Salaam.

Non-expendable items (vehicles) were disposed of according to the approval received from the Mission in June 2019. The final vehicle disposition plan included transfer of two vehicles to the new Police & Prisons activity; two vehicles to the Tanzania Ministry of Home Affairs (government of Tanzania); and the remaining two vehicles to the JSI Research & Training Institute, Inc.-implemented CHSSP project, pending instructions from USAID closer to closeout. SPPCHS did not have household furnishings of expatriate field staff which had been purchased with project funds. Office stationery, furniture and electronic equipment (including chairs, tables, computers, printers, mice, calculators, staplers, etc.), were transferred to the Ministry of Home Affairs (Government of Tanzania) or transferred to other JSI in-country projects. These projects, included Global Health Supply Chain, InSupply, and The Community Health and Social Welfare Systems Strengthening Program were asked to sign the property and asset transfer letters with clear instructions to include these items in their final disposition/transfer plans.

AIDSPFree Zambia

AIDSPFree Zambia submitted an EMMP to USAID Zambia for review in September 2017. In an effort to ensure that the AIDSPFree Zambia project complied with USAID and Zambian government environmental regulations, the following were carried out:

- The EMMP was fully signed and executed on May 10, 2019, after which all PODs from computer equipment deployed to health facilities included the required documentation about Zambia Environmental Management Agency (ZEMA) guidelines.
- Unusable e-waste was disposed to a ZEMA-approved disposal agent.
- Unusable vehicles were auctioned off as-is.
- All obsolete (but usable) computers/information technology-related (IT) equipment was donated to approved NGOs, and the status of the equipment disclosed to the recipient.
- All usable computer/IT equipment and vehicles were donated to the follow-on project.

ANNEX E. HUMAN SUBJECTS PROTECTION

Novel Antiretroviral Therapy Distribution Program Evaluation Protocol

The study investigated the current programs in South Africa, Uganda, and Zimbabwe that were using novel antiretroviral therapy (ART) approaches to better understand the enablers, drivers, and barriers that led to the program's outcomes, and determine the programs' lessons learned and recommendations. The study design included data collection, interviews, and review of quantitative data, such as program records. Respondents for the study were selected based on specific criteria: they had to be 18 years or older, health providers or programmers, and willing to participate in an in-depth interview. The study ensured the confidentiality of interviewees through protective measures. The findings did not include identifying information and all interview documents were saved in a secure computer database. All interviewees signed a consent form. The study was reviewed and approved by JSI's Committee for the Protection of Human Subjects.

The data collection and analysis for the South Africa and Uganda portion of the novel ART work was completed in FY 2017. The data collection and analysis for the Zimbabwe portion of the novel ART work was completed in FY 2018. In FY 2018, a manuscript on the South Africa findings was submitted for publication. Also in FY 2018, the South Africa, Uganda, and Zimbabwe findings were compiled into a synthesis manuscript which was submitted for publication. In FY 2019, both the [South Africa](#) and the [three-country](#) manuscripts were published in the *Journal of the Association of Nurses in AIDS Care*, September–October 2019 issue (Volume 30, Issue 5) and are available via open access.

Orphans and Vulnerable Children Risk Screening Tool Research Study (Zimbabwe)

The study's objective was to identify the most effective combination of questions to screen orphans and other vulnerable children (OVC) for HIV testing at the community service level. The study population was OVC in Zimbabwe, specifically those OVC aged 2 up to 18 years supported by World Education/Zimbabwe and community partners in Harare, Mhondoro, and Mazowe districts. The study had a cross-section design and collected data at one time point from eligible households by specially trained community health workers and research assistants. The study began in July 2017. The study followed three stages in alignment of the following sub-objectives: 1) setting the questions for the OVC HIV Risk Screening Tool, 2) validating the tool, and 3) assessing the usability of the tool. For sub-objectives 1 and 2, a team visited households to administer consent and assent procedures before administering the screening tool. While participants' names were recorded on the consent forms, personal identifiers were removed before analysis. In FY 2018, the AIDSFree team continued data collection for the OVC study, then discontinued the study after determining that the sample size could not be reached without a significant increase in resources. The findings were compiled into a three-part dissemination package, which was approved by USAID in FY 2019. Elements of the dissemination package were prepared as a manuscript for publication. The study protocol, consent form, participant

education, and recruitment materials were approved by JSI's and Elizabeth Glaser Pediatric AIDS Foundation's designated institutional review boards, followed by the Zimbabwean national institutional review board.

The Peer Support Intervention—Supporting HIV-Positive Adolescents in Zimbabwe to Improve HIV Care Continuum Outcomes

The study sought to investigate how peer support improves the HIV care continuum outcomes for HIV-positive adolescents. To analyze the effectiveness of peer support, the study aimed to determine the viral suppression rate in the peer support intervention group after 24 and 48 weeks, the reduction of psychological distress, and identify drug resistance mutations. The study took place at Parirenyatwa Hospital Family Care Centre for 250 youth with virologic failure (two consecutive HIV VL > 1,000 copies/ml at least one month apart), ages 10–24, who provided written informed consent (age 18 or older) or assent (age < 18 years). The adolescents were randomized into two groups: enrollments into the peer support intervention or continuation with standard of care. While no incentives were provided, all participants were reimbursed for travel costs related to attending the clinic for the study. The study was conducted within the context of routine clinical care and was considered a minimal risk study. All confidential information, including case reporting forms, laboratory specimens, reports, and study-related records/data were coded to protect the confidentiality of the patients. Study protocol, consent forms, participant education, and recruitment materials were reviewed and approved by the Joint Research Ethics Committee of Parirenyatwa Hospital and the University of Zimbabwe College of Health Sciences, as well as the Medical Research Council of Zimbabwe and the Massachusetts General Hospital Institutional Review Board. The data collection and analysis was completed in FY 2018. In FY 2019, USAID approved a manuscript for submission and in FY 2020, the manuscript team received feedback from the publication with suggested revisions for resubmission before publication.



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