NASTAD Global Five-year Project Report (2009-2014)
In 1992, the National Alliance of State & Territorial AIDS Directors (NASTAD) formed to represent the United States’ chief HIV program directors from the 50 U.S. states and nine territories. Through NASTAD, U.S. state health department AIDS directors found a single voice with which to develop national HIV policy and advocate for national HIV resources; and through NASTAD, they connected with their peers with whom they shared their years of public health experience, skills, tools, and resources, thereby collectively improving their HIV programs. This partnership for collective response continues to this day.

In 2000, NASTAD established the Global Program to expand its domestic work to peers in countries around the world. NASTAD Global enables U.S.-based state AIDS directors and their staff to share their public health experience with counterparts globally, as a part of the President’s Emergency Plan for AIDS Relief (PEPFAR). Working together, NASTAD has helped build the capacity of public health agencies and systems to better manage and implement jurisdictional HIV programs.

We are proud now, to present this report highlighting the last five years of NASTAD’s contributions to this unprecedented world-wide effort. The report describes some of the organizational and programmatic capacity building interventions that we have designed collaboratively with the public health agencies we work with, and demonstrates how our unique peer-to-peer approach and emphasis on a state-led HIV response has resulted in significant and sustainable improvements in HIV programs and systems in many countries.

More importantly, though, this report is a testament to the commitment and creativity of our partner international public health agencies as they battle ongoing, serious and complex deficits in infrastructure, capacity and resources. Since the beginning of the NASTAD Global Program, international support for HIV prevention, testing and care and treatment around the world has saved millions of lives, and an AIDS Free Generation across the globe is now within our grasp. We know, however, that unless these most impacted countries have the capacity to sustain independently the gains they have made in the last five years for the long term, disease will re-emerge when international support diminishes; this report therefore is also a call to action and for ongoing advocacy, commitment, and investment in global public health infrastructure.

NASTAD thanks our members, our staff, and our donors for their commitment and support for our global work, and we are honored to have been able to assist our counterparts around the world in developing local, sustainable solutions to the public health challenges they face.

Julie M. Scofield
Executive Director
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Introduction

NASTAD Global Approach

NASTAD is a membership organization of public health professionals that lead U.S. state HIV programs. Our organizational culture and commitment is rooted in serving the needs of our members, and the understanding that our members have both authority and responsibility to meet the HIV-related public health needs of all citizens within their jurisdictions. As such we recognize the primacy of the role of the public health agencies we work with and we strive to support their success. NASTAD Global leverages years of applied experience to assist agencies in meeting their needs according to how they see them, and as they prioritize them.

Model

NASTAD Global’s overarching goal is to partner with government to help optimize their public health systems such that essential public health functions occur, and disease burden—specifically HIV—is reduced. To do so, NASTAD Global supports three critical and intersecting elements (NASTAD Global Program Model):

- Improving the performance of the public health workforce to direct, manage, monitor and improve the national HIV response
- Building or improving functional structures and processes within the public health organizations such that the national HIV response is coordinated, effective and efficient
- Promoting effective utilization of the public health systems to ensure that programs and resources target and impact the people and areas with the greatest health needs.

Capacity is built in these areas by drawing on practicing public health leaders, also called “peers”, to support knowledge transfer to and between their international colleagues. The primary methods that NASTAD Global uses are based in adult learning, and focus on hands-on and participatory learning.

Peer-to-Peer Capacity Building

All of NASTAD Global’s work begins with building a strong, credible, ongoing relationship with our in-country public health partner as we charge them to lead and direct our work. We believe that our success in building these strong, foundational relationships is due to our peer-to-peer model, leveraging the real-life experience of U.S. AIDS directors who are charged with the elimination of HIV.

NASTAD members bring skills and experience in HIV program leadership and management, planning, resource allocation, and collaboration with government and community partners. They and their staff also bring specific technical skills in financial management, M&E, HIV surveillance systems, quality improvement and assurance, and contracting and collaborating with local implementing partners. As such, NASTAD peers bring both state-of-the-art technical expertise and program management experiences to the table, but more importantly, they bring empathy, mutual understanding of the public health challenges their peers face, and an immediate connection from which to build this relationship.

NASTAD Global Program Model

Optimized Public Health Systems to Reduce Disease Burden

- Effective Utilization of Public Health Systems
  - Medium Term Outcomes
    - Evidence of data use
    - Allocation of resources using evidence
    - Programs implemented per plan
  - Short Term Outcomes
    - Improved performance of public health workforce
    - Improved knowledge
    - Improved skills
    - Improved competencies

- Functioning Structures and Processes of Public Health Organizations
  - Short Term Outcomes
    - Databases
    - Standard Operating Procedures
    - Frameworks
    - Policies

- Peer-to-Peer Capacity Building
  - Mentorship and Supportive Supervision
  - Technical Assistance

- Improved Performance of Public Health Workforce
  - Short Term Outcomes
    - Improved knowledge
    - Improved skills
    - Improved competencies

Training
Capacity Building Methods

To support optimization of a country’s public health system, NASTAD leverages and works from existing resources to build workforce and system capacity. Three primary, complementary methods are used:

- NASTAD designs, adapts, and supports the delivery of competency-based trainings whereby specific knowledge and skills development are delivered through an organized event. Whenever possible, NASTAD implements a rapid assessment of competency gaps to design the training, ensures inclusion of applied activities, and works with local or master trainers such that the training ability is sustained locally. Through trainings, NASTAD looks to improve knowledge, skills, and competency, and assesses this via pre- and post-training assessments, as well as (when possible) through post-training follow-up.

- NASTAD provides technical assistance (TA) to build skills and abilities around a specific implementation or process need. TA typically includes the development or adaptation of tools, materials, or standard processes to support quality implementation of an intervention. NASTAD Global’s peer TA providers bring existing tools, materials and approaches to the partnership, and help to develop and improve structures and processes to a point where support is no longer needed.

- NASTAD uses supportive supervision and mentoring to help ensure the effective application of knowledge, skills, and processes in the real world. Peer-to-peer relationships are developed, and one-on-one assistance is provided through site visits, telephone calls, or email communication, so that questions may be asked and input provided in a non-threatening way. This method of support helps to increase capacity and confidence of the individual so that performance and delivery is optimized.

Starting in 2014, to supplement the standard PEPFAR reports, NASTAD HQ implemented a tracking database to collect more detailed information on the quantity, focal areas, and outcomes of our peer-to-peer capacity building efforts. Specifically, NASTAD began to track program-wide metrics related to the trainings, technical assistance, and supportive supervision provided by staff to partners. The database combines data from all countries. In the last six months alone, NASTAD’s 12 HQ staff, 30 in-country program staff, and 20 TA providers have:

- Provided more than 7,000 hours of peer-to-peer TA and supportive supervision
- Trained more than 1,200 individuals (in small, hands-on trainings) in topics ranging from PMTCT to case-based surveillance and data quality improvement
- Provided public health systems development across all countries in the form of protocol development, guidance and toolkit development, publications, and financial and logistical support for partner activities.

Country-level Implementation

While NASTAD peers facilitate relationships and bring critical technical expertise, our partners appreciate on-the-ground support for ongoing delivery of technical assistance (TA). Thus, NASTAD Global may place technical advisors within the partner government structures, or may leverage technical and operational support from a local NASTAD field office. NASTAD Global currently has five field offices (Botswana, Ethiopia, Haiti, South Africa, Zambia) where staff are recruited for their strong familiarity with and understanding of the local public health system and local public health agencies, particularly at regional and district levels. Together field office and peer TA providers ensure the delivery of best practice public health content, and enhance and strengthen the credibility of NASTAD partnerships with local public health agencies. Consequently, NASTAD is often the “go-to” partner in country for partners seeking to interact with government.
Process

As NASTAD Global engages with a country and develops partnerships, we work with in-country peers to define and develop an implementation strategy to meet their national HIV response areas of need. Because NASTAD’s goal is not to do the work, but rather to partner with and capacitate local partners with the skills, tools and processes to lead their own public health initiatives, NASTAD Global uses the following process to guide our work and ensure public health programs and processes that are sustained (Global Program Capacity Building Framework).

- **We Assess for Greatest Impact**: We work with our partners to assess population or program needs based on public health models and competencies such that the programs that are designed are evidence-based and will deliver the greatest impact. NASTAD Global favors the use of rapid assessments that draw on existing data, tools and processes, and we supplement those finding with new data, only when needed. As our projects with partner governments are often iterative, and many data already exist, this step can often be accelerated.

- **We Develop Projects to Close the Gap**: With our partners, NASTAD Global develops a clear scope of work with defined deliverables. In order to plan for institutionalization of project work with the local partner, we develop MoUs and shared work plans that clearly describe respective roles, responsibilities, and time frames. Ideally, NASTAD structures these work plans to describe transition of roles and responsibility (from NASTAD) from the start.

- **We help Implement Projects for High Yield**: In partnership with our local partners, NASTAD Global develops and pilots deliverables (tools, trainings, processes, programs, and systems) to meet the prioritized public health needs, and with feedback and revision, supports widespread roll-out. Throughout implementation, NASTAD ensures that progress and outputs are monitored and evaluated, and that processes and content is improved and adapted to ensure strong outcomes.

- **We Transition our Work for Sustainability**: Over time, NASTAD Global transitions established projects, programs and innovations to the host country. Knowing that there are many building blocks required to ensure a sustained program, NASTAD supports growth in diverse program management domains, and provides mentoring to ensure efficacy and sustainability.
Transitioning our Work for Sustainability

Over the last five years, NASTAD Global has implemented more than 43 discrete projects in 13 countries. To measure progress towards the goal of “building sustainable systems, programs and processes that support evidence-based public health success” NASTAD Global has focused on measuring how activities have progressed through the process continuum noted above, with a specific focus on transition. To do so, we identified three core silos for transition—activity content, financial support, and operational support—as well as specific responsibilities within each area. We also looked at whether there was an expectation that the in-country partner would eventually assume full responsibility for implementation.

To measure progress, NASTAD Global conducted three surveys of its field staff between December 2012 and April 2014. At baseline, 16 projects had begun the process of transition. Six months later, seven additional projects had begun transitioning and additional progress towards transition had been made in seven of the initial sixteen. The final survey, implemented six months later, indicated that twelve activities had made additional progress through transition. In all, 23 of NASTAD Global’s 43 projects (53%) have achieved some level of transition.

As shown in Figure 3, in the 23 reporting projects, government partners are providing 40% to 80% of the indicated management activities to support sustained project implementation. While partners show the ability to provide oversight, challenges may appear in the future if content needs to be updated or revised.

As shown in Figure 4, dedicated financial support on the part of the local partner to support project implementation is lacking. For the 23 reporting projects, in-country government partners have been able to achieve only about 50% of the effort that would be required in order to maintain the project independently. The greatest challenge is actually paying for project implementation.

When considering the operational support required to sustain a project (Figure 5), partner governments fare well. Of the 23 projects reporting, governments appear to have taken on about two-thirds of the responsibility for operational oversight. Most policies and procedure are in place.

From the Global Program Director, Lucy Slater, MPH

Public health agencies around the world are challenged with managing emerging disease threats, poor infrastructure, staff turn-over, and insufficient resources, and sometimes it feels as if strong, sustainable public health systems are out of reach. But we have seen remarkable, sustained gains in HIV systems and program capacity in the countries we have worked in over the last five years. Our experience, and what we hope the following pages will demonstrate, is that with sufficient time, sufficient technical support and most of all, sufficient faith in the abilities and commitment of public health agencies to lead their own country’s HIV response, health systems can be sustainably strengthened and an AIDS Free Generation achieved.
Public Health Systems

Strong, sustainable and independently managed public health systems allow countries to rapidly target resources to control their HIV epidemic and achieve and sustain an AIDS-free generation. To support strong systems, NASTAD Global builds the capacity of people and structures, and provides mentoring as skills and knowledge are applied to public health system management.

NASTAD Global’s work in support of optimized public health systems has the overall goal of improving the ability of partner countries to conduct essential public health functions. Projects in this realm generally fall into these two categories:

Policy + Systems

Program Implementation
Goal and Proposed Outcomes

NASTAD’s Applied Public Health Program Management Training (APHPMT) provides a framework and standardized process with which to assess the management roles and responsibilities of specific public health cadres, and then develop a tailored curriculum to address identified needs in public health management competencies.

NASTAD Botswana partnered with the Ministry of Local Government and Rural Development (MLG&RD) and the Centers for Disease Control and Prevention’s (CDC) Sustainable Management Development Program (SMDP) to use the APHPMT framework to design an applied public health leadership development program (ALDP) for public health leaders in Botswana. The training curriculum was developed specifically for District AIDS Coordinators (DACs) and Assistant District AIDS Coordinators (ADACs), who form the backbone of the district-level HIV response in Botswana, where an estimated 340,000 people are living with HIV.
Strategy and Approach Used

In Botswana, the development of this training was a collaborative effort between MLG&RD, CDC-SMDP, NASTAD and stakeholders. Together they formed a Technical Working Group that assessed the cohort’s competency gaps, and then developed, piloted, and implemented the ALDP training. The training—provided over two one-week sessions by Master Trainers—combined didactic training with contextually relevant hands-on activities to reinforce skill and knowledge gains.

The Master Trainers—nominated DACS and ADACS—helped to develop the curriculum to make it relevant to the trainees, and participated in an intensive capacity-building session, led by NASTAD, prior to facilitating the ALDP Training, during which they were instructed on the principles and application of adult-learning training techniques. The Master Trainers then used these skills and their own knowledge and experience to facilitate 14 interactive sessions.

Summary of Outcome and Impact from NASTAD’s Technical Assistance

The final evaluation indicates that the ALDP was successful in effectively adapting the APHPMT model to the specific leadership and management development needs of the Botswana training cohort. Success of the ALDP design, development and delivery phases can largely be attributed to the ongoing engagement and inclusion of the key stakeholders. Their participation throughout the process, in the Technical Working Group and as master trainers, ensured that the training content was reflective of the needs and actual job responsibilities of the DACs and ADACs.

NASTAD’s technical assistance in Botswana helped to develop a comprehensive training curriculum that is applicable to the current A/DAC job responsibilities, and readily adaptable to the changing role of the A/DACs in the larger public health landscape in Botswana. The ALDP has been institutionalized by MLG&RD, and coordination and ongoing management— including updating the content—is maintained by the fully capacitated Master Trainers.

Results

Two ALDP cohorts with a total of 24 participants have completed the ALDP training, as of October 2014. Based on post training assessments conducted with both cohorts:

- 100% of participants note that they have a high degree of confidence in applying knowledge gained in the areas of Preparing for Implementation and Building Teams and Managing Employees in their work settings.

- More than 80% note an increase in knowledge of Effective Meeting Planning and Facilitation, Communicating Effectively and Reprioritizing and Reallocating Resources.

All participants stated that:

- Their job-related skills and knowledge were strengthened by the training;
- They will be able to directly apply the skills and knowledge that they learned to their daily work; and
- They know where to get assistance for support and issues in the workplace.
Goal and Proposed Outcomes

The Ethiopian Ministry of Health (MoH) develops a strategic plan every five years and an operational plan every year. To do so, it uses a Woreda Based Planning process, which is both a top-down and a bottom-up approach. Every year, each woreda (county) uses the MoH indicative plan to develop the woreda based health sector annual plan. This plan is then aggregated and reconciled at the zonal, regional, and federal levels.

Ethiopia’s Federal HIV/AIDS Prevention and Control Office (FHAPCO) also develops a strategic plan every five years and an operational plan every year. Each region and woreda is thus required to develop an annual plan for multisectoral HIV and AIDS response. However, the multisectoral HIV/AIDS planning processes are not well organized and standardized across regions, and staff in many regions do not have the capacity to develop comprehensive strategic plans.

In 2010, the MoH requested NASTAD Ethiopia’s assistance to improve the comprehensive planning process, specifically, to improve the quality of the annual plans, the use of these plans, the capacity of planners at lower levels, and the monitoring of the plans. Building from this work, FHAPCO also requested NASTAD’s assistance to improve their sub-national planning process for the multisectoral response to HIV.

Strategy and Approach Used

To ensure an effective and sustainable approach, NASTAD Ethiopia worked with the MoH and FHAPCO to define the primary needs and priorities, and through regular meetings and side-by-side work, facilitated joint planning, joint review, and joint implementation of the planning processes. The planning processes were reviewed and refined to better meet the FHAPCO’s and MoH’s needs. These processes were documented in procedure manuals, and then training materials were developed to orient lead staff. While NASTAD Ethiopia led the design and pilot process, government staff were soon mentored such that they are the resident experts, able to lead ongoing planning and monitoring processes.

In addition to being an active member of the national Planning Technical Working Group, NASTAD Ethiopia has provided technical and implementation support to planners located within the MoH, the FHAPCO, and five Regional Health Bureaus. Over the last five years, NASTAD Ethiopia has helped staff in these regions to:

- Train national, regional and zonal planners on evidence-based planning processes
- Assist in cross-matching data and finalizing targets
- Organize and conduct meetings such as target aggregation and reconciliation and planning process review
Summary of Outcomes and Impact from NASTAD’s Technical Assistance

The Woreda Based Planning process in Ethiopia continues to be a strong driver of the MoH’s national response to the HIV epidemic. Since NASTAD Ethiopia’s involvement, planning processes and standards are being followed across the different administrative levels. Woreda plans are aggregated and reconciled at zonal, regional and national levels and are made ready for use every year. The planning process is routinely reviewed, bottlenecks are identified, and corrective actions are implemented to improve the system.

Furthermore, building from the platform of Woreda Based Planning, the FHAPCO’s Multisectoral Response Planning process has been streamlined and better integrated and aligned with the woreda-led, needs-based process.

In the five regions where NASTAD works (Amhara, Oromia, SNNPR, Addis Ababa, and Dire Dawa), coordinated public health planning is evident. Technical capacity to develop quality plans at all levels, and use of these plans as evidenced by the regular performance review meetings has improved tremendously.

Results

NASTAD Ethiopia has trained, developed and mentored over 900 government public health planners in Ethiopia, representing five regions and the respective zones and woredas.

These public health planners have demonstrated improved competency by:

- Improved knowledge and skill related to planning processes
- Improved understanding of planning tools and formats
- Independently leading and managing the planning process
- Developing high quality, data driven plans

Products and Deliverables

- Updated health sector woreda based planning manual
- Indicator definitions, planning formats, target aggregation tools in place
- Five national and regional trainings (national level “Master Training of Trainers” and regional training of trainers)
- Eight target aggregation and data reconciliation workshops
- Two national level planning process evaluation workshops
- Printed health sector woreda based annual core plan document

Planners complete an exercise at a workshop supported by NASTAD

Global Program 2009-2014 Progress Report
**Goal and Proposed Outcomes**

Since June 1, 2014, NASTAD has been working to build capacity of CDC Uganda, Uganda Ministry of Health (MoH), and District Health Officers to support, plan for and implement district-led HIV programming (DLP). Our focus is to capacitate the National Partnership Support Teams (NPSTs) to monitor the collaboration and performance of district health teams and their U.S.-funded implementing partners.

The proposed outcomes of this project include:

- Development of a district-led programming toolkit to be used by NPSTs to support district-led and data-driven programming
- Design and implementation of a training to build the capacity of NPSTs and district health officers to effectively use the district-led programming toolkit
- Institutionalization of district-led programming by providing supportive supervision and mentorship to NPSTs as they use the toolkit with district IPs and district health teams.

**Strategy and Approach Used**

NASTAD seeks opportunities to promote and leverage successful health systems strengthening interventions implemented by partner ministries of health across its entire program, and is leveraging both the Evidence-Based Planning Toolkit and the Applied Leadership Development Program currently being implemented by the Botswana Ministry of Local Government and Rural Development to support its District AIDS Coordinating offices in this work. Consequently, NASTAD brings to this partnership a technical assistance team whose members not only bring skills and experiences in state-level HIV program leadership and management, evidence-based HIV planning, and monitoring and evaluation, but who have also worked closely with the Botswana MLGRD in the past.

NASTAD is implementing its work in Uganda in close collaboration with the CDC Health Systems Strengthening (HSS) Team, the Uganda Ministry of Health, ICF International, and the Uganda AIDS Commission.
Results
To date, NASTAD has:

- Supported the pilot of draft district-led planning tools and developed recommendations for establishment of NPSTs and initial terms of reference (April 2014)
- Modified tools and materials needed to monitor district health team performance (minimum standards) and provided guidance and instruction for setting district priorities (district-led planning toolkit) (May 2014 and ongoing)
- Prepared and delivered orientation for NPSTs on Terms of Reference and initial district-led programming tools (July 2014)
- Drafted assessment tools to identify baseline skills, competencies and effectiveness of the NPSTs and of MoH NPST management capacity (Aug 2014)
- Drafted M&E framework to measure process indicators related to NPST performance (Aug 2014)

Summary of Outcomes and Impact from NASTAD’s Technical Assistance
Since NASTAD only initiated work in Uganda in April 2014, impact cannot yet be observed. However, NASTAD has successfully contributed to the development of the structure for DLP and provided orientation for the NPSTs to their new role and DLP overall.

To that end, NASTAD is currently actively engaged with the MoH and providing resources (financial) for implementation and supportive supervision, including support in convening and managing the NPSTs (ongoing).

NASTAD’s hypothesis is that by promoting and building district capacity to take the leadership role in local target-setting and identifying priorities, sustained improvement in service delivery and management of the health systems will be observed.

NASTAD facilitating district-led evidence-based planning in Uganda.
Goal and Proposed Outcomes

NASTAD Botswana’s goal via this project was to build the capacity of the Ministry of Local Government & Rural Development’s (MLG&RD), Department of Primary Health Care Services to institutionalize the use of an evidence-based planning (EBP) approach for the development of annual data-driven comprehensive district HIV plans that would ensure the greatest impact to areas of need. NASTAD Botswana proposed to achieve this by providing TA to (1) develop standardized national guidelines, tools, and implementation strategies for the preparation of annual comprehensive plans and (b) build the capacity of national and district level government institutions for EBP through in-depth training, and on-site TA and mentorship of District AIDS Coordinators (DACs) and District Multi-Sectoral AIDS Committees (DMSACs). Success was to be measured by the development and implementation of high quality annual evidence-based comprehensive district HIV plans.

Strategy and Approach Used

NASTAD Botswana facilitated the development of a standardized District HIV/AIDS Planning Toolkit which was adopted by MLG&RD in 2007 as a guide for training DACs, DMSACs, and Peace Corps Volunteers (PCVs) on EBP. From 2007-2009, NASTAD was located within MLG&RD, and acted as an “arm” of MLG&RD, providing training and in-depth on-site mentoring to all districts on the Toolkit. In 2009, NASTAD and MLG&RD developed a three-year plan to integrate EBP into routine MLG&RD responsibilities. NASTAD trained existing MLG&RD district advisors on EBP, and provided side-by-side mentorship to districts with MLG advisors. In addition, NASTAD supported institutional capacity building through the development of national Terms of Reference for the District Multi-Sectoral AIDS Committees and their sub-committees to provide guidance on the roles and responsibilities of sectors participating in the planning and implementation of the district plans. In 2013, the original Toolkit was revised to incorporate new evidence and emerging issues in the national HIV and AIDS response, and aligned with the revised strategic imperatives and interrelated partnerships under which the HIV response is being implemented at the district level.

Results

- A national Evidence-based Planning framework was defined, adopted, and institutionalized nationally in 2007.
- NASTAD’s EBP training and one-on-one mentoring initiatives resulted in 1,347 MLG&RD staff, DACs, DMSAC members and Peace Corps Volunteers in all health districts (30) being equipped to implement EBP.
• 10 national level master trainers from within the MLG&RD were engaged and mentored in order to provide overall support to the national and district level planning process, supervise and mentor DACs and DMSAC members.

• NASTAD provided ongoing, onsite TA to all 30 district DMSACs and DACs on the use of EBP methods for the development of annual district comprehensive HIV plans.

Results of NASTAD’s EBP Training and Mentoring Initiatives

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

The TA that NASTAD Botswana provided significantly improved the capacity of all districts to perform community profiling and analysis of epidemiologic information in order to have evidence from which district plans could be developed. Techniques for assessing community needs, prioritizing gaps in services, and identifying, implementing, and monitoring evidence-based activities were enhanced and strengthened. Due to NASTAD’s support, in 2014, 93% of districts in Botswana submitted quality evidence-based annual plans in compliance with the guidelines, and in order to receive funding from the MLG and National AIDS Coordinating Agency (NACA) for program implementation. This was up from 2012/13, 90% in previous years (see Results of NASTAD’s EBP Training and Mentoring Initiatives).

Over the project period, NASTAD Botswana worked closely with MLG&RD and NACA to build a fully functioning evidence-based planning system through regular and ongoing coaching and mentoring, and helping with the provision of technical support to committees and staff at the district level. Full transition of the activity to MLG&RD (completed in 2013) required additional time for planning and support, but proved that with sufficient time and bi-lateral commitment, outside partners can successfully build sustained capacity of government institutions to continue independent implementation of programs. EBP continues on an annual basis in Botswana, under the leadership of the MLG, and based on the project’s success, the MLG is now providing technical support and training to other government ministries such that they, too, can use data to drive action.

NASTAD Botswana’s TA specifically helped to (a) strengthen the objectivity, structure and focus of the planning process; (b) ensure the use of evidence in all HIV and AIDS district planning processes; (c) ensure that government funds, and funds from other sources, are used in the best way possible to meet the critical HIV needs; (d) ensure that each district’s plan addresses the specific situation and needs of their constituents; and (e) ensure the integration and coordination of programs, stakeholders and resources at different levels.
Goal and Proposed Outcomes

The overall goals of this project are to 1) strengthen the technical competency and organizational capacity of national civil society organization (CSO) networks in Botswana to deliver strategic and high quality HIV services, and 2) to strengthen district level systems and structures to provide coordinated HIV services in hard-to-reach areas of Botswana. NASTAD Botswana’s goal, as one of the project’s core partners, is to strengthen partnership and collaboration between CSOs and district level government structures to ensure an effective, coordinated and cohesive district response.

Strategy and Approach Used

NASTAD Botswana partnered with Ministry of Local Government and Rural Development (MLG&RD), the National AIDS Coordinating Agency (NACA), district level structures, FHI360, BONASO, NCONGO, and other district coalitions to create an enabling environment for communication, coordination, and project implementation.

NASTAD Botswana conducted an initial baseline assessment in four focus districts (Chobe, Ghanzi, Okavango, Northwest Ngamiland) to understand the current status of CSO and local government engagement in addressing HIV as part of the district level response, and how such engagement could be strengthened to enhance the health outcomes and quality of life for communities. The baseline assessment helped to plan and develop tailored technical assistance and capacity development work plans for the targeted districts.

Project Outputs

- **Guidelines on CSO Representation at DMSAC:** This guideline defines the District Multi-Sectoral AIDS Committee (DMSAC) membership requirements regarding CSO representation as proposed in the DMSAC Terms of References.

- **DMSAC Orientation Package:** This package was designed to address specific needs of new District Multi-Sectoral AIDS Committee members as newcomers in the committee, including familiarizing them with their respective roles and responsibilities. The DMSAC Orientation Package provides information to DMSAC and Technical Advisory members about the committee, the national and district HIV response and governance.

- **District HIV and AIDS Coordination Model:** This toolkit was designed to provide practical tools and skills to CSOs, government and private sector staff to improve and strengthen the local district response to HIV in hard-to-reach areas. Among other things, the model address issues of coordination and collaboration, effective communication, CSO representation, planning, capacity development, resource mobilization and monitoring and evaluation of the district HIV response.
Summary of Outcome and Impact from NASTAD’s Technical Assistance

NASTAD Botswana:

- Helped five districts (Ghanzi, Chobe, Okavango, and Northwest Ngamiland and Charleshill) to develop district level government coordination and collaboration plans in line with the baseline assessment, the National Plan of Action of NSF II and CSO Capacity Building Strategy. Among other things, the district plans addressed issues of government/CSO coordination and cooperation, joint planning and communication, resource mobilization and sharing, joint program monitoring and evaluation, and CSO representation.

- Facilitated dialogue between district local government and CSOs to redefine and build consensus on relationships, roles and responsibilities as reflected in the DMSAC Terms of Reference, DMSAC Communication Strategy and CSO Capacity Building Framework. The roles and responsibilities of different stakeholders were clarified and well defined. As a result, government and CSOs have been able to perform their roles individually and, more importantly, collectively and in an effective manner, to create a cohesive, seamless, cost effective and sustainable HIV response.

- Supported the establishment of same service provider’s forum for orphans and vulnerable children, voluntary HIV counseling and testing, home based care and community TB care programs and supported the initial planning and review meetings of these forums. These forums strengthened joint planning, collaboration and information and best practice sharing among the service providers so as to avoid duplication of services and strengthen sharing of resources.

- Collaborated with NCONGO, BONASO and FHI360 to support districts in expanding participation of stakeholders and community leaders in the district response by initiating annual reflection and review meetings for service providers, stakeholders and the community at large. Solutions generated in these meetings have been instrumental in shaping the district HIV planning processes.

- Provided technical support to both government and CSO staff through training, regular mentoring and supportive supervision activities.

The technical assistance and support provided in this project has significantly enhanced the district level partnership, collaboration and coordination frameworks between government and CSOs and strengthened the technical and organizational capacity of CSOs to deliver strategic and high quality HIV services in Botswana.

Putting Learning Into Action Planning,
MAATLA Workshop, Botswana
### Goal and Outcomes

With CDC/Atlanta’s Epidemiology and Strategic Information Branch, NASTAD was asked to design and facilitate a series of four-day hands-on workshops to kick start national buy-in and planning for CBS of HIV as a method to better understand an HIV epidemic and ensure that resources can be best targeted. The workshop brought MoH teams from each country together to:

- Ensure standard understanding of the need for and value of CBS of HIV as a method to generate routine and reliable data for action
- Allow for guided, strategic planning for a case-based surveillance system, including the use of existing data sources and/or the creation of new data streams
- Permit team-building to allow for the implementation of a committed workgroup, necessary formative assessments, as well as the establishment of government and/or implementing partner buy-in
- Create a three-year work plan to support the implementation of a national CBS system.

As the collaboration expanded, NASTAD was asked to develop a phase II/advanced workshop that prioritized

- Surveillance system process and data monitoring and evaluation and strategies for process and quality improvement
- Surveillance data utilization and triangulation for epidemiological profiling.

### Strategy and Approach Used

NASTAD Global Program draws on peer experience and lessons learned in the U.S. related to support planning for and implementation of HIV programs internationally. For example, NASTAD used this model with a focus on surveillance, to assist Haiti to design, implement and use a national CBS system. NASTAD’s leadership and capacity-building model that uses experienced and actively engaged U.S. public health professionals proved valuable to build a locally supported and sustainable system.

To prepare for these workshops, NASTAD leveraged on-the-ground development experience and tools from Haiti, coupled with a group of five staff and eight state epidemiologist technical assistance providers, and content input from CDC/ESIB, WHO, and UCSF, to design the content. Training sessions for nine surveillance “building blocks” were developed, as well as seven applied activities that were required, and for which mentoring was provided. The combination approach allowed for each country team (three-to-five trainees) to apply the skills and knowledge gained, test and adapt materials, and develop a three-month, one-year, and three-year work plan to support CBS in their country.

NASTAD developed a core of two master trainers and five co-trainers, and provided three trainers for each of the five workshops. NASTAD also arranged for all logistics and materials for the more than 200 participants.
Summary of Outcomes and Impact

This initiative proved to be a success at a time when strategic information is required to drive action, and resources require that available systems be leveraged and optimized. What started out as a one-year, one-to-two training initiative expanded to a total of five regional workshops that touched 42 PEPFAR-supported countries and more than 200 people. Periodic follow-up is provided to the participating countries, and at least 38% of those that attended are taking steps to implement or improve their CBS system such that routine and representative data on critical HIV needs are available.

As a follow-up to the workshops, NASTAD worked to compile the Case-based Surveillance Toolkit: Tools, Tips and Strategies for Strong Surveillance. The Toolkit summarizes NASTAD’s more than 23 years of surveillance work and technical assistance experience in the U.S. and 10 years of work in Haiti, Trinidad and Tobago, Guyana, Ethiopia, Zambia and Botswana, as well as materials developed to the series of Regional Integrated HIV/AIDS Surveillance Workshops. The Toolkit is designed to support countries with emerging surveillance systems to better utilize the data already collected at facility and sub- or national levels, and speaks directly to NASTAD’s peers: health department and/or ministry of health staff. However, the breadth of practical resources may be of interest to any surveillance system manager.

- Module 1 of the Toolkit presents the 15 building blocks required to build, implement and use an effective CBS system, and provides background and sample policies, template, tools and processes in the areas of system-related governance, human resources, case reporting, data management, and data use.

- Module 2 of the Toolkit walks users through five concrete steps to implement or improve a CBS system, applying the theory of Module 1. Practical tools, templates, and frameworks are shared in order to facilitate users to envision the system, establish buy-in, assess the environment, plan, and then implement.

Results

- 42 countries from five PEPFAR regions (East Africa, West Africa, Asia, Caribbean, Central America) engaged in the initiative
- 203 people trained with demonstrated satisfaction:
  - Over 90% of post-training survey respondents were very/satisfied with the workshop content, approach and materials
  - Over 90% of post-training survey respondents noted that the workshop will help them in their work.
- Follow-up TA was provided to 16 countries (38%) to strategize, problem solve, and develop and refine tools for CBS implementation and system optimization
- Ongoing technical assistance is being provided to six countries for CBS system development and expansion
Goal and Proposed Outcomes
NASTAD’s goals for this project were to define regulatory barriers to improving health access for key populations in Zambia—including commercial sex workers (CSW), men who have sex with men (MSM), and injecting drug users (IDU)—and to help develop strategies to improve outreach and health care access for the populations.

Strategy and Approach Used
NASTAD Zambia has provided technical assistance to Zambia’s National AIDS Council (NAC) on issues related to research with key populations. Due to institutionalized stigma within some government units, progress towards investigating and understanding the needs of populations at greatest risk for HIV was limited. Leveraging its advocacy experience, NASTAD helped the study group (NAC, Population Council, and others) obtain an amnesty letter from the Ministry of Home Affairs and a support letter from the Drug Enforcement Commission which led to ethical approval to conduct a Formative Assessment of HIV Risk and Size Estimation among Key Populations.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance
NASTAD Zambia and Population Council have implemented the formative assessment and size estimation activities, conducting interviews and focus groups with members of the different key population communities, as well as with health care facility and civil society staff. These interviews will help define both the challenges faced by key populations in accessing medical and prevention services, as well as the training and capacity building needs of clinical care staff in relation to serving key populations.

NASTAD Zambia also facilitated and coordinated the Key Populations Technical Working Group, led by NAC, which was instrumental in directly engaging members of key populations with government agencies. With this group, NASTAD Zambia led the process to write the first ever Key Populations chapter for the Revised National AIDS Strategic Framework (R-NASF) 2014-2016, and contributed to the Country Coordinating Mechanism for Zambia Global Fund, ensuring a focus on key populations was included in proposed scopes of work in the Global Fund application.

Products and Deliverables
• Report on Legal, Policy, and Socio-cultural Barriers to HIV-related Prevention, Care, Treatment, and Support for Key Populations in Zambia
• Lusaka Formative Assessment report (Contributing Author, in collaboration with Population Council)
• Key Populations chapter for the Revised National AIDS Strategic Framework, 2014-2016 (Contributing Author)

Results
• Key Informant Interviews and Focus Groups Discussions conducted with key populations in eight sites in Lusaka, Kitwe, Solwezi, Kapiri-Mposhi, Livingstone, and Ndola
• Over 80 Key Informant Interviews conducted with health care and civil society staff
Traditional Birth Attendants trained as Volunteer Community Anti-AIDS Promoters in Dire Dawa, Ethiopia

Pregnant women and other community members participate in a march in Hawassa, SNNPR, Ethiopia to promote use of ANC services.
Goal and Proposed Outcomes

In 2010, CDC Ethiopia awarded NASTAD funds to support the federal and regional HIV/AIDS Planning and Coordination Offices (HAPCOs) to implement community outreach and social mobilization (COSM) related to HIV and STI prevention. NASTAD Ethiopia conducted a formative assessment to identify technical assistance needs, specific target audiences for HIV/STI prevention interventions, and prevention strategies that would be most likely to be effective. Based on the findings, NASTAD proposed to work in five of Ethiopia’s regions (Dire Dawa, Amhara, Oromia, SNNPR, and Addis Ababa) to:

- Build capacity and provide support to Regional Health Bureaus (RHBs) to strengthen planning for effective HIV/STI prevention interventions, to expand services to key populations in all areas of the region, and to strengthen coordination and implementation of the multisectoral response.
- Promote community demand for HIV/STI prevention services and support interventions to decrease HIV risk behaviors.

Strategy and Approach Used

NASTAD Ethiopia worked hand-in-hand with the Ethiopia’s Federal Ministry of Health (FMoH), FHAPCO, and the regional and zonal health bureaus of the five regions to plan for and implement all work. NASTAD Ethiopia co-located Regional Coordinators and Program Officers within the RHBs to provide day-to-day support to government staff, and to follow up and facilitate NASTAD supported activities.

To ensure strong planning, coordination, and implementation ability, NASTAD Ethiopia helped facilitate national and regional meetings between the MoH, HAPCO, RHBs, and other key partners; participated in multiple technical working groups; and developed and provided capacity building trainings on topics such as program leadership and management, and implementation of national social mobilization strategies such as community conversation, volunteer anti-AIDS promoters, and HIV mainstreaming activities. Regional and selected zonal health bureaus were sponsored to conduct trainings of trainers and to implement identified interventions. NASTAD Ethiopia provided technical assistance to ensure success.

Several local implementing partners were selected and subcontracted to implement targeted HIV/STI prevention interventions in selected hotspot areas of these five regions. Using NASTAD’s peer-to-peer technical assistance model that leverages known best practice, targeted behavioral interventions were adopted and adapted to meet identified population group needs. NASTAD Ethiopia developed training manuals and materials, and provided mentoring support for effective implementation.

Three activities from this project are presented here: University Package, Evidence-based Interventions, and use of Traditional Birth Attendants as volunteer anti-AIDS promoters.

The Community Outreach and Social Mobilization program contributed to Ethiopia’s national response to halt the HIV epidemic by enhancing sustainable community ownership of the response.
Goal and Proposed Outcomes
In response to assessed need in Ethiopia, NASTAD Ethiopia, in collaboration with four Regional Health Bureaus (Dire Dawa, Amhara, Oromia, and SNNPR) and other partners, and as a part of the COSM (Community Outreach and Social Mobilization) initiative, developed a program using Traditional Birth Attendants (TBAs) as volunteers to assist health centers to reach pregnant mothers to prevent mother-to-child transmission of HIV. The objective of the program was to promote antenatal care (ANC) and clinic-based delivery to reduce perinatal HIV transmission.

Strategy and Approach Used
Volunteer Community anti-AIDS Promoters (VCAP) are trained volunteers who travel from house-to-house, sharing information about HIV. NASTAD Ethiopia collaborated with Regional Health Bureaus (RHBs) and regional HIV/AIDS Prevention and Control Offices (RHAPCOs) to train TBAs to become VCAPs. To launch this initiative, a meeting was organized for the TBAs in the presence of religious and community leaders. The TBAs were introduced to clinical staff and health extension workers to strengthen collaboration and coordination.

NASTAD Ethiopia then worked with local implementing partners to train TBAs to visit households in their villages and discuss HIV and the importance of facility based health care for all pregnant women, for both antenatal care and delivery. These TBA/VCAPs registered all pregnant women in their villages to allow for follow-up, referred all pregnant women to the local health centers for ANC and delivery services, and even accompanied pregnant and laboring women to health centers for institutional delivery.

Results
In the six-month pilot period, TBAs visited more than 3,500 households and referred some 500 pregnant mothers to the nearest health facility for services; ANC clinics saw a significant increase in access to services as a result. Subsequent rollout of this intervention in five regions resulted in 615 traditional birth attendants trained as VCAPs, over 44,800 households visited, and over 6,700 pregnant mothers referred to the nearest health facility.

Count of institutional, skilled deliveries in participating health facilities before and after six month pilot intervention in one region—Dire Dawa, Ethiopia, 2010

Summary of Outcomes and Impact from NASTAD’s Technical Assistance
In the woredas where the TBA/VCAP program was implemented, there was an increase in the number of pregnant women accessing antenatal care and institutional deliveries. TBA/VCAP was thus determined to be an effective model for increasing uptake of ANC and institutional delivery services, including HIV testing during pregnancy and other PMTCT services. Today, the TBA/VCAP program has been integrated into the Ethiopian Health Promotion Strategy known as the Health Development Army (HDA) structure.
Goal and Proposed Outcomes

Based on formative assessments conducted in five regions, university students were identified as a key population in need of HIV and STI prevention interventions. At the time, universities lacked strategic policies, plans, intervention packages and a structure to respond to HIV in their institutions.

In 2011, as a part of the COSM (Community Outreach and Social Mobilization) initiative, NASTAD Ethiopia began working in close collaboration with HIV/AIDS Prevention and Control Offices (HAPCOs), Regional Health Bureaus (RHBs) and university staff to design an HIV and STI Prevention Intervention Package for Higher Education Institutions (HEIs). This package targeted university students, staff, and the surrounding community, and was designed to achieve the following objectives:

- Strengthen the capacity of the university in planning, implementing, and monitoring HIV and STI interventions in an effort to achieve greater mainstreaming of HIV in the education sector (structural pillar)
- Increase responsible sexual behavior among university students, staff, and the surrounding community (behavioral pillar)
- Improve access to HIV and STI health services (biomedical pillar)

Strategy and Approach Used

NASTAD Ethiopia supported six universities in five regions (Amhara, Oromia, SNNPR, Addis Ababa, Dire Dawa) in the implementation of a wide range of activities included in the Prevention Intervention Package (see box). NASTAD Ethiopia played a leadership and coordinating role throughout the initiative, and provided technical assistance in the development of HIV policies, strategic plans, and frameworks for each university.

With NASTAD’s technical support, the Federal HAPCO, Ministry of Education (MoE) and Ministry of Health (MoH) conducted discussion forums with key stakeholders. A technical working group was established, under the coordination of HAPCO, to lead the development of strategic documents and a program framework, and baseline assessments were conducted to inform the ideal intervention package. NASTAD Ethiopia also played a key role in supporting the establishment of the Higher Education Institution Forum against HIV/AIDS (the Forum), designed to coordinate development of the interventions, communicate guidelines, develop strategic plans, and conduct supportive supervision. NASTAD Ethiopia also supported the Forum General Assembly annual meeting where policies, strategic plans, and intervention frameworks were endorsed in the presences of state minsters and other officials.

NASTAD Ethiopia then designed and conducted trainings to build university staff capacity in HIV mainstreaming, the implementation of behavioral interventions, and the provision of HIV services. Over 100 higher education institution staff were trained on HIV mainstreaming, 17 clinical staff were trained on sexually transmitted infections management and HIV counseling and testing, and from that, 4,746 people received HIV counseling and testing, and 175 university students were treated for STIs. With NASTAD’s support, the structural, behavioral, and biomedical interventions were highly successful: the achievements are summarized in the following table.
Summary of Outcomes and Impact from NASTAD’s Technical Assistance

Through NASTAD’s technical assistance and with the leadership of HAPCO, all universities have

- Prepared and endorsed an institutional HIV policy
- Included HIV interventions in their annual plan
- Allocated budget for HIV interventions
- Approved HAPCO structure and assigned regular staff
- Assumed leadership in implementing interventions and have sustained programs

Five universities have conducted risk assessments and used the results to design needs-based interventions. Four universities established an AIDS resource center.

Intervention Impacts

According to an evaluation conducted in the six participating universities, the risk of HIV among students at participating universities is thought to have decreased due to the implementation of the University Prevention Package. SISTA, an evidence based intervention for women, is highly regarded by the university community in that positive changes have been found among participating female students.

HIV mainstreaming has resulted in a standardized and sustainable system of addressing the HIV prevention needs of university students. University leadership and senior management have been motivated to commit resources and create a system of structural interventions. NASTAD Ethiopia’s contribution is noted as a success in the development and planning of the most tangible HIV prevention activities.

Summary of Achievements of the Structural, Behavioral, and Biomedical Interventions

<table>
<thead>
<tr>
<th>Structural</th>
<th>Behavioral</th>
<th>Biomedical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six universities produced and endorsed an AIDS policy</td>
<td>Conducted three SISTA Training of Trainers (TOT) reaching 1,200 female students at six universities</td>
<td>Conducted one training on HIV Counseling and Testing for all six universities</td>
</tr>
<tr>
<td>Five universities established HIV Units and assigned permanent staff</td>
<td>Conducted four edutainment sessions at six universities</td>
<td>Conducted one Syndromic Management Training for all six universities</td>
</tr>
<tr>
<td>Five universities conducted HIV/STI Risk Assessments</td>
<td>Conducted weekly Mini-Media Programs at six universities</td>
<td>Disseminated over 10,000 leaflets and brochures on preventing HIV transmission</td>
</tr>
<tr>
<td>Five universities developed comprehensive HIV Plans and allocated budgets</td>
<td>Disseminated over 10,000 leaflets and brochures on preventing HIV transmission</td>
<td>Conducted four panel discussions on HIV/AIDS prevention at six universities</td>
</tr>
<tr>
<td>Four universities established AIDS Resource Centers</td>
<td>Conducted four panel discussions on HIV/AIDS prevention at six universities</td>
<td>Organized eight HIV Testing Campaigns allowing over 8,000 students to be tested</td>
</tr>
</tbody>
</table>
**Goal and Proposed Outcomes**

Based on an assessment of need conducted in five regions in Ethiopia (Dire Dawa, Addis Ababa, SNNPR, Oromia, and Amhara), and as a part of the COSM (Community Outreach and Social Mobilization) initiative, the design of specific, targeted interventions for key populations was identified as a priority. Although Ethiopia’s National Social Mobilization Strategy included some defined prevention interventions, those at the greatest risk of HIV infection noted that the programs were not well designed to help or empower them.

NASTAD Ethiopia’s goal was, thus, to help the Regional Health Bureaus (RHBs) identify, adapt, and pilot targeted and evidence-based prevention methods with the identified populations. The key populations that were identified in the five regions included female sex workers, HIV positive females, and other vulnerable women including female high school and university students.

**Strategy and Approach Used**

Leveraging NASTAD’s peer-to-peer technical assistance model, and the experience of U.S. state HIV/AIDS program staff in implementing CDC-developed evidence-based HIV prevention interventions (DEBIs), NASTAD twinned each region with a U.S. state. Together, the teams assessed specific needs and identified opportunities, selected the most appropriate DEBI, and then worked to adapt and modify the content to the local context.

Evidence-based Prevention Intervention Manuals were developed and customized to Ethiopian context, translated into local languages, and delivered to local partners to guide community implementation. Training-of-trainers were conducted with regional partners to cascade training to local implementing partners.

**Summary of Outcomes and Impact from NASTAD’s Technical Assistance**

**Sisters Informing Sisters about Topics on AIDS (SISTA)** is a peer-led, social skills-building, group-level intervention designed to reduce sexual HIV risk behaviors among heterosexual Amharic women, ages 18 to 29. SISTA involves the implementation of five two-hour sessions, followed by two optional booster sessions. The sessions cover gender pride, HIV education, assertiveness skill training, behavioral self-management, and coping skills. On average, 20-25 women attend each session, which are led by two female peer-facilitators who employ gender-specific and culturally relevant strategies in the discussion of these important but sensitive subjects.

With NASTAD’s support, 245 female students were trained as SISTA facilitators, and SISTA was implemented at universities, high schools, and woredas (counties) in Amhara, SNNPR, Oromia and Addis Ababa. The program was extremely popular, and was found to increase knowledge about HIV, increase self-confidence, increase knowledge of condom use, improve communication skills, and generate conversations around HIV and gender issues. Due to this success, in 2013, SISTA was included in the National Higher Education Institution Communication Strategy and Intervention package.

Since NASTAD support ended in 2013, several participating universities continue to support the implementation of SISTA among their student body.
Sister to Sister (S2S) is designed to reduce risk behaviors that increase the transmission of HIV and sexually transmitted diseases (STDs) among sexually active women ages 18-45. It targets mobile populations who may not be able to participate in longer trainings. It involves one two-hour one-on-one or one-on-many training which is delivered at the community level. During these sessions, facilitators share knowledge and skills related to HIV transmission and associated risk behaviors, condom use and efficacy, negotiating condom use and abstinence, and common misperceptions about HIV and STI transmission and prevention.

NASTAD Ethiopia supported the implementation of S2S in Dire Dawa, Amhara, SNNPR and Oromia regions, largely targeting vulnerable, mobile women. S2S was also shown to be highly successful as it led to better understanding of condom use, an increase in correct and consistent use of condoms, and an increase in the number of people testing for HIV after having participated in the training.

Women Involved in Life Learning from Other Women (WILLOW) is a health education and skills building intervention that targets women living with HIV. It involves the implementation of eight weekly two-hour sessions, targeting 20-25 women living with HIV. The sessions are designed to: empower women and improve their self-perception and their relationships within their social networks, improve communication skills, increase knowledge about HIV, STDs, tuberculosis, Hepatitis B, condom use, risk behaviors and safe sex practices, and build skills and strategies for coping with stress.

An evaluation of the WILLOW intervention demonstrated that it increased knowledge about STD and HIV transmission reduction and re-infection, increased confidence and skills in condom use, decreased partner-related barriers to condom use, increased use of effective coping strategies, and increased use of social support networks.

Testament from a WILLOW Facilitator
Shemshi Shifa, 45, is a trained WILLOW facilitator under ShamaBirhan People Living with HIV Association. When asked to speak about her experience with WILLOW, she explained: “I am HIV positive and I knew my status for five years. No one knew about my status, until I started participating in WILLOW training. I have been on ART for the last three years. My son is a third year University student and he doesn’t know anything about my status. I used to hide my medications and there are times I forgot to take them. I wasn’t feeling well and usually depressed. However, the lesson I got from WILLOW prompted me to speak out my status.”

“In the middle of this year my son came for 15 days’ vacation and I have decided to tell him all about my health. One day after we had eaten our lunch I said to him today there is something I should tell you. I have hidden you my status for a long time, but now I decided to tell you that I am HIV positive. After long silence he had to say ‘My mother you have suffered a lot alone. You should tell him all about my health. One day after we had eaten our lunch I said to him today there is something I should tell you. I have hidden you my status for a long time, but now I decided to tell you that I am HIV positive. After long silence he had to say ‘My mother you have suffered a lot alone. You should have told me before; this is not a sin and it is not an end of the world, if you care for yourself you can live longer and enjoy life. Anyways I am about to complete my education and you will not be in trouble any more, I will be with you’.

“Then I stopped chewing khat and smoking shisha; and my CD4 and weight increased significantly. Now I am feeling very well and happy, that is why I feel I am born again after participating in WILLOW.”
Goa l and Proposed Outcomes
NASTAD Ethiopia’s goal was to enhance the capacity of selected woreda (district) health offices to better coordinate and manage HIV prevention and care activities through the implementation of national social mobilization strategies. By implementing the strategies, it was expected that public awareness and knowledge would increase, HIV service demand and uptake would increase, and stigma and discrimination would decrease. With the experiences and lessons learned from this project, regional and zonal health offices were expected to scale up similar quality and comprehensive social mobilization interventions to other woredas.

Strategy and Approach Used
First introduced by the Government of Ethiopia in 2005, the National HIV/AIDS Social Mobilization Strategy (NSM) expanded and strengthened the national focus on HIV prevention and care services. In subsequent years, however, the Federal HIV/AIDS Prevention and Control Office (FHAPCO) recognized that implementation of NSM was weak and fragmented in many regions. At the request of FHAPCO, and with support from CDC/Ethiopia, NASTAD developed an intervention package based on the NSM to enhance HIV prevention and care in selected woredas. The package included descriptions and tools necessary for a selection of interventions, and NASTAD provided assistance to the four partner woredas to select and adapt the intervention(s) to their specific community and needs. Interventions used by the model woredas included:

- Local adaptation of the UNDP’s Community Conversations program
- Designing and supporting a cadre of Voluntary Community Anti-AIDS Promoters which was then adapted to a very successful intervention with traditional birth attendants to support PMTCT
- Designing and supporting the implementation of school-based HIV prevention interventions
- Mainstreaming HIV prevention messaging, screening, and compassionate care in public sectors companies
- Strengthening the community-based health facility HIV referral system such that linkage rates improved
- Identification of key and vulnerable populations, and adaptation and implementation of proven HIV prevention interventions to address the community’s needs.

Peer-to-peer technical assistance was provided throughout the project by U.S.-based state health department staff with expertise in the areas of HIV prevention, linkage, and sub-national program design and management.
In 2013, this program was officially transitioned to the FHAPCO. The approaches and methods tested and compiled during this project have continued implementation in the respective woredas as we checked with our follow up visits and telephone calls.

**Results**

**Health Service Utilization in Model Woredas Before and After Comprehensive Social Mobilization Intervention**

<table>
<thead>
<tr>
<th>Woredas</th>
<th>Ethiopia Fiscal Year*</th>
<th>HIV tests performed</th>
<th>≥1 ANC visit</th>
<th>Pregnant mothers receiving HIV test</th>
<th>HIV+ mothers on ARV prophylaxis</th>
<th>Patients in chronic care</th>
<th>Patients enrolled in ART</th>
<th>Condom distribution points</th>
<th>Male condoms distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawella Tula Woreda</td>
<td>2009</td>
<td>4,314</td>
<td>4,283</td>
<td>3,728</td>
<td>60</td>
<td>97</td>
<td>60</td>
<td>5</td>
<td>6,869</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>9,286</td>
<td>9,432</td>
<td>3,890</td>
<td>80</td>
<td>113</td>
<td>80</td>
<td>13</td>
<td>351,340</td>
</tr>
<tr>
<td></td>
<td>2012</td>
<td>31,595</td>
<td>5,471</td>
<td>3,046</td>
<td>78</td>
<td>671</td>
<td>247</td>
<td>34</td>
<td>511,905</td>
</tr>
<tr>
<td>Degem Woreda</td>
<td>2009</td>
<td>3,502</td>
<td>3,12</td>
<td>3,122</td>
<td>6</td>
<td>67</td>
<td>22</td>
<td>27</td>
<td>16,166</td>
</tr>
<tr>
<td></td>
<td>2011</td>
<td>15,921</td>
<td>3,627</td>
<td>1,156</td>
<td>14</td>
<td>138</td>
<td>41</td>
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<tr>
<td></td>
<td>2012</td>
<td>12,345</td>
<td>4,449</td>
<td>1,682</td>
<td>7</td>
<td>83</td>
<td>36</td>
<td>37</td>
<td>40,374</td>
</tr>
<tr>
<td>Jabi Tehnan Woreda</td>
<td>2009</td>
<td>14,389</td>
<td>1,000</td>
<td>1,028</td>
<td>26</td>
<td>465</td>
<td>304</td>
<td>12</td>
<td>136,456</td>
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<tr>
<td></td>
<td>2011</td>
<td>20,457</td>
<td>1,778</td>
<td>1,708</td>
<td>47</td>
<td>329</td>
<td>251</td>
<td>34</td>
<td>103,190</td>
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<tr>
<td></td>
<td>2012</td>
<td>62,891</td>
<td>6,706</td>
<td>5,356</td>
<td>19</td>
<td>273</td>
<td>246</td>
<td>74</td>
<td>351,195</td>
</tr>
<tr>
<td>F. Selam Town Administration</td>
<td>2009</td>
<td>27,697</td>
<td>1,956</td>
<td>1,510</td>
<td>8</td>
<td>69</td>
<td>26</td>
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<td></td>
<td>2011</td>
<td>37,970</td>
<td>6,127</td>
<td>3,840</td>
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<td>190</td>
<td>111</td>
<td>8</td>
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<tr>
<td></td>
<td>2012</td>
<td>23,956</td>
<td>1,705</td>
<td>1,698</td>
<td>25</td>
<td>318</td>
<td>318</td>
<td>74</td>
<td>611,519</td>
</tr>
</tbody>
</table>

**Summary of Outcomes and Impact from NASTAD’s Technical Assistance to Model Woredas**

NASTAD Ethiopia’s capacity building support ensured that comprehensive and quality social mobilization activities were implemented and that local leadership, implementers, and the community owned the response. A sample of impactful outcomes include:

- Community Conversations was implemented in 51 kebeles (sections) of the woredas; each session included the development of a community action plan developed by the participants. Through this, and other interventions, increased utilization of health services was observed (see table, above).

- 89 public sector offices, 42 schools and 51 kebele administrative offices assigned a HIV focal person, included HIV activities in their annual work plan, and allocated at least 2% of their recurrent budget for implementation of HIV/AIDS programming.

- Comprehensive school-based interventions focusing on HIV prevention were implemented in 42 schools, in which several thousands of students participated.

- An AIDS fund to support People Living with HIV (PLHIV) and orphans and vulnerable children (OVC) in the community was established in more than 51 kebeles, 42 schools, and 98 sector offices.

- Adoption of a policy to mandate HIV testing before marriage in a total of 51 kebeles (11 in Hawella Tula, 20 in Degem, 15 in Jabi Tehnan and 5 in Fenote Selam) was implemented to help ensure knowledge of HIV status, and decrease incidence in adults and (unborn) children.

- Identified key populations including commercial sex workers (CSWs), daily laborers, out of school youth and PLHIV were provided with a combination of prevention interventions. For example, SISTA, a DEBI intervention for female youth and CSWs, resulted in improved academic performance, increased HIV testing, and increased competency in negotiating condom use.

- Small group discussion opportunities were designed and found to be useful to promote peer support and improved HIV treatment adherence.

- Woreda health offices demonstrated capacity to manage HIV social mobilization activities through implementation and use of a M&E system.
Goal and Proposed Outcomes

NASTAD’s goal via this project was to build the capacity of Botswana’s Ministry of Local Government & Rural Development (MLG&RD) and National AIDS Coordinating Agency (NACA) to institutionalize the use of the Community Capacity Enhancement through Community Conversations (CCE-CC) approach as one pillar of the national social mobilization strategy. The CCE-CC is a community based intervention, designed by UNDP, meant to raise awareness and stimulate action within communities. Through CCE-CC, communities and individuals recognize for themselves that some long-held values, traditions and beliefs must change if the spread of HIV is to be controlled. Action is planned from there.

NASTAD Botswana proposed to build national capacity by helping to develop standardized national guidelines, tools, and implementation strategies for the roll-out of the national program, and also by developing human resources and institutions for the implementation of CCE-CC.

Strategy and Approach Used

NASTAD Botswana’s technical assistance and support began at the national level and focused on the roll out of the CCE-CC training. NASTAD Botswana helped to train master trainers, and mentored them to train trainers and community level facilitators.

NASTAD Botswana also placed and supervised district based project officers that supported strong CCE-CC implementation.

To help support program integration and a sustainable implementation model, in-depth training and on-site mentoring of District AIDS Coordinators (DACs), Health Education Assistants, and volunteer community facilitators was provided.

To help demonstrate and document best practice in this area, NASTAD also supported MLG&RD in identifying and setting up two model CCE-CC districts (Letlhakeng and Chobe) and six model sites (Mabele, Sata, Pandamatenga, Lethakeng, Bothlapatlou and Tswaane) to provide consistent support for the implementation of the CCE-CC approach with fidelity, and ensure the quality of program implementation.
Project Outputs

- **Framework and Operational Guidelines for Community Capacity Enhancement through Community Conversation (CCE-CC)-2013**: Designed to guide effective implementation of CCE-CC in Botswana, this framework provides the contextual background and history of community mobilization in Botswana, as well as a step-by-step methodology for CCE-CC implementation. This includes guidance on training and resource mobilization and outlines the leadership, coordination, and partnership roles and responsibilities at different levels, as well as effective strategies for monitoring and evaluation of the program implementation.

- **Community Capacity Enhancement through Community Conversation (CCE-CC) Training Manual-2014**: Designed to provide a standard package of training materials on the basic concepts of CCE-CC, the training manual serves as a reference for all training related to CCE-CC in Botswana, training of Master Trainers, Trainers of Trainers, and Community Conversation Facilitators. The manual uses interactive processes consistent with the principles of community capacity enhancement.

- **Community Capacity Enhancement through Community Conversation (CCE-CC) Facilitators’ Guide-2014**: Designed to provide Community Conversation Facilitators a step-by-step guide in facilitating community conversations in their communities.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

NASTAD Botswana:

- Supported MLG&RD and NACA with the development of the national Social Mobilization Strategy that recognizes the use of CCE-CC as the key component and pillar of this strategy
- Developed tools and materials to help institutionalize CCE-CC nationally
- Supported the placement, mentoring and coaching of 14 district-level CCE project officers to ensure high-quality implementation
- Supported the training of 33 national level master trainers, 153 trainers and 97 community level facilitators
- Supported Ministry of Health (MoH) to incorporate CCE-CC into Health Education Assistants training to enable them to take ownership of the day-to-day implementation of the program at the community level.

Over the life of the project, NASTAD Botswana worked closely with MLG&RD and NACA to build a fully functional CCE-CC implementation system and structures by developing guidelines, standard operating procedures and tools. NASTAD Botswana also built the technical capacity of staff at the national and district levels through training, regular and ongoing coaching and mentorship support. Overall, the CCE-CC program has empowered and significantly improved the level of community participation and ownership in the national HIV response.

Full transition of CCE-CC to MLG&RD was completed in 2014. The MLG&RD is now providing technical support and training to other government ministries such that they, too, can use the program to drive action at the community level.
Goal and Proposed Outcomes

In synergy with ongoing efforts to build the capacity of Guyana’s HIV surveillance system, NASTAD was asked to implement the Applied Public Health Program Management Training (APHPMT) framework with a defined cadre of MoH and National AIDS Programme Secretariat (NAPS) staff in order to increase staff capacity to lead and manage the national surveillance system. The impact of this project would be to develop a cadre of strong public health managers who could interpret and implement national public health guidance, lead and manage quality public health programs, and collect, report, and use quality public health data for planning, M&E, both within the HIV case-based surveillance system and in other disease areas.

Strategy and Approach Used

To strengthen HIV program management and cross-programmatic collaboration, with a particular emphasis on data collection and data use for program planning, NASTAD:

- Designed and implemented an assessment of role-specific skills, knowledge, needs, and gaps (vs. public health competencies) in the areas of public health data interpretation and use, evidence-based program planning, and program leadership and management, within the identified cadre of HIV program staff (Regional Health Teams). The results of this assessment were used to prioritize training needs and inform curriculum and applied project work development.

- Adapted and expanded existing NASTAD curricula to the Guyana context, including from the Applied Leadership Development Program (Botswana); Epi Surveillance MPH course (Haiti); and Epidemiology for Data Users Workshop (Zambia), incorporating the results of the role-specific assessment.

- Developed relevant and applied field activities related to improving processes, practices, and data quality within Guyana’s case-based HIV surveillance system, as well as applied management activities that emphasize the effective collection, reporting, and use of public health data for program planning and M&E.

- Co-facilitated an intensive Regional Leadership and Management Training with 30 national-level MoH staff and HIV program coordinators to build capacity of the Regional Health Teams.

- Developed and implemented a tool to evaluate the impact of the Regional Leadership and Management Training on both public health practice and clinical outcomes, with particular emphasis on the national HIV case surveillance system and HIV testing and care processes.
A peer-to-peer and partner-based approach was prioritized throughout the process. NASTAD engaged with MoH, NAPS and Regional Health Services staff to identify core public health competencies in line with MoH guidance and procedures, and to outline a common program vision and a collaborative development and implementation process. The expertise of U.S. health department staff facilitated a peer-to-peer exchange of experience and skills in public health program management and the effective management and use of quality public health data systems. Finally, NASTAD facilitated communication and collaboration between in-country implementing partners and national and sub-national HIV program managers throughout the training development and implementation processes in order to leverage local expertise and facilitate peer-to-peer follow up and mentoring between the target cadre and the MOH facilitators.

Results

The program built human resource and leadership capacity of 20 key HIV program managers at both the national and sub-national levels, while simultaneously strengthening case reporting, data systems, and data use processes. MoH and NAPS leadership were involved in all stages of the development and implementation processes and are now poised to reproduce the program in other geographic regions and programs.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

While implementation of this program is currently in progress, we can report that as a result of the highly collaborative program design process, NASTAD has recognized:

- Increased interest in cross-programmatic collaboration and communication between national MoH staff, NAPS programmatic staff, and Regional Health Services staff, including strong interest in a peer-mentorship model that would allow these staff to support one another in the areas of public health leadership and management.

- Increased support of the HIV CBS system and the steps that must be taken to refine and strengthen the reporting and collection processes at both the regional and national levels (see Building Blocks of a Case-based Surveillance System, above.)

- Commitment from all partners to align and triangulate data from both the HIV CBS system and other strategic information systems for proactive and data-driven program planning.
Goal and Proposed Outcomes

NASTAD South Africa’s goal via this project was to build the technical and organizational capacity of the provincial departments of health (PDoH) in two provinces (Free State and Mpumalanga) to institutionalize and standardize the successful planning, implementation and monitoring and evaluation of the Integrated Access to Care and Treatment (I ACT) program. The goal of I ACT is to promote retention to HIV care through early recruitment and linkage of newly diagnosed people living with HIV (PLHIV) into community and facility based care and support programs. I ACT strives to reduce the high rate of loss to follow-up from the time of HIV diagnosis to successful commencement of anti-retroviral therapy (ART).

Strategy and Approach Used

Using NASTAD’s peer-to-peer model to provide training, technical assistance and capacity building to public health leaders in order to build workforce competency and develop public health infrastructure for optimized use, NASTAD supported the Free State and Mpumalanga PDoHs to strategically plan for I ACT adoption, and then adapt and develop the national guidance into relevant and feasible provincial implementation processes.

To support institutionalization, NASTAD South Africa developed a small corps of local, peer I ACT experts who provided routine support to the PDoH and their designees. Working with the PDoH and other partners, NASTAD South Africa helped to: ensure a standard implementation approach, refine and implement I ACT content trainings, develop collaborations between implementing partners, and implement a robust process and service monitoring and reporting system. Through strong partnership building, mentorship, coaching and regular review meetings, and a staged pilot and expansion process, NASTAD South Africa was able to transition leadership, management, and oversight of I ACT (and the related training components) to the PDoHs, district department of health offices, Regional Training Centers, and district health facilities.

NASTAD’s capacity building strategy supported the implementation of an institutionalized and impactful I ACT framework. In both of NASTAD South Africa’s focal provinces, I ACT is now integrated into the provincial health care system and leverages existing staff and resources for long-term sustainability.
Products and Deliverables

- **I ACT Implementation Standard Operating Procedure (SOP, 2014):** This SOP is designed to enable all stakeholders at the provincial, district, sub-district and facility level to follow a standardized approach to planning, implementing, monitoring, and evaluating the I ACT strategy.

- **I ACT Retrospective and Prospective Evaluation Report (Report, 2014):** This evaluation was conducted in two stages in Free State to assess the operational and participant characteristics of the I ACT program and evaluate the impact of I ACT on closed group participants. Findings showed that I ACT contributed to significant increases in knowledge and feelings of social support which was found to contribute to increased medical self-advocacy and reductions in internalized stigma.

Results

- I ACT has been institutionalized in two (of two) focus provinces
  - I ACT is in place in 7 districts, 28 sub-districts, and 261 health facilities
- Institutionalization of I ACT is supported by skilled, trained, PDoH staff:
  - 75 master trainers who facilitate ongoing SGF trainings and provide on-site mentorship support. They are expected to train and support SGFs four times per year.
  - 400 support group facilitators who have the skills to lead PLHIV through the six sessions of I ACT. The SGFs work out of existing health care facilities, and work with the facility manager and staff to set up support groups and recruit participants.
  - Over 1,000 trained health care providers who provide support for the ongoing implementation and integration of I ACT activities at the health care facility.
- More than 30,000 South Africans were reached via this initiative in a five-year period, as implemented by more than 2,500 support groups of six sessions each
  - 80% of participants completed at least five of six sessions, a marker I ACT success

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

With NASTAD South Africa’s assistance, I ACT program implementation in Free State and Mpumalanga has been successfully integrated with the care and support unit of the HIV/AIDS Directorate of the PDoH and the Regional Training Centers. The provincial and district level I ACT planning and review meetings have been integrated with existing PDoH planning and review meeting structures; all district and sub-district level HIV/AIDS/TB program managers are trained in I ACT and are coordinating the implementation. Accordingly, the district/sub-district level coordination has been gradually transitioned and facility operations managers have become responsible for managing the day-to-day implementation of I ACT at the facility level.

Full transition of I ACT to the PDoHs occurred in 2015. I ACT training, monitoring and supervision activities are being implemented by the provincial and district DoH offices; district and sub-district health management teams provide additional support to facilities in implementing the program and M&E activities. NASTAD’s role remains as a mentor to ensure quality and success.
Goal and Proposed Outcomes

In 2012, NASTAD Haiti began working with Haiti’s Ministry of Health (MoH) and the Centers for Disease Control and Prevention (CDC) to develop, pilot and implement a system of enhanced perinatal HIV surveillance. This effort aimed to improve public health disease surveillance of HIV infections among mothers and infants, and to promote linkage and adherence to HIV care, treatment and prophylaxis.

The system, named “SAFE” (Surveillance Active de la Femme Enceinte Seropositive), builds upon Haiti’s existing case-based HIV surveillance system and case management resources and was implemented nationally in 2014.

Strategy and Approach Used

SAFE was designed to standardize collection of detailed, patient-level data about HIV-infected pregnant women and their infants, and to facilitate linkage to care for this vulnerable population. The Haitian Ministry of Health (MoH) requires that 10 “sentinel events” be reported related to HIV infection among pregnant women for epidemic tracking and to assure patient care and follow-up. These include initial diagnosis in pregnant women, entry into Prevention-of-Mother-to-Child Transmission (PMTCT)-related care, receipt of treatment and prophylaxis, and testing and treatment of HIV-exposed infants.

Once a pregnant woman is diagnosed with HIV, entry into PMTCT care is encouraged and a referral is provided. A PMTCT case manager interviews the
patient to obtain demographic and clinical information. Patient data such as name, address, national ID code, demographics and clinical data are recorded in both a clinic registry and a paper-based HIV case notification form. The case manager logs onto the SAFE system, a web-based interface, using a unique ID and a confidential password. Data from the case notification form are entered into the SAFE interface and populate an additional form, the Enhanced Perinatal HIV Surveillance form. Once data are entered into SAFE, the case becomes “active.” If there is no internet service, the system stores patient data and confidentially submits them once connectivity is restored.

During antenatal and postnatal care, key benchmarks are tracked and recorded in the SAFE patient record by the case manager, ensuring that mothers and their infants receive appropriate care, testing, prophylaxis and treatment. In addition, upon each login, the case manager is provided with bolded reminders on a summary data screen for patients needing follow-up. The reminders remain in place until appropriate follow-up information is entered. Case managers initiate outreach efforts as needed to contact patients who are lost to follow-up. Encrypted SAFE data are transferred electronically to a secure data system that is monitored by MoH and NASTAD Haiti staff.

**Results**

Preliminary data describing key outcomes, including PMTCT referral, enrollment and receipt of HIV treatment, are presented in the figure below.

- Over 9,000 women have been followed through the system, with close to 7,000 births tracked.
- Data suggest that more needs to be done to encourage follow-up antenatal care visits:

<table>
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<th>Number of Visits</th>
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<th>%</th>
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</tr>
<tr>
<td>4 or more visits</td>
<td>501</td>
<td>5</td>
</tr>
</tbody>
</table>

- During the past year, case managers and nursing staff at all PMTCT sites in Haiti were trained in system use.
- The system has been implemented at 99% of all PMTCT sites in Haiti (143 of 145 sites).
- During the coming year, the system will begin receiving electronic feeds of infant PCR HIV test results via Haiti’s National Public Health Lab.

**Summary of Outcomes and Impact from NASTAD’s Technical Assistance**

Preliminary SAFE data suggest that the system is functioning throughout Haiti to report data about the care, treatment and birth outcomes of pregnant women diagnosed with HIV. During the implementation process, MoH staff were actively engaged, and will continue to work with NASTAD Haiti to maintain the system, conduct monitoring and evaluation, and provide quality assurance. In addition, site level capacity for providing timely clinical care to HIV-infected mothers and their infants has increased, as has their ability to provide timely data reporting about critical PMTCT-related events.

As the system matures, the detailed case surveillance data offered through SAFE will be invaluable for planning and evaluation of prevention, treatment, and patient outreach and support programming, in line with the MoH’s goal to eliminate mother-to-child HIV transmission.
NASTAD Global helps countries “Do The Right Thing, At The Right Place, At The Right Time.”

In order for a country to have the ability to effectively respond to their HIV epidemic, data must be available, reviewed and used to generate that response. It is only by knowing where needs and gaps are, and knowing what has and has not worked, that optimal action can be planned. Monitoring the effect of that action—and responding to improve—ensures that optimal impact is sustained.

NASTAD Global’s work to support data for action falls into three general categories:

- Surveillance
- Monitoring & Improvement
- Evaluation & Research
Goal and Proposed Outcomes

NASTAD’s goal in Haiti was to build Ministry of Health (MSPP) capacity for sustainable disease surveillance, M&E, and strategic information use. Specific targets included 1) national implementation of a functional HIV CBS system; 2) collection of timely, accurate and high-quality CBS data from testing sites and treatment facilities; and 3) capacity building for MSPP to use these high-quality data to describe disease impact and for planning and monitoring HIV-related programs.

Strategy and Approach Used

NASTAD Haiti’s primary partners in this effort were government officials within four national divisions of the MSPP: the National HIV Program; the National Division of Epidemiology, Laboratory and Research; the National TB Control Program; and the National Family Health Program. Significant partnering occurred with sub-national MSPP staff at the regional level, and with personnel working at clinical sites to ensure that CBS reporting was consistent and accurate. In addition, NASTAD worked in close collaboration with the three national health networks, and their health information management information systems to facilitate efficient, routine data exchange between their EMRs and the CBS system.

NASTAD worked with these partners to:

- Design and implement training and supportive supervision to all levels of the health system to facilitate country-wide CBS roll out
- Improve the quality and completeness of CBS data by providing TA and mentoring for the development of a M&E framework, and support to implement routine M&E and continuous quality improvement (CQI)
- Assure that CBS data are analyzed and used effectively to guide the national HIV response.

These activities were facilitated by the formation of a team of dedicated, volunteer TA providers recruited from U.S. state epidemiology programs and through development of a local NASTAD office staffed by a team of 10 Haitian physicians and public health experts. The U.S. TA team, which consisted of 12 epidemiologists representing eight state health departments, worked with both MSPP and NASTAD Haiti staff to share best practices, with a focus on CBS tools and CQI. The NASTAD Haiti staff collaborated continuously with their MSPP colleagues in order to implement and maintain the system.
Results
Over the last five years:

- NASTAD ensured implementation of Haiti’s national HIV surveillance system
- NASTAD trained more than 800 people in CBS system use and 200 in data analysis techniques
- More than 213,000 unique HIV cases were reported to the system (see figure below)
- Evaluation data show that the CBS data are of high quality
- CBS data are analyzed and trends are reported at least quarterly.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance
Specific outcomes and system impacts achieved during the past five years include:

- **Full implementation of HIV case-based surveillance (CBS) in Haiti.** One of the few functioning CBS systems in the developing world, Haiti’s system collects crucial data in order to monitor changes and identify demographic and behavioral drivers of the HIV epidemic. In addition, longitudinal patient care data are obtained to allow monitoring of patient care linkage, retention and health outcomes.

- **Implementation of active perinatal case surveillance.** NASTAD and MSPP collaborated to establish an enhanced perinatal surveillance system to help eliminate perinatal HIV transmission. The system features PMTCT case management facilitated by a low-barrier electronic interface where reminder flags signal case managers to schedule appointments with patients to assure linkage to care and treatment.

- **Development of integrated TB case surveillance.** NASTAD partnered with the National TB Control Program to pilot integrated TB CBS, which uses the same electronic reporting platform developed for HIV case surveillance. The system provides real-time data about new TB diagnoses and treatment outcomes.

- **Increased MSPP capacities related to analysis and use of CBS data and management of the CBS system.** NASTAD mentored and encouraged MSPP to analyze the rich data gathered by CBS. Reports are routinely produced in order to describe the epidemic, show the impact of treatment and care, and to guide the allocation of resources. Additionally, a cadre of public health professionals, both at MSPP and the NASTAD Haiti office, are capable of joint administration and routine maintenance of the CBS system.
**Goal and Proposed Outcomes**

For the last three years, NASTAD has been helping to strengthen the capacity of ministries of health in the Caribbean to have and use effective surveillance systems that show where HIV programs and resources need to be focused. To that end, NASTAD is providing TA and guidance during planning and implementation of case-based surveillance (CBS) and bio-behavioral surveillance surveys (BBSS) among key populations. Following CDC priorities for the region, NASTAD has worked with four countries to improve their capacity to lead, manage and use quality surveillance information for public health programming.

**Strategy and Approach Used**

In the Caribbean, NASTAD’s capacity building approach has focused on four key elements.

- NASTAD prioritized partnerships with ministries of health such that all activities were theirs, designed to meet their needs, and wherever possible, integrated into their existing public health system and making use of existing resources and staff. To that end, NASTAD helped to create and support effective use of technical working groups comprised of community (key populations), government and non-government partners to provide guidance, and ensure buy-in and advocacy for surveillance activities.

- NASTAD worked to develop local human resources to be able to lead the surveillance activities (see *Self-reported Improvement of BBSS staff on key knowledge areas*). NASTAD used U.S. state peer TA providers from five U.S. states to develop and implement competency-driven trainings, to share and help refine or develop tools, and to provide hands-on mentorship for system development, optimized function, and effective use. Capacity building initiatives targeted—and were adapted to the needs of—national-level MoH staff, sub-national public health leaders, implementers, and steering committee members. Where the MoH did not have sufficient staff to implement the planned surveillance activities, NASTAD hired, trained, and co-located local staff within the MoH office to ensure coordination of all activities. As activities in the region progressed, NASTAD was able to use experienced in-country staff as “south-to-south” TA providers in other countries in the region, which led to faster scale-up. For example, Haiti staff provided TA to Trinidad and Tobago, and Trinidad and Tobago staff provided TA to The Bahamas.
NASTAD engaged with U.S. state peer TA providers to help improve surveillance systems and processes. NASTAD and the TA providers designed and implemented environmental scans of the existing surveillance structures to identify system and process opportunities and gaps, and worked from sample policy and procedure documents to develop or improve national surveillance policies, processes, and structures to meet MOH needs, leveraging current resources. NASTAD helped to develop surveillance protocols, data security and confidentiality policies, standard operating procedures for surveillance, and data collection and management systems.

NASTAD facilitated generation of surveillance data to describe the HIV epidemic in the Caribbean, including identification of key populations, risk factors, linkage rates, and clinical service gaps and needs. NASTAD and TA providers provided technical assistance for data cleaning, data management, reporting writing, and data dissemination with related community engagement.

**Summary of Outcomes and Impact from NASTAD’s Technical Assistance**

In the three years of this project, NASTAD has worked with four local ministries of health to:

- Complete three formative assessments to inform subsequent bio-behavioral surveillance surveys. Data from these assessments has helped to develop an evidence base in the Caribbean to help drive more effective programming.

- Complete one bio-behavioral surveillance survey with MSM in Trinidad and Tobago (a second is underway in The Bahamas, as is protocol development for a third in Jamaica and fourth (with FSW) in Trinidad and Tobago). These data are helping to highlight critical HIV service needs in the Caribbean—specifically for key populations for which there is very little reliable national or regional information on population size, HIV and STI prevalence estimates, risk behaviors profiles and prevention opportunities.

- Plan and implement a nationwide CBS system in Trinidad and Tobago, including training all facilities to report to the system, and capacitating the MoH to manage and use the system to understand and track HIV trends and identify the program area with the greatest needs. Data from this system has been used to create the 2013 national HIV surveillance annual report, an HIV treatment cascade for Trinidad and Tobago, and data quality report cards for sites reporting to the surveillance system. This work is now being expanded to The Bahamas.

**Self-reported Improvement of BBSS staff on key knowledge areas**

NASTAD’s involvement in these strategic information processes has contributed to a cadre of local Caribbean public health experts in case-based and bio-behavioral surveillance (within and outside of the MoH) that are helping to develop and use data to highlight critical HIV program gaps, and to facilitate conversation to improve program design and resource allocation.
Goal and Proposed Outcomes

NASTAD Ethiopia, in partnership with Dire Dawa University (DDU) and Dire Dawa Regional Health Bureau, was asked to implement an assessment of HIV risk and prevalence among young people in Ethiopia. Previous studies in Ethiopia revealed that young people, including university students, are engaging in sexual activity with multiple partners and using condoms inconsistently; these behaviors increase their likelihood of acquiring HIV. A survey conducted in 2009 at DDU found 2.5% of student participants were HIV positive.

This assessment sought to estimate the HIV prevalence among DDU students, and define what demographics, knowledge, and behaviors might contribute to greater risk of HIV infection among the cohort. Specific behaviors of interest included sexual practices, drug and alcohol use, HIV and STI knowledge and attitudes, and treatment seeking behavior for HIV/STI diagnosis.

Strategy and Approach Used

A cross-sectional study was implemented among students at DDU, one of 13 Ethiopian universities, with 7,938 students enrolled.

A representative sample of 983 students was systematically chosen by selecting every eighth student from a list of enrolled students. Students aged 15 years or older and currently enrolled were eligible to participate. After providing written consent, students were asked to voluntarily respond to a self-administered paper questionnaire. In an adjacent room, participants were offered HIV counseling and testing, performed by a certified counselor using the Ethiopian HIV testing and counseling algorithm. Participants’ questionnaire responses and HIV test results were entered in the study database, using the unique subject identification number as an identifier.

The success of the assessment was ensured by strong collaboration and joint planning between key partners. Defining the roles and responsibilities of each party in a memorandum of understanding helped deliver activities on time.
Results

- 967 students participated in the survey and 961 received HIV testing and counseling.
- 4 students were found to be HIV-positive for a prevalence rate of 0.4%.
- 49.9% of students reported ever having sex, and 53.0% of these students reported having sex in the past 12 months.
- Females were more likely to report first having sex after coming to the university and not having used condoms during their first intercourse.
- Males were more likely to report sex with multiple partners in the past 12 months and having ever used alcohol or drugs.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

The aim of this joint assessment was to share skills and expertise in conducting research and to build the capacity of local partners so that they can conduct regular assessments in the future. To this end, Dire Dawa University plans to regularly conduct this risk assessment survey using this model every two years. Experts at Dire Dawa University and Dire Dawa Regional Health Bureau also conducted the same risk assessment at Dire Dawa High School based on the recommendation and findings of this study.

The results of the survey were used by both the University and the Regional Health Bureau in evidence-based planning and decision making. University leadership were motivated, upon receiving the assessment results, and committed to allocating resources and improving their oversight of HIV interventions at the university and in the community. The National HEI Forum, and other universities in Ethiopia, received the results so that the same survey may be conducted in other universities and may contribute to evidence based planning and response.

The presence of a well-developed protocol will guide the implementation of future school-based HIV risk assessments, the results of which can be used for trend monitoring, evidence-based planning, and evaluation. Using the protocol and similar methods, meta research on university students HIV prevalence and risk behaviors at a national level can be established.
Goal and Proposed Outcomes

NASTAD Zambia’s goals over the five-year project were to (1) build the capacity of Zambia’s National HIV/AIDS/STI/TB Council (NAC) in the area of HIV program monitoring and evaluation (M&E); and (2) enhance the long-term capacity of Zambia’s public health system to conduct M&E of HIV programs and community needs, and plan appropriate interventions to fill the gaps.

Strategy and Approach Used

For the last five years, NASTAD Zambia has provided TA to the NAC, the MOH, and to the University of Zambia, Monitoring & Evaluation Center of Excellence (M&E CoE). With the M&E CoE, NASTAD has strengthened Zambia’s public health system capacity to conduct M&E. NASTAD’s approach has been to provide TA through a peer-to-peer methodology that builds both the skills and capacity in these agencies to collect, analyze, and use quality data for decision-making and program planning. The peer-driven, integrated-to-the-workplace methodology ensures strong knowledge transfer and improves the likelihood that knowledge and capacity gains will be sustained. To further institutionalize gains, NASTAD provides follow-up and mentoring to the focal staff.

Training and Mentoring

To best target capacity building, NASTAD Zambia, with partners, identified the epidemiology, M&E, data quality, data analysis, and data-driven planning training needs of field staff and health care providers, and developed training curricula to address the identified gaps and needs. The NASTAD team, comprised of U.S.-based state health department staff and NASTAD-Zambia staff, worked with local partners to develop, pilot, and implement the Epidemiology for Data Users (EDU) training curriculum to enhance understanding of basic epidemiology, M&E, data analysis and use skills. Participants applied the knowledge and skills gained by developing a district or provincial epidemiologic profile, as well as M&E plans in support of the National HIV/AIDS/STI/TB Strategic Framework.

As a follow-up, in an effort to improve the capacity of health facility staff to collect relevant, quality data, and analyze and use the data to improve the quality of health care in Zambia, NASTAD, in partnership with other agencies, supported the development and implementation of The Quality Improvement through Data Use (QIDU) curriculum. This curriculum focused on enhancing health facility staff’s skills to review routinely collected data to assess quality of health care delivery, and to develop interventions using systematic performance improvement approaches.
(PIA) that address gaps in quality. Knowledge and skill gains were practiced through development and implementation of Quality Improvement (QI) projects in their respective health facilities.

In follow-up to both training initiatives, NASTAD Zambia has implemented on-site mentoring of participants to reinforce application of skills acquired during training, and to support quality improvement projects. All training was implemented using a cascade approach whereby a cadre of Master Trainers was trained by skilled peers, at the national and provincial level, and the Master Trainers were mentored by peers as they cascaded the training to the focal participants. This approach was used in order to build sustainability of the program and to ensure ongoing capacity building of both trainees and trainers.

Technical Assistance and Mentoring

NASTAD Zambia has helped NAC to implement and improve their data quality assessment processes. Using ideas and input from peer TA providers observing and participating in the process, NASTAD Zambia helped to automate and simplify data collection and reporting from the facility level, and simplify data collation and quality assurance at the sub-national level. NASTAD also helped to design processes for the NAC to use to summate, assess, report on, and use data for action.

Finally, NASTAD helped the University of Zambia develop their CoE M&E system. Assistance spanned from strategic planning to curriculum development to interim impact assessment to compilation of all materials into the CoE M&E’s Short Course Training Manual. In doing so, NASTAD facilitated faculty exchange visits with Cornell University and the University of Zambia, as well as with faculty from two smaller U.S. Universities, to build a greater network for peer-to-peer exchange.

Results

- 100% national coverage of EDU (300 provincial and district-level staff) and QIDU (290 provincial and district-level staff) in all 9 provinces and 72 districts in Zambia
- 20 districts received peer-mentoring for improvement. Action points on re-submission of data and follow-on activities provided. While there are no current measurements, this activity was done recently and we should be able to see changes in the next reporting cycle.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

Over the last five years, NASTAD has contributed significantly to building the capacity of Zambia’s national and sub-national public health workforce for routine program M&E and data use for program planning. Specifically, NASTAD has:

- Assisted facilities to identify and initiate quality improvement projects to improve service delivery
- Improved the availability of quality M&E data at the national, provincial, and district levels
- Built capacity such that data can be used at the national and sub-national levels to drive decision-making
- Developed a cadre of hundreds of public sector staff who have knowledge, skills, and the ability to apply them to high-quality data collection, data analysis, quality improvement, and use.
Goal and Proposed Outcomes

NASTAD has been providing technical assistance to the Ministry of Health (MoH) in Guyana since 2012 to strengthen HIV surveillance in order to effectively characterize the HIV epidemic and influence needs-based program planning and decision making.

The MoH sought a more robust method for demonstrating the movement of patients through the HIV Care Continuum. NASTAD provided TA, leveraging the experience of U.S. health departments who are using the HIV Care Continuum Model to demonstrate HIV service needs and measure progress toward improved access to and retention in medical care.

NASTAD partnered with the MoH and the National AIDS Programme Secretariat (NAPS) to design and implement a workshop, Profiling the HIV Care Continuum, that:

1. Fosters cross-programmatic understanding of existing HIV data in Guyana;
2. Expands and develops knowledge of and skills required for triangulation of existing data; and
3. Builds capacity of participants to develop a HIV Continuum to better profile the HIV epidemic in Guyana.

Strategy and Approach Used

NASTAD guided 19 participants through a series of exercises over a four-day period related to data triangulation and HIV Care Continuum development, including:

- A SWOT (strengths, weaknesses, opportunities, threats) analysis of the current HIV data triangulation practices;
- A group brainstorm on the plausibility of linking HIV data in Guyana, with particular attention paid to the numerous personal unique identifiers (PUIDs) used in different programs across the system; and
- The identification of data sources that could be used for the development of each bar in the HIV Care Continuum, and the limitations of these data sources.
Results
On the final day of the workshop, Program Directors from the MoH Surveillance Unit, NAPS, the National Public Health Reference Laboratory, and the Pan-American Health Organization (PAHO) were invited to receive an Action Plan that the participants developed for the successful profiling of an HIV Care Continuum in Guyana, which included items listed in the figure, below.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance
The conversations NASTAD facilitated, and the Action Plan that the participants developed and have begun to execute, have built capacity across HIV programs in Guyana to collect, link, triangulate, and use HIV program data. This action will help drive the public health response, including patient linkage and outcome tracking, program and system improvement, targeted resource allocation, and policy change.
Goal and Proposed Outcomes

Under PEPFAR, the U.S. Government is focused on empowering and supporting sustainable public health systems in partner countries. To that end, capacitating local governments and implementing partners to utilize local resources and take ownership of the financial and administrative components of an effective HIV response is a priority. NASTAD is providing TA to build this level of capacity in partner countries, one being Mozambique.

In 2013, Mozambique completed a CDC-led capacity assessment that looked at provincial-level capacity to provide HIV care and treatment services in Mozambique. As a response, the MoH and CDC requested NASTAD’s assistance with follow-on organizational capacity development action planning and implementation.

The goals of NASTAD’s focused 15-months of capacity building assistance are to:

- Define and delineate the specific leadership and management needs of provincial health departments based on the priorities identified through the initial capacity assessment;
- Provide needs-based TA to identified partners, in line with core public health competencies and the national strategy for sustained HIV prevention, care and treatment programs; and
- Develop and deliver user-friendly resources and materials to support the sustainability of leadership and management capacity building efforts.

Strategy and Approach Used

NASTAD’s capacity building approach draws on the experience and expertise of staff, and U.S. state program staff to work side-by-side with in-country partners to develop and implement an informed and tailored response to the capacity needs identified.

To initiate this activity in Mozambique, NASTAD was asked to partner with Cabo Delgado Province. Cabo Delgado is in the northern region of Mozambique. Approximately 23% of the population lives in the urban areas of Pemba (the capital) and Monteuze. The HIV prevalence rate in Cabo Delgado is 9.4%. NASTAD was asked to partner primarily with the provincial public health directorate (DPS) to develop necessary tools and guidance to improve DPS management ability and capacity to lead, manage and improve the quality of HIV related services in the province.
NASTAD began with an initial TA trip to ensure buy-in and gain a better understanding of the existing public health structure and management system, local resources and partnerships and identify barriers to success. Based on this environmental scan, and the priority management domains identified through the CDC-led capacity assessment, NASTAD developed a three-prong approach to produce a DPS-led actionable organizational capacity building plan. This included a desk review of existing policies, procedures, tools, and resources; key informant interviews with DPS and management staff within the province; and facilitation of an organizational management self-assessment and action planning workshop.

During the three-day self-assessment and action planning workshop, provincial and district level managers were led through a highly participatory process to come to consensus on specific provincial-level capacity needs and priorities, and formulate an effective and actionable response. The actual assessment focused on the broad management priority areas provided to NASTAD by the DPS, and agreed upon based on core public health management principles. Topic areas included: Mission and Strategic Planning; Management and Supervision; Finance and Administration; Human Resources; Monitoring, Evaluation and Data Use; Public Health Principles; and Laboratories and Logistics.

To help ensure the long-term success of the initiative, and to take steps towards country ownership of this capacity building approach, NASTAD partnered with a local Mozambique NGO, Kixiquila. This partnership has served to ensure cultural competency and improve local applicability, as well as to develop a local entity that can implement the assessment and workshop facilitation, and provide longer-term management of the capacity-building development process.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

In August, 2014, NASTAD began a mentoring relationship with Kixiquila in order to develop local capacity for organizational capacity assessment (OCA) processes and capacity building initiatives such that all provinces will eventually demonstrate a provincial led, evidence-based HIV response. Together, NASTAD and Kixiquila designed and implemented an organizational capacity assessment with 19 DPS staff in Cabo Delgado.

A total of 14 district chief medical officers and five provincial health department staff participated in the workshop. Together, they implemented a self-assessment of seven components related to high-performing organizations, and identified three as priority focal areas for the next 12 month period. These included:

- Development of job descriptions (including roles and responsibilities) for all provincial and district level staff
- Refinement of protocols to support timely reporting on HIV service and quality indicators from district level to provincial level, and feedback from provincial level to district level
- Design and implementation of trainings for district level managers on the procurement and purchasing system to ensure the availability of HIV-related inventory.

The DPS team identified their own “change leader” charged with leading, coordinating and providing follow-up on action items with team members and NASTAD. The change team will work with NASTAD and Kixiquila to develop province relevant capacity building activities that address the identified priority areas. NASTAD will also compiled tools and develop guidance to support replication and continued use of the process by Kixiquila and the DPS.
Ethiopia

Goal and Proposed Outcomes
Previous studies demonstrate that one year after initiation of HIV care, more than 25% of Ethiopians with HIV are no longer retained in care. To help inform an intervention to reduce treatment default, NASTAD Ethiopia conducted a survey of knowledge, attitudes and barriers to care among HIV patients recruited from a rural HIV clinic.

Strategy and Approach Used
In June 2012, a cross-sectional survey was conducted in Fiche Hospital HIV Clinic. 300 patients were consecutively selected, including those on ART and those enrolled in pre-ART. Surveys were verbally administered by two trained interviewers who were not hospital staff.

Of the 300 patients selected to participate:
- 67% were female, and 33% were male
- 72% were 25-44 years of age
- 87% were ART patients, and 13% were pre-ART patients

Results
- 29% of HIV patients reported missing one or more clinic follow-up appointments during the previous six months. Reasons for missed appointments included need for child care, need for transportation to the clinic, and need to attend funeral ceremonies. Others reported having extra medication and having their medications collected by other people.
- 44% of HIV patients reported "sometimes" or "often" having days with a low intake of food, and 15% going to bed hungry in describing challenges related to food.

- 51% of HIV patients reported there was no one they could turn to in times of stress, and 63% disagreed with the statement, "there are people I know who will help me if I really need it".

Perceived barriers to care of people living with HIV,
Fiche Ethiopia, 2012

Summary of Outcomes and Impact from NASTAD’s Technical Assistance
Potential barriers to health care and retention identified in this survey included: distance to clinic, lack of transportation, competing priorities, insufficient food, lack of social support, and perceived stigma.

Based on these findings, NASTAD Ethiopia worked with the local health department and Fiche Hospital to implement a community-based intervention to address patient-specific barriers to HIV care and treatment and to decrease loss to follow-up. Partnerships with local associations of people living with HIV/AIDS and community based organizations facilitated the delivery of a comprehensive support program, where adherence support workers were trained to trace ART and pre-ART HIV patients lost to follow up to provide counseling, referrals, and support to return to HIV care.
Goal and Proposed Outcomes

In Ethiopia, in partnership with the University of Minnesota’s Division of Epidemiology and Community Health, NASTAD Ethiopia set out to identify factors that enhance or limit patient adherence to antiretroviral treatment (ART) in rural communities. It was proposed that the findings could inform the design and successful implementation of Ethiopia’s national and community-level interventions.

Strategy and Approach Used

A total of 561 adults were surveyed from 250 randomly selected households in the area in and around Arba Minch. Respondents were asked about positive or negative attitudes towards people living with HIV (PLWH), as well as their knowledge about HIV transmission and treatment.

Summary of Outcomes and Impact from NASTAD’s Technical Assistance

“In a rural Ethiopian setting in which rapid scale-up of HIV treatment occurred, many respondents still characterized HIV as associated with shame or blame, or indicated people living with HIV (PLWH) would be isolated or discriminated against. HIV stigma can hamper both prevention and treatment programs. We identified multiple issues which, if addressed, can help promote a more positive cycle in which PLWH are appreciated as members of one’s own community… Stigma reduction programs should address knowledge gaps such as fears of casual contact contagion, and lack of awareness of medical interventions to help prevent HIV disease, as well as building upon community-based attitudes of the importance of supporting and showing compassion for PLWH.”

Results

- 80% of respondents agreed with ≥ 1 negative statements indicating blame or shame towards people with HIV.
- 41% of respondents agreed with ≥ 1 negative statements associated with distancing themselves from people with HIV.
- 14% of respondents expressed negative responses about whether people with HIV should receive support from their communities.

This project has been published at: http://www.biomedcentral.com/1472-698X/12/6.
Deliverables

Curriculum

Applied Leadership Development Program for District HIV & AIDS Coordination Training Manual (BW)
Applied Public Health Program Management Assessment Framework (BW, GY, HT)
Applied Regional Leadership and Management Training (GY)
Bio-behavioral Surveillance Survey Staff Orientation (CAR)
Case Report to the HIV and TB Case-based Surveillance System (HT)
Case-based Surveillance System Development Training (English & French) (42 countries)
Case-based Surveillance System Improvement and Data Use Training (English & Spanish) (42 countries)
Collaborative Alliance Charter Training Guide (ET)
Community Capacity Enhancement through Community Conversations (CCE-CC) Facilitator’s Guide (BW)
CCE-CC Training Manual (BW)
Diffusion of Evidence-based HIV Prevention Interventions Participant Manual (ET)
Diffusion of Evidence-based HIV Prevention Interventions Training (ET)
District Led Programming facilitation Framework for NPSTs and District Health Teams (UG)
DMSAC Orientation Training (BW)
Epidemiology for Data Users Training (ZM)
Key Populations Surveillance Stakeholder Training (CAR)
Qualitative Methods among Key Populations (CAR)
Quality Improvement through Data Use Training (ZM)
Surveillance Data Analysis and Report Writing (CAR, CENTAM, HT)
University of Zambia Planning, Monitoring and Evaluation Short Course Manual (ZM)
Use of Enhanced Perinatal HIV CBS system for Case Reporting and Patient Following (HT)
USG CoAg and Financial Management Training (AO)

Guidance

Case-based Surveillance Standard Operating Procedures (SOP) (HT, TT, GY)
District-led Planning M&E Framework (UG)
DMSAC Terms of Reference (BW)
Framework and Operational Guidelines for Community Capacity Enhancement through Community Conversations (CCE-CC) (BW)
Organizational Capacity Self-Assessment and Action Planning Workshop (MZ)
Strategies for Woreda-based Prevention and Care (ET)

Toolkit

Case-based Surveillance Toolkit: Tools, Tips and Strategies for Strong Surveillance (42 countries)
Community Service Organization District HIV and AIDS Response Manual (BW)
District Evidence-based Planning Toolkit (BW)
District-led Planning Toolkit (UG)
DMSAC Orientation Package
Ethiopia’s Sisters Informing Sisters about Topics on AIDS (SISTA) Implementation Manual (ET)
Populations: A Toolkit for Implementation (CAR)
Respondent-Driven Sampling: A Resource Guide for Steering Committee Members (CAR)
University HIV-STI Prevention Package Implementation Manual (ET)

Study & Reports

ANC Sero-surveillance Study Report (HT)
Assessment of Risk Behaviors for HIV and STI among Dire Dawa University Students (ET)
Case-based Surveillance Reports (GY, HT, TT)
Female Sex Worker Formative Assessment Report (TT)
Guyana HIV Case-based Process Analysis (GY)
MSM BBSS Report (TT)
MSM Formative Assessment Report (BS, TT)
PMTCT Data Utility Evaluation Report (HT)
Surveillance Secondary Data Report (BS, TT)
SWOT for Case-based Surveillance Development/Improvement (ET, GY, HT, TT)

System Development

A web-based portal for user-generated HIV data reports (HT)
Enhanced Perinatal Case-based Surveillance and Patient Case management System (HT)
HIV & AIDS Case Reporting Algorithm (HT)
National (non-medical) M&E System (routine paper and electronic data inputs and report-out) (ET, ZM)
National Case-based Surveillance System (routine paper and electronic data feeds and report-out) (HT)
National Case-based Surveillance System (routine paper data feeds and report-out) (TT, GY)
National Evidence-based Planning Process (BW, ET)
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Advisory Committee
Eric Blank
Eric Booth
Carmine Bozzi
Jennifer Brown
Kelly Campagne
DeAnn Gruber
Jen Kates
James Markiewicz
Randy Mayer
Murray Penner
Julie Scofield
Peter Whiticar
Janet Tapp
Kelly Campagne
Jennifer Brown
Carmine Bozzi
Eric Booth
Eric Blank
Advisory Committee

Botswana
Matsae Balosang
Janette Bezuidenhout
Miriam Gower
Dikeledi Khudu
France Mokganedi
Pinkie Ndlovu
Queen Pogiso
Kebabonye Thamuku

Ethiopia
Tibebe Shenie
Gezie Aba
Girma Assefa
Zemed Atta
Sale Worneh Bahir
Lelem Bezabih
Zemenu Biteme
Behailu Dagne
Kekebo Debeko
Workneh Demissie
Wubshet Denboba
Petros Faltamo
Melesse Gedamu
Amelework Gelaye
Daniel Guelat
Girma Habte
Edouard Pierre
Edouard Pierre Fils
Philippe Sanon
Jerry Joseph
Weedner Moise
Janyt Paul
Edna Pierre

Haiti
Barbara Roussel
Jude Eddy Louis
Kamaia Bastien
Jason D. Briere
Armand Cetoute
Jerry Chandler
Aldain Charles
Jean Herve Civil
Yrve Desir
Jean Rene Dorfils
Christine Durosier
Joe Guerby
Flarissaint
Erlantz Hypolite
Jude Eddy Louis

Trinidad & Tobago
Sheena De Feitas
Tracie Rogers

South Africa
Tshiwela Neluheni
Manethethe Monethi
Doris Madonsela
Budu Mapula
Ndileka Mbalo
Doctor Molaba
Teboho Molanganoanye
Barry Mutasa
Thabo Nkwe
Humphrey Omony
Mahalia Phala
Ntshoeng Ramakau
Samuel Shongwe
Ronald Sibuyi
Chaz Tembo
Khulile Tshabalala
Sihle Zulu

Zambia
Priscilla Banda
Justin Kabwe
Arthur Kalala
Maybin Mumba
Erika Mwenda

TA Providers
Benjamin Ballweg
Jennifer Brown
Jabar Bruton
Reggie Caldwell
Peter Carr
Hope Cassidy-Stewart
Natalia Colthirst
Jamie Cotnoir
Maria Courrogen
Chris Delcher
Nene Diale
Safera Diawara
Carrie Dolan
Jane DuFran
Colin Flynn
Lori Freitas
Mari Gasiorowicz
Carmine Grasso
Barbara Green-Ajufo

University Collaborations
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Global Program 2009-2014 Progress Report
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