

Template for Reporting on HIV Prevention Response

ORIENTATION TO THE OVERALL TEMPLATE

This template is divided into three sections:

- **Section 1** deals with policy-level issues concerning the HIV prevention response in the country
- **Section 2** deals with strategic information about the HIV prevention response in the country
- **Section 3** deals with the range, depth and scope of HIV prevention programmes in the country

Each section consists of a set of instructions that details how to obtain information about this part of the assessment (different methods of data collection for different sections), and a checklist against which to compare the data that you have received to a standard set by UNAIDS.

For the HIV prevention response assessment to be comprehensive, data about all three sections need to be included in the final HIV prevention response part of the country's overall synthesis report.

SECTION 1: POLICY-LEVEL ISSUES CONCERNING THE HIV RESPONSE IN THE COUNTRY

INSTRUCTIONS FOR SECTION 1:

- 1.1 Identify individuals with knowledge and know-how about the HIV prevention response in the country
- 1.2 Gather all available information that the country makes available about the HIV prevention response in the country
- 1.3 Go through the attached **HIV PREVENTION RESPONSE POLICY CHECKLIST**, and answer each question using either the documentation provided to you, and/or by making use of the knowledge of the individuals (focus group discussions or key informant interviews)
- 1.4 Once you have completed the template, it has to be validated. Discuss the validation process with the team leader, and agree on how this should be done using the agreed structures agreed to at the country-level
- 1.5 When writing up the results of this part of the HIV prevention assessment in the country, you do not need to present the results in a table such as the checklist. The checklist has been developed simply to help you have in mind what a comprehensive HIV prevention response at the policy level will constitute.

HIV PREVENTION RESPONSE POLICY CHECKLIST

In countries with hyper-endemic and generalised HIV epidemics, the following policy actions have been recommended by UNAIDS. For the country, find out whether the country's HIV prevention response:

RECOMMENDED POLICY ACTION	IN PLACE IN THE COUNTRY? (Y / N)	COMMENTS AND OBSERVATIONS
1. Provides a clear mandate for leadership, resource mobilization, coordination and reporting to the National AIDS Authority and define a costed plan for effective HIV prevention, in the context of the "Three Ones" and with reporting annually to government and to civil society on planning, development and implementation.		
2. Mobilizes and commits resources to HIV prevention sufficient to meet the needs of the essential HIV prevention plan; track and analyse expenditures to improve future planning cycles.		
3. Conducts a high profile, national review of every sector to evaluate whether current practices promote risk behaviour or hamper access to HIV prevention services.		
4. Builds public awareness and demand to amend legislation and policies that create barriers to HIV prevention, such as laws that discriminate against women and girls.		
5. Reviews, amends and enacts appropriate laws and policies and enforce antidiscrimination legislation.		
6. Promotes full enforcement of laws against child marriage, sexual abuse and gender-based violence.		
7. Advocates and promotes removal of user fees or taxes that reduce access and use of key commodities, such as HIV test kits, male and female condoms, treatments for sexually transmitted infections and antiretroviral drugs.		
8. Trains and supports leaders (e.g. political leaders and leaders from within networks of people living with HIV, vulnerable communities, the private sector, faith-based organizations and traditional healers) to speak out against HIV-related stigma and discrimination and to demonstrate solidarity and support for universal access to HIV prevention, treatment, care and support.		
9. Promotes and energizes multisectoral linkages with government ministries that are or should be involved in the AIDS response (e.g. local development; social welfare; health; education; agriculture; youth and sports; women; human resources; uniformed services) and establish clear sectoral responsibilities for risk reduction, vulnerability reduction and impact reduction for each.		

RECOMMENDED POLICY ACTION	IN PLACE IN THE COUNTRY? (Y / N)	COMMENTS AND OBSERVATIONS
10. Promotes male circumcision as an additional, important strategy for the prevention of heterosexually acquired HIV infection in men as part of a comprehensive HIV prevention package which includes: promoting delay in the onset of sexual relations, abstinence from penetrative sex, and reduction in the number of sexual partners; providing and promoting correct and consistent use of male and female condoms; providing HIV counselling and testing services; and treating sexually transmitted infections.		

Source for first column: Adapted from UNAIDS, 2007. Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access

SECTION 2: EXISTENCE OF STRATEGIC INFORMATION ABOUT THE HIV PREVENTION RESPONSE IN THE COUNTRY

INSTRUCTIONS FOR COMPLETING SECTION 2:

- 2.1 Identify individuals with knowledge and know-how about the strategic information relating to the HIV prevention response in the country
- 2.2 Gather all available information that the country makes available about the HIV prevention response in the country
- 2.3 Go through the attached **HIV PREVENTION RESPONSE STRATEGIC INFORMATION CHECKLIST**, and answer each question using either the documentation provided to you, and/or by making use of the knowledge of the individuals (focus group discussions or key informant interviews)
- 2.4 Once you have completed the template, it has to be validated. Discuss the validation process with the team leader, and agree on how this should be done using the agreed structures agreed to at the country-level
- 2.5 When writing up the results of this part of the HIV prevention assessment in the country, you do not need to present the results in a table such as the checklist. The checklist has been developed simply to help you have in mind what a comprehensive HIV prevention response at the policy level will constitute.

HIV PREVENTION RESPONSE STRATEGIC INFORMATION CHECKLIST

In countries with hyper-endemic and generalised HIV epidemics, the following strategic information actions have been recommended by UNAIDS. For the country, find out whether the country has/is:

RECOMMENDED STRATEGIC INFORMATION ACTION	IN PLACE IN THE COUNTRY? (Y / N)	COMMENTS AND OBSERVATIONS
1. Developed a national HIV M&E system that collects data on:		
1.1 <i>Sentinel HIV surveillance among pregnant women, urban and rural</i>		
1.2 <i>Cross-sectional surveys of behaviour in sub-populations</i>		
1.3 <i>Surveillance of sexually transmitted infections and other biological markers of risk</i>		
1.4 <i>HIV case reporting</i>		
1.5 <i>Tracking of HIV in donated blood</i>		
1.6 <i>Cross-sectional surveys of attitudes and behaviour and HIV infection in the general population</i>		
1.7 <i>Cross-sectional surveys of attitudes behaviour among young people</i>		
1.8 <i>HIV surveillance in subpopulations</i>		
1.9 <i>Behavioural surveillance in sub-populations with high-risk behaviour;</i>		
1.10 <i>Data on morbidity and mortality</i>		
1.11 <i>Programme and financial monitoring data</i>		
2. Gathers and analyses strategic information to define most-at-risk populations and risk settings and on the HIV response, response capacity and resource needs in the public and private sector. Provide the data and analyses to the National AIDS Authority and other stakeholders on a regular basis.		
3. Gathers information on the HIV response and response capacity in the public and private sector, beginning in high-risk settings.		
4. Monitors HIV programme coverage, disaggregated by population subgroup, sex, age, marital status and geographic area; analyse information with stakeholders; identify implementation gaps; and coordinate partners and adjust programmes to meet demand and improve programme performance.		
5. Conduct additional research on sexual networking patterns to better understand the potential HIV transmission flow from most-at-risk populations to the general populations.		
6. Conducts periodic, participatory national assessments of the HIV response and response capacity and resource needs in the public and private sector and from the central government to the		

RECOMMENDED STRATEGIC INFORMATION ACTION	IN PLACE IN THE COUNTRY? (Y / N)	COMMENTS AND OBSERVATIONS
community levels. Provide this information to the National AIDS Authority and other stakeholders using, high profile processes and events on a regular basis to motivate participation and coordination across the many partners		
7. Gathers and uses strategic information to understand the contexts and drivers of predominant risk behaviours and to guide investment and action towards achieving objectives such as human capacity development and system strengthening and universal support for human rights including gender equality.		
8. Gathers and analyses data from additional sources to estimate HIV incidence in key audiences, in order to refresh HIV prevention planning and keep it aligned with the epidemic		
9. Conducts additional behavioural and ethnographic studies (e.g. young people, girls, married men) to map and define sexual networks, communication networks and opportunities to promote social change.		
10. Develops universal access indicators		
11. Sets universal access targets for prevention		

Source for first column: Adapted from UNAIDS, 2007. Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access

SECTION 3: ASSESSMENT OF HIV PREVENTION PROGRAMMES TO SPECIFIC TARGET GROUPS

INSTRUCTIONS FOR COMPLETING SECTION 3:

- 3.1. Develop, with the national team and other input, a list of which programmes in the country would constitute 'Environment Interventions',
- 3.2. Complete the table in the template overleaf for each implementing agency. To complete the template, you have two options (a) use the country's available routine programme monitoring data to complete the table; or (b) send the template to each organisation providing HIV prevention programmes in the country, and ask them to complete it (only the attached table and the explanations that follow it, not this entire document).
- 3.3. If you follow the second option, the routine programme monitoring system data is a good place to start to obtain an address list of implementers. This activity presupposes that there is a list of all organisations implementing HIV prevention activities in the country. If a comprehensive list is not available and there is no routine programme monitoring system, send the template to as many organisations as possible. Also, make sure that you send the explanation of what is meant by 'Environment Interventions' within the country context
- 3.4. Do NOT only send the template to the larger organisations implementing HIV prevention response activities. Also send the template to the smaller, grassroots organisations. If there are too many such small organisations, send the templates to the umbrella organisations or regions, and ask them to complete it. Even though one local grassroots organisation may not target many persons, if there are many of these organisations, then many HIV prevention efforts are being delivered through these organisations.
- 3.5. Once you have received the copies of the template from various organisations, analyse the data as agreed with the national team with which you work, and include the analysis results in the synthesis report.
- 3.6. When analysing the data, you may want to use the HIV PREVENTION RESPONSE PROGRAMMATIC RESPONSE CHECKLIST provided on the last page of this guide.

HIV PREVENTION PROGRAMME TEMPLATE BY INDIVIDUAL IMPLEMENTERS:

Type of epidemic ¹ in the country:	
Name of implementing agency:	
Year that the implementing agency started operating	Year that the organisation started implementing HIV prevention programmes
Average number of individuals reached, per year, with HIV prevention programmes, since the implementing agency started implementing HIV prevention programmes	

Target Group ²	Geographical Location ³	Type of intervention ⁴	Start and Duration of Programme ⁵	Reach ⁶	Outputs achieved so far ⁷	Outcome or Impact so far ⁸	Comments	Funding Source ⁹	Total Funding ¹⁰
Behavioural Interventions¹¹									
Long Distance Truck Drivers and sex workers who service them	Transport Corridors from City X to City Y	BCC, focusing on increasing condom use; provision of VCT and treatment of STIs	Started in 2005 and due to end in 2009	700 drivers (35%) and 150 (55%) CSW reached so far, VCT provided to 300 drivers and 80 CSW	5400 truck drivers reached 340 sex workers reached	No evaluation done	Evaluation planned for 2008, including HIV testing. Funded by PEPFAR at present.	World Bank	US\$ 34 000
Biomedical Interventions¹²									
HIV Positive Pregnant women	National	PMTCT, using Nivirapine single dose	Started in 2004 and ongoing	In 2007 45% of women tested positive for HIV, of thee 65% received Nivirapine	23000 women reached	No evaluation done	Evaluation planned for 2008, 6 month follow of a sample of infants	Private sector	US\$56 000
HIV Testing¹³									

Target Group ²	Geographical Location ³	Type of intervention ⁴	Start and Duration of Programme ⁵	Reach ⁶	Outputs achieved so far ⁷	Outcome or Impact so far ⁸	Comments	Funding Source ⁹	Total Funding ¹⁰
Environmental Interventions ¹⁴									
Men aged 16 years and up	National	BCC to reduce violence against women, using male role models. TV and radio campaign.	Started in 2007, and scheduled to end in 2009	An estimated 60% have been reached through radio adverts	34 290 men reached	Attitudes towards VAW decreased by 15% in those exposed to the campaign	None	Own organisation	US\$4 000
Advocacy Interventions ¹⁵									
IEC Interventions ¹⁶									

Source: Adapted from 'Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS 2007'

NOTES AND DEFINITIONS ON THE TEMPLATE PROVIDED IN SECTION 3

The template provided in Section 3 should be used to document all the major prevention programmes taking place. It is not intended to be exhaustive, since there will be many small programmes that will be difficult to document. Therefore it should be used to record national, regional or provincial programmes. It is particularly important to document programme targeting specific high risk or vulnerable groups, where evidence suggests higher HIV prevalence of high rates of high risk behaviour. This is important even in generalised or hyperendemic epidemics.

1. In this document there are four types of epidemic mentioned:
 - Low level
 - Concentrated
 - Generalised
 - Hyper-endemic

The nature and design of a national prevention programme depends to a large extent on how it is classified. This is expanded on in the UNAIDS Guidelines mentioned above.

2. **Target Group.** In a concentrated or generalised epidemic this could be groups such as IV Drug Users, Commercial Sex Workers, Men who have Sex with Men or Prisoners. In generalised epidemics this could refer to young people, or the entire population.
3. **Geographical Location.** This refers to the specific geographic area where the intervention is taking place. Geographic areas should be defined in terms of either a point reference (on a map, such as a specific town or suburb), or a polygon reference (i.e. a shape on a map, such as a region or a district).
4. **Type of Intervention.** The intervention could be a Behaviour Change or Risk Reduction intervention, in which case the intervention should be described also in terms of the theoretical model that is being used, if possible, and the specific behaviour/s that are being targeted. If the intervention is biomedical, such as treatment for STIs, or male circumcision, the intervention should be described as fully as possible.
5. **Start and Duration of the programme.** This should document the year that the programme started, how long the programme has been running for, and how long it is expected to carry on.
6. **Reach.** This should record how many people have been reached by the programme. Wherever possible, this column should also include the percentage of the target population reached by the programme.
7. **Outputs achieved so far.** Be as specific as you can. State the number of persons reached, or whatever other output data you have consistently measured over time for the organisation.
8. **Outcome or Impact so far.** This is particularly important for programmes that have been running for longer than 2 years. Have they been evaluated for impact or outcomes? If so, what are the results of the evaluations? For example, many countries have been running large Life Skills programmes in schools. Have these been evaluated in your country? If no evaluation has been done, is one planned?
9. **Funding Source.** List the funding source for your programme here. It may be one or more of these categories:

- International development partners (donors, such as US government, PEPFAR, World Bank, UN, Irish Aid, and others)
- Local development partners (such as national trusts or national funds)
- The private sector – through donations
- Government
- The public
- Your organisation’s own funds
- Your own funds
- Voluntary activities that no one pays for

10. **Total Funding.** List the total funding used for the programme, in US dollars (use the current rate of exchange) since the start of the programme.

11. **Behavioural Interventions.** These are all face-to-face individual and group personal risk reduction programmes. It also includes condom social marketing and peer education programmes. Distribution of condoms should be included here as well.

12. **Biomedical interventions.** These include STI treatment, male circumcision, blood testing, PMTCT, male circumcision, and others.

13. **HIV Testing.** This area is so important it is given its own section. Although the evidence for the prevention impact of HIV testing is still unclear, this is a big part of all national programmes. HIV testing refers to both voluntary counselling and testing (VCT) and to provider-initiated testing, and to all other forms of HIV testing, EXCEPT PMTCT (PMTCT should be included under biomedical interventions – see 12)

14. **Environment interventions.** These include anti-stigma programmes, gender-based violence programmes and others based at changing the underlying forces which promote the spread of HIV. This is particularly important in hyperendemic countries, where it may be difficult to change the course of the epidemic without these programmes. It is advisable to only include those programmes that are being implemented with a reduction of HIV infections as a one of the primary aims. ***For this reason, a list of country-specific programmes that will be included in this category should be developed BEFORE the template is sent out to organisations to complete.***

Country specific list of Environment Interventions:

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15. **Advocacy Interventions.** These are interventions to argue for something, such as a cause, idea, or policy. Advocacy is intended to educate, sensitize, influence and change opinion, or motivate action by creating and implementing a favorable policy or improving involvement in and awareness of a specific cause.

16. **IEC Interventions.** This includes all media campaigns and all mass communication campaigns that do not involve any personal or face-to-face communication

HIV PREVENTION RESPONSE PROGRAMMATIC CHECKLIST

In countries with hyper-endemic and generalised HIV epidemics, the following programmatic actions have been recommended by UNAIDS. For the country, find out whether the country does:

RECOMMENDED PROGRAMMATIC ACTION	IN PLACE IN THE COUNTRY? (Y / N)	COMMENTS AND OBSERVATIONS
1. Build the capacity of the most-at-risk populations to organize, advocate and deliver peer prevention; secure the active participation of these populations in designing, delivering and evaluating prevention services.		
2. Integrate HIV prevention issues, including the adverse effects of stigma and discrimination, sexual violence, gender inequality, homophobia and human rights violations in broader public health and development campaigns.		
3. Promote programmes aimed at promoting livelihood alternatives to transactional sex.		
4. Ensure adherence to blood safety standards (all blood and blood products tested for HIV before transfusion; all health care settings observe universal precautions).		
5. Promote and provide quality HIV prevention, treatment, care and support for most-at-risk populations, 'bridge' populations such as mobile populations, uniformed forces, clients of sex workers and most-at-risk young people. and people living with HIV.		
6. Build capacity for HIV prevention planning and implementation in government, non-governmental organizations and civil society, including the capacity of most-at-risk populations and people living with HIV to organize and advocate; to deliver peer prevention and to lead "positive prevention programmes." Secure the active participation of communities in designing, delivering and evaluating prevention services.		
7. Plan and implement a long-term (for example, 5 years) national HIV communication programme to mobilize society and to create an enabling environment for prevention, treatment, care and support. Relevant themes include: <ul style="list-style-type: none"> • support for HIV counselling and testing and disclosure, delay of sexual debut, partner limitation, couples counselling and testing and safer sex and normalising condom use; • expectations of bold and radical leadership by politicians and other opinion leaders; • promotion of principles and local action for human rights, gender equality and zero tolerance for gender-based violence; and • promotion of solidarity and support for affected families and young people, including children affected by HIV. 		

RECOMMENDED PROGRAMMATIC ACTION	IN PLACE IN THE COUNTRY? (Y / N)	COMMENTS AND OBSERVATIONS
8. Ensure universal access to HIV counselling and testing, including provider-initiated voluntary HIV counselling and testing according to national guidelines, beginning in areas of high concentration of HIV.		
9. Ensure universal and uninterrupted condom availability and integrate condom promotion into reproductive and primary health-care services in the public and private sector.		
10. Prioritize programmes for women and men that address risk behaviours and gender related vulnerability.		
11. Promote and provide full range of prevention of mother-to-child transmission services, beginning in urban areas and other areas with high concentration of HIV.		
12. Promote joint HIV/TB services and positive prevention services available at all hospitals.		
13. Partner with Ministry of Labour, employer associations and trade unions to promote the availability of HIV prevention and treatment services or referrals at the workplace.		
14. Ensure health-care, law enforcement and social services employees are trained on HIV issues, including gender and human rights.		
15. Ensure well informed, active and visible participation of leaders in HIV prevention and AIDS response.		
16. Develop and implement diversified programmes for young people, reaching both boys and girls that include gender equality and respect, access to comprehensive sexual and reproductive health services including access to treatment, ensuring access to information, sexuality education, life skills.		
17. Ensure special programmes for orphans, street children and others at high risk, balancing needs for risk, vulnerability and impact reduction		
18. Promote and ensure male involvement in sexual and reproductive health programmes including HIV prevention, STI treatment, HIV counselling and testing, prevention of mother-to-child transmission services,		
19. Ensure health care and other social services employees are trained on HIV issues, including stigma, human rights and gender issues.		
20. Identify priority geographic settings where male circumcision is likely to have the greatest impact on the HIV epidemic and progressively expand access to safe male circumcision services within the context of ensuring universal access to comprehensive HIV prevention, treatment, care and support.		

RECOMMENDED PROGRAMMATIC ACTION	IN PLACE IN THE COUNTRY? (Y / N)	COMMENTS AND OBSERVATIONS
21. Provide sexuality and reproductive health education through the school curriculum.		
22. Ensure inclusion of sexuality education in teacher training curriculum.		
23. Provide sexuality and reproductive health education to out-of-school youth in high risk and high prevalence areas through peer education.		

Source: Adapted from 'Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access. UNAIDS 2007'