PP-like Document

PD-AAZ-S[illegible]

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: A (A = Add, C = Change, D = Delete) — Amendment Number: _____

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: PERU

3. PROJECT NUMBER: 527-0333

4. BUREAU/OFFICE: LAC — 05

5. PROJECT TITLE (maximum 40 characters): HIV-AIDS Education and Prevention

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 30 YY 92

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)
A. Initial FY 89 B. Quarter 4 C. Final FY 91

8. COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY 89 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	37	113	150	136	364	500
(Grant)	(37)	(113)	(150)	(136)	(364)	(500)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
Other Donor(s)						
TOTALS	37	113	150	136	364	500

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) HE	510	563				150		500	
(2)									
(3)									
(4)									
TOTALS						150		500	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 501

11. SECONDARY PURPOSE CODE: 510

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code	R/H	PVON	BU				
B. Amount		500					

13. PROJECT PURPOSE (maximum 480 characters)

To reduce the sexual transmission of HIV through educational interventions designed to encourage risk-reducing behavior change.

14. SCHEDULED EVALUATIONS
Interim MM 05 YY 91 MM YY
Final MM 09 YY 92

15. SOURCE/ORIGIN OF GOODS AND SERVICES
[X] 000 [ ] 941 [X] Local [ ] Other (Specify) _____

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

Mission Controller has reviewed and concurs with the methods of implementation and financing included herein.

Paul Kramer, CONT

17. APPROVED BY
Signature
Title: Craig G. Buck, Director
Date Signed: MM 09 DD 27 YY 89

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
MM DD YY

AID 1330-4 (8-79)

PROJECT AUTHORIZATION

Name of Country: Peru

Name of Project: AIDS Education and Prevention

Number of Project: 527-0333

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the AIDS Education and Prevention Project ("Project") for the Asociación Benéfica para Proyectos en Informática, Salud, Medicina y Agricultura ("PRISMA") in Peru involving planned obligations not to exceed Five Hundred Thousand United States Dollars ($500,000) in grant funds ("Grant"), over a three year period from date of authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project. The planned life of the project is thirty-six months from the date of initial obligation.

2. The Project consists of grant assistance to PRISMA, a Peruvian private voluntary organization registered with A.I.D. to implement a program to provide primarily technical assistance, training, commodities and local support to reduce the sexual transmission of Acquired Immunodeficiency Syndrome (AIDS) through targeted interventions among populations at high-risk of infection by: a) supporting efforts to educate the general public about the disease; b) making condoms available to assist efforts to reduce the rate of transmission through high-risk behavior; c) training health care workers in prevention, counseling and infection control; and d) supporting the provision of an anonymous/confidential testing and counseling center.

3. The Cooperative Agreement, which may be negotiated and executed by the officer to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to the following essential terms, together with such other terms and conditions as A.I.D. may deem appropriate.

a) Source and Origin of Commodities, Nationality of Services

Commodities financed by A.I.D. under the Cooperative Agreement shall have their source and origin in the United States or Peru, except as A.I.D. may otherwise agree in writing. Except for ocean shipping, the suppliers of commodities or services financed under the Cooperative Agreement shall have The United States or Peru as their place of nationality, except as A.I.D. may otherwise agree in writing. Ocean shipping financed by A.I.D. under the Cooperative Agreement shall be financed only on flag vessels of the United States, except as A.I.D. may otherwise agree in writing.

b) Twenty Five Percent Contribution Requirement

In accordance with AID Handbook Three Appendix 2G guidance, a 25% contribution is not required in the case of grants of assistance to private organizations in furtherance of their programs in the less developed countries.

c) Justification of Non-competitive Award

The justification for non-competitive award was signed by the Regional Contracts Officer on September 22, 1989, and is included as an Annex to the Project Paper-like document.

Craig G. Buck
Mission Director

September 27, 1989
Date

Clearances: POP:JBurdick
HR:BKennedy
PROG:CKassebaum
CONT:PKramer
EXO:JThrower
RLA:ANewton (in draft)

Drafted by: PDO:LJackson

ACTION MEMORANDUM FOR THE MISSION DIRECTOR

DATE: September 25, 1989

FROM: Leroy Jackson, Project Development Officer

SUBJECT: AIDS Education and Prevention Project (527-0333); Approval of Project Paper; Project Authorization Package; PIO/T for a Cooperative Agreement with PRISMA

I. Purpose

The purpose of this Action Memorandum is to forward and recommend that you approve the following documents which are attached to this memorandum:

A. Subject Project Paper,
B. Authorization document, and
D. PIO/T to fund the Cooperative Agreement with PRISMA, the Implementing Agency.

II. Discussion

A. A.I.D. AIDS Policy

The A.I.D. policy for addressing the AIDS pandemic in the developing world is to focus programs on prevention of the spread of the Human Immunodeficiency Virus (HIV). Implementation of this prevention policy involves the development of educational and technical interventions to reduce the risk of transmission through high-risk sexual behavior and through the exchange of infected blood via transfusion or other skin-piercing activities.

The specific elements that constitute the Agency for International Development's AIDS prevention program are:

-- monitor the AIDS problem within the context of individual countries;

-- help increase government and public awareness of the problem;

-- assist developing countries with the development and implementation of AIDS prevention programs, and

-- conduct research aimed at improving available means of prevention that are appropriate for use in developing countries.

B. USAID/Peru Strategy

While the Mission's CDSS update of February 1988 does not specifically mention AIDS, it does discuss health deficiencies in Peru and presents the Mission's strategy for improving health conditions and services. Health and its relationship to development are clearly priority concerns of USAID/Peru; this interest extends to what is increasingly becoming a serious health problem in the country - AIDS. USAID/Peru's efforts to develop strategies and programs to combat AIDS are both appropriate and essential to improve and maintain better health for Peruvians.

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C. Other Donors AIDS Activities in Peru.

1. European Economic Community (EEC).

An EEC project was approved in June 1989 to provide $300,000 in grant funds over a one-year period. The research and education activities will target high-risk adolescents and young people with limited economic resources. Some funds will also be used to support PECOS through Proyecto SIDA, complementing on-going USAID activities.

2. Pan American Health Organization (PAHO).

PAHO has agreed to provide $2,652,560 over four years in the form of assistance in administration, prevention, education, laboratory systems and diagnosis, medical activities, clinical, operations and epidemiological research. It is assisting Peru to develop the capacity for ELISA HIV-antibody testing, providing $250,000 for furnishing equipment and supplies to a network of thirteen laboratories in Lima and other parts of Peru. PAHO also participated in a project in January 1989 with AIDSTECH staff to assess HIV screening and testing needs in Peru, consider future capabilities for HIV diagnosis, perform a financial analysis and develop recommendations for the national AIDS program. See further discussion of AIDSTECH in "Pilot AIDS Project" section.

3. Ford Foundation (FF).

Although the Ford Foundation has $2-$3 million annually to support AIDS prevention activities worldwide, it has not yet supported any AIDS prevention activities in Peru. The Ford Foundation representative in Peru indicated the possibility of a modest grant (about $30,000) for AIDS but has not yet defined the possible nature of such support. Areas financed by the FF in other countries include AIDS prevention education, health policy development and aspects of discrimination.

4. U.S. Naval Medical Research Institute Detachment (NAMRID).

Although no longer serving as the center for HIV antibody testing in Peru, NAMRID will continue to do all of the confirmatory tests (Western Blot) for the Peruvian laboratories conducting only ELISA tests, the primary test for AIDS antibodies. (NAMRID is the only facility for this confirmatory testing in Peru). NAMRID also will continue to do research on AIDS, support other research activities through testing, provide technical assistance, participate in seminars, serve as guest lecturers, and train laboratory personnel.

5. The Population Council and Johns Hopkins University.

Working in collaboration with San Marcos University, the Population Council, under an AID/Washington centrally funded Operations Research Project, has been conducting a study among a group of approximately 600 prostitutes who are required regularly to attend an STD clinic in Callao, Lima's port city. Free contraceptives, STD testing and treatment and AIDS education have been provided. Working with PECOS, the Population Council and

Johns Hopkins/PCS have been conducting another operations research project in AIDS education. The project encompasses educational seminars for health professionals, government leaders and the media; a media center; a mass media campaign to inform the general public about AIDS transmission and prevention; and a study to evaluate the effectiveness of family planning personnel as AIDS educators. More discussion of this activity is provided below in section D.

6. Other Non-Governmental Groups.

Several private organizations have been actively involved in AIDS prevention. MHOL is a homosexual support organization in Lima that has conducted numerous prevention, counseling, training, education and information activities since 1986. Flora Tristan, Peru-Mujer and Creatividad y Cambio are three feminist groups which have also been active in outreach activities with women who are at high-risk for AIDS and HIV.

AIDS prevention and control services will be extended beyond Lima, the capital city, through collaboration with the Pan American Health Organization (PAHO), which is developing and implementing systems to protect the blood supply. These regional activities, funded with U.S. government budgetary support through the World Health Organization, involve the strengthening of a network of testing laboratories throughout the country.

III. PROJECT DESCRIPTION.

The project goal is to reduce the spread of AIDS in Peru.

The project purpose is to reduce the sexual transmission of the Human Immunodeficiency Virus (the virus that causes AIDS) through educational interventions designed to encourage risk-reduction behavior change.

The project objective is to reduce the sexual transmission of HIV through testing, research, education, counseling, the distribution of condoms and other interventions that encourage risk-reducing behavior change. The project will use a variety of approaches to inform sexually active men and women of the risks of exposure to HIV.

The design of this project is based on the experiences of the Population Council, Johns Hopkins University, AIDSCOM, and AIDSTECH, all of which are currently supporting AIDS education and research projects in Peru. The design is based on the progress achieved and lessons learned from the activities financed under the AIDS pilot project (527-0327) and AIDS projects supported by other donors and the Government of Peru.

The proposed USAID/Peru-funded AIDS project for FY 1989-92, a follow-up to the pilot, will involve working with four local institutions and will be implemented with technical assistance from AIDSCOM and AIDSTECH:

(1) the Special AIDS Control Program of the Ministry of Health
(2) The Institute of Tropical Medicine at San Marcos University,
(3) MHOL-Peru, a Peruvian homosexual community services organization,
(4) PRISMA - Proyectos en Informatica, Salud, Medicina y Agricultura.

The project elements related to the achievement of the project purpose and goal statements are:

- 10 educators trained in communication methodology and materials development.

- 3,000 copies of basic AIDS information pamphlets developed and distributed to the public.

- 3,000 copies of AIDS information packages designed specifically for women printed and distributed to the public.

- Three research studies conducted on male/female attitudes/behavior; 3,000 copies of each study published.

- 10 workshops conducted for AIDS prevention workers.

- 7,500 copies of AIDS prevention pamphlets distributed via peer education groups.

- Anonymous HIV antibody testing center established with output of:
  15 ELISAS per day x 250 (year 1)
  20 ELISAS per day x 250 (year 2)
  25 ELISAS per day x 250 (year 3)

- AIDS hotline operational and receiving average of 15 calls/day, five days/week, 52 weeks/year for total of 11,700 calls over the three year life of project.

- 20 new volunteers trained each year; 60 volunteers trained over life of project.

- 80 high risk men trained each year; 240 men trained over life of project.

- 10 high risk men trained through "safer sex" workshops; 10 men/workshop/month = 360 trained over life of project.

Implementing Agencies

PRISMA is a local PVO with a history of implementing USAID/Peru projects. (See justification for Non-Competitive Award, Attachment II). A cooperative agreement between USAID/Peru and PRISMA will provide funds for all local currency costs as well as dollar costs for international training or travel.

MHOL/Peru is an organization mandated to provide services for the gay/lesbian community in Lima, and under the USAID/Peru pilot AIDS Education and Prevention Project has been providing educational/counseling and medical services to MHOL associates in AIDS Prevention.

The Institute of Tropical Medicine at San Marcos University is equipped to develop an anonymous/confidential HIV antibody testing and counseling center. Through the INOPAL/Population Council Operations Research Study the laboratory at the Institute was equipped and personnel has been trained in ELISA technique and in counseling skills.

The Ministry of Health Special Program for AIDS Control (PECOS) also carried out an Operations Research Study with funding from INOPAL/Population Council and Johns Hopkins University Population Communications Service (JHU/PCS), and administered by PRISMA.

USAID/Peru Project Management

The Population Division of the Office of Human Resources (O/HR) will have responsibility within USAID/Peru for managing the project. The Chief of the Population Division will serve as Project Manager and will be responsible for the administrative approval of all project inputs and for overall project monitoring and coordination. The project manager may designate a project coordinator to assist with the day to day contact between USAID/Peru and the Implementing Agencies. The Project Manager will approve the yearly operational plans submitted by PRISMA and consolidated from the plans of the three Implementing Agencies.

Upon request from PRISMA, the Project Manager will submit each year to AID/Washington two PIO/Ts for buy-ins to AIDSCOM and AIDSTECH for technical assistance to the three Implementing Agencies.

Project Coordinating Committee

The Project Coordinating Committee will consist of: a) USAID/Peru Project Manager or designee; b) PRISMA Director and Project Monitor; c) representatives of each of the three implementing agencies (i.e. PECOS, MHOL and San Marcos). Scheduled monthly meetings will take place to measure progress in all components of the project.

A. Recurrent Costs

Recurrent costs are incremental expenditures for activities which must be made on a regular basis during the life of the project and should be sustained after the project ends. Given the dismal economic situation faced by the Government of Peru there is no expectation that the country will have significant resources to continue these activities after the end of the project. Therefore, USAID/Peru recognizes the importance of assisting the Government of Peru and concerned non-governmental organizations and entities in the identification of potential donors and other sources of technical assistance and financial support.

B. Project Design

The HIV-AIDS Education and Prevention Project, 527-0333 was included in the Summary Program Funding Table section of the FY 1989 Action Plan. AID/Washington approved the Action Plan in March 1989. Approval of the Action Plan except as otherwise indicated by AID/Washington constituted a redelegation of Project Identification and Project Paper approval authority under Delegation of Authority 751, dated 12/16/88, to USAID/Peru.

The Project Identification Document was approved on 6/23/89 by Dr. Donor Lion. Attachment III to this document contains a copy of the issues which were to be addressed as part of the Project Paper design process. Of the ten points raised, all have been addressed in the appropriate section of this Project Paper-like document. Point number 6, regarding the source of an

additional $100,000 over the life of project was resolved using Mission budgetary resources. Point number 7, regarding a need to describe and quantify contributions has been rendered moot by the USAID/Peru decision to waive such a contribution as permitted by Handbook Three, Appendix 2G, in the case of grants to local Private Voluntary Organizations.

C. Method of Implementation

This project will be implemented through a cooperative agreement between USAID/Peru and PRISMA, a local PVO registered with USAID.

Logistics, financial and all other arrangements for the project (including sub-grants) will be the responsibility of PRISMA, and the Population Division, for technical matters.

PRISMA will request USAID/Peru to issue two PIO/Ts each year to buy-in to AIDSCOM and AIDSTECH centrally funded projects for technical assistance to PECOS, MHOL, and San Marcos. Funds for these two PIO/Ts will be administered directly by AID/W.

USAID/Peru Population Division will secure country clearance for TA visits and provide overall guidance and management.

D. Gender Considerations

The project incorporates many gender considerations, including suggestions and recommendations made by Women in Development consultants who reviewed the PID-like document and discussed proposed activities with USAID/Peru staff. In addition, it builds on the USAID/Peru financed pilot project implemented in FY 1988-1989, which has been collecting and evaluating gender disaggregated data as the basis for planning interventions. AIDSCOM, AIDSTECH, the Population Council and Johns Hopkins University have been involved in AIDS education, prevention, and research projects in Peru focusing on gender issues such as the female role in contraception decision making.

E. Funding

The budget allowance for $150,000 was received via State 202412, dated June 26, 1989. Total project authorization is $500,000.

F. Congressional Notification

The advice of Program change was submitted to the Congress on August 10, 1989 and expired without comment.

G. Environmental Determination

The Environmental Threshold Decision (ETD) dated July 12, 1989 recommending a "Categorical Exclusion" was signed by the LAC Chief Environmental Officer on the same date. The ETD document and the signature of former USAID/Peru Director Donor Lion concurring with the recommendation are attachment 4 to the approved PID.

H. Non-Competition Justification

The justification was accepted by the Regional Contracting Officer on September 22, 1989 and is an attachment to the Project Paper-like document.

I. Gray Amendment

The nature of this activity, implemented by a Peruvian PVO and approved by AID/Washington on the basis of a 123(e) waiver will not allow for the participation of Gray Amendment entities.

J. PVO Registration and FAA 123(e) Determination

PRISMA was granted a certificate of eligibility as a registered foreign PVO by USAID/Peru on November 3, 1986. USAID/Peru sent an Action Memorandum to the Administrator requesting that he make a Determination under FAA section 123(e) to permit assistance in support of PRISMA as a private and voluntary organization which was already being supported in Peru prior to the date that prohibitions such as those contained in Section 620(q) and the Brooke-Alexander Amendment became applicable. On September 21, 1989, the Administrator submitted this Determination to the Congress.

K. Twenty-five Percent Contribution Requirement

In accordance with A.I.D. Handbook Three Appendix 2G guidance, a 25% contribution is not required in the case of grants of assistance to private organizations in furtherance of their programs in the less developed countries.

V. Recommendation

All of the issues raised as part of the PID-like review/approval process and subsequent Project-Paper-like design process have been resolved in the latter document. The project committee recommends that you sign all of the attached documents on the basis that all of the appropriate technical, financial, economic and administrative analyses and other considerations have been adequately addressed.

Attachments: a/s

Clearances: POP:JBurdick
HR:BKennedy
PROG:CKasselbaum
CONT:PKramer
EXD: J. THROWER

Drafter: PDO:LJackson

Doc. 0304p

USAID/PERU PROJECT DESIGN TEAM

John Burdick,	Acting Chief, Human Resources Development
Rita Fairbanks,	Population Advisor
Kay Franklin,	Health Consultant
Jerry Martin,	Chief Financial Analyst
Oscar Grandà,	Financial Analyst
Leroy Jackson,	Project Development Officer

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Annexes:

I. Logical Framework
II. Project Statutory Checklist
III. Non-competition Justification
IV. PID Approval Memo

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LIST OF ABBREVIATIONS AND ACRONYMS

AED	Academy for Educational Development, AIDSCOM contractor
Agency	Agency for International Development
AIDS	Acquired Immune Deficiency Syndrome
AIDSCOM	A.I.D. Centrally-Funded Contract for AIDS Communications
AIDSEP	AIDS Education and Prevention
AIDSTECH	A.I.D. Centrally-Funded Contract for AIDS Technical Issues
AID/W	A.I.D./Washington
CDC	Center for Disease Control, Atlanta, Georgia
CDSS	Country Development Strategy Statement
CONCYTEC	Consejo Nacional de Ciencia y Tecnologia of the Ministry of Education
EEC	European Economic Community
ELISA	Primary Test for HIV Antibody Detection
FF	The Ford Foundation
FHI	Family Health International, AIDSTECH contractor
GOP	Government of Peru
HIV	Human Immunodeficiency Virus
INOPAL	Peru Office of the Population Council (Investigacion Operacional en Planificacion Familiar y Salud Materno Infantil para America Latina)
IPSS	Peruvian Social Security Institute (Instituto Peruano de Seguridad Social)
JHU	Johns Hopkins University
MHOL-Peru	Peruvian Homosexual Community Services Organization
MOH	Ministry of Health
NAMRID	U.S. Naval Medical Research Institute Detachment
Pasa La Voz	"Spread the Word"
PAHO	Pan American Health Organization
PCS	Population Communications Services (Project) of Johns Hopkins University
PECOS	Special AIDS Control Program of the Ministry of Health (Programa Especial para el Control del SIDA)
PID	Project Identification Document
PNIH	Peruvian National Institute of Health
PRISMA	Proyectos en Informática, Salud, Medicina y Agricultura (Peruvian PVO)
Proyecto SIDA	AIDS Operations Research activity within the MOH PECOS Program
PVO	Private Voluntary Organization
RELABINS	MOH/GOP Laboratory Network for Blood Screening
SIDA	Sindrome de Inmuno Deficiencia Adquirida
STD	Sexually Transmitted Diseases
USAID/Peru	A.I.D. Mission in Peru
Western Blot	Confirmatory Test for HIV Infection
WHO	World Health Organization

I. SUMMARY AND RECOMMENDATIONS

A. Recommendations.

1. Funding.

It is recommended that $500,000 in grant funds be authorized to finance a Grant with Proyectos en Informatica, Salud, Medicina y Agricultura (PRISMA) for the three year project life (Life of Project).

2. Geographic Code.

The Project Authorization should specify that, except as A.I.D. may otherwise agree in writing:

a. goods and services financed by A.I.D. under this project shall have their source and origin in A.I.D. Geographic Code 000 (U.S.) or Peru; and

b. ocean shipping financed by A.I.D under this Project shall be only on flag vessels of the United States.

3. Determination of National Interest for Obligation.

Pursuant to Section 123(e) of the Foreign Assistance Act (FAA), A.I.D. has determined that it is in the national interest to waive sanctions under Section 620(q) of the FAA and the Brooke-Alexander Amendment of the Appropriations Act; the Mission Director is, thus, authorized to obligate funds to Proyectos en Informatica, Salud, Medicina y Agricultural, a PVO supported by A.I.D. funds on August 2, 1989, the date that Peru entered into sanctions.

4. Justification of Non-Competitive Award.

The justification, approved by the Regional Contracts Officer is Annex I to this document.

B. Summary Project Description and Financial Plan.

1. Project Rationale.

The A.I.D. policy for addressing the AIDS pandemic in the developing world is to focus programs on prevention of the spread of the Human Immunodeficiency Virus (HIV). Implementation of this prevention policy involves the development of educational and technical interventions to reduce the risk of transmission through high-risk sexual behavior and through the exchange of infected blood via transfusion or other skin-piercing activities.

The specific elements that constitute the Agency for International Development's AIDS prevention program are:

-- monitor the AIDS problem within the context of individual countries;

-- help increase government and public awareness of the problem;

-- assist developing countries with the development and implementation of AIDS prevention programs, and

-- conduct research aimed at improving available means of prevention that are appropriate for use in developing countries.

While the Mission's CDSS update of February 1988 does not specifically mention AIDS, it does discuss health deficiencies in Peru and presents the Mission's strategy for improving health conditions and services. Health and its relationship to development are clearly priority concerns of USAID/Peru; this interest extends to what is increasingly becoming a serious health problem in the country - AIDS. USAID/Peru's efforts to develop strategies and programs to combat AIDS are both appropriate and essential to improve and maintain better health for Peruvians.

2. Government of Peru Response to Date.

Since 1985, Peru has had voluntary governmental commissions which have attempted to supervise AIDS prevention activities. From the beginning, financial contributions to these efforts from the Ministry of Health (MOH) were minimal, relying heavily on international donor resources for implementation. The work of the commissions was hampered by the voluntary nature of its memberships, lack of financial support and infrastructure.

The Ministry of Health has supported an operations research study with assistance from The Population Council and John Hopkins University, which carried out a mass media campaign on television and radio for three months, as well as developed and distributed pamphlets on AIDS information.

In March, 1988, the scientific and technical committees then functioning presented a short-term plan for AIDS prevention and control to the Pan American Health Organization (PAHO). The U.S. Naval Medical Research Institute Detachment (NAMRID), conducting research on tropical medicine in Peru, had been supporting these committees by performing screening and confirmatory tests for HIV antibodies. This formal collaboration ended on November 30, 1988; since that date however, NAMRID has continued performing confirmatory Western Blot tests.

In December 1988, the MOH established the Special AIDS Control Program (PECOS), a single regulatory body responsible for directing all AIDS activities in either the public or private sectors. As a formal structure within the MOH, PECOS has little more than office space and a minimal budget, most of which finances reagents for the blood banks involved in HIV antibody testing. In general, the Special Program on AIDS (PECOS) has had to depend on international donors, primarily PAHO and USAID/Peru for funds to implement AIDS prevention and education activities.

A top priority for PECOS has been safeguarding the blood supply. The MOH created a laboratory network (RELABINS) consisting of five blood bank laboratories, with the National Institute of Health designated as the referral laboratory. RELABINS is currently being strengthened and better equipped through a grant from the Pan American Health Organization (PAHO). While the hospital laboratories participating in RELABINS are equipped to do HIV antibody testing, they are consistently short of reagents. Since these reagents are not manufactured in Peru and must be imported, PECOS is negotiating with pharmaceutical companies to assure the provision of reagents. In addition to safeguarding the blood supply, PECOS objectives include improving the reporting system; supporting educational activities; providing technical assistance; and coordinating all AIDS prevention activities being implemented by both the public and private sectors.

In general, there is little follow-up or supportive counseling done for those diagnosed with AIDS or testing as HIV-positive. Three MOH hospitals, however, do have programs that include educational, testing and counseling components. Proyecto SIDA, an AID-financed AIDS project within the MOH, has coordinated several projects, including an investigation of the press coverage of AIDS, the production and distribution of public service announcements for radio and television and an AIDS information center.

Continuation of the economic and social chaos in Peru, increasing violence and terrorism (some directed at MOH staff), repeated changes of the Minister of Health and a prolonged strike by MOH physicians have exacerbated the on-going dysfunction of the public health care system. Although some educational and communications activities have been accomplished through A.I.D. funding, much remains to be done.

3. Summary Project Description.

The project goal is to reduce the spread of AIDS in Peru.

The project purpose is to reduce the sexual transmission of the Human Immunodeficiency Virus (the virus that causes AIDS).

The proposed USAID/Peru funded AIDS project for FY 1989-91 will involve working with four local institutions:

(1) The Special AIDS Control Program of the Ministry of Health (MOH) (PECOS)

(2) The Institute of Tropical Medicine at San Marcos University

(3) MHOL-Peru, a Peruvian homosexual/lesbian community services organization and

(4) PRISMA, a health related PVO organization selected for its experience and proven track record in the implementation of development projects.

4. Project Outputs.

A. Printed Materials

One of the first activities to be supported by this project will be a hands-on workshop focusing on the methodological process of developing AIDS information and educational materials, as well as modifying materials which have been developed in Peru and other Spanish-speaking countries. The local coordinator will be the communication specialist from PECOS, in collaboration with a communication expert from AIDSCOM. The participants will include representatives from each agency supported by USAID/Peru under this project (San Marcos/Callao, PRISMA and MHOL). Groups such as Generacion, Peru-Mujer and other local PVOs which are developing AIDS information materials will also be invited to participate. The participants will be trained and offered practical experience in developing materials appropriate for different populations, and in pretesting materials.

The workshop will focus on developing a basic AIDS information pamphlet, including information on AIDS prevention, based on audience research. The pamphlet will be pretested, printed and eventually used in the San Marcos HIV-antibody testing center as well as by other institutions or groups interested in disseminating AIDS prevention information. Materials developed by the participating groups will be pretested and adapted for eventual printing and distribution.

The Project will support initial research (focus groups and in-depth interviews) and AIDSCOM will provide technical assistance to help design the intervention strategy once the initial research phase has been completed. In addition, the project will support the production of communications materials and the training of peer or professional educators to implement the selected strategy. The materials produced will be distributed in the Callao and Lima STD clinics, the San Marcos testing center, and other institutions that provide health education services to women.

B. Research and Intervention Among Young Women

While women currently account for only a small number of the reported AIDS cases in Peru, regional epidemiological trends indicate that women in Latin America are increasingly at risk of contracting HIV. The risk for women is considered substantial as a result of sexual behavior patterns that include high levels of male bisexuality, non-monogamy and high incidence of STDs. In order to prevent the spread of AIDS to this population of young women, research is needed to provide a broader understanding of risks, as well as the various networks they rely on for information about sex and disease prevention.

Using a variety of communications research techniques, PECOS will explore these areas with the objective of developing an AIDS prevention strategy targeting young (14-20 years old) women, including the development of appropriate printed materials. Project activities will be carried out in collaboration with local women's organizations working in the area of health education and other information networks identified through research as the most viable means of reaching this population.

C. Changing Attitudes/Behavior of High Risk Males

Three of the pilot activities initiated with MHOL-Peru in FY 1988 under the USAID/Peru AIDS Project will continue to receive support for the three years of this project. The AIDS Information Hotline, Peer Outreach Program, and Safer Sex Workshop Series all provide complementary educational approaches designed to reach diverse groups of men at high risk for AIDS. PRISMA will provide a sub-grant to MHOL for these three activities.

The SI'DAYUDA hotline will be coordinated by a paid staff member with volunteer operators taking calls five days a week, eight hours each day. Using the operators as interviewers, the hotline will also serve as a data collection service that will help to identify specific information and service needs. Preliminary experience with the hotline has indicated latent demand for information that, with additional publicity, should increase. A sub-grant through PRISMA will continue to provide the salary of the hotline coordinator, training for volunteers, minimal monetary support for volunteers (e.g. - transportation costs), and will assist them in the development of further evaluation tools and expanded referral services. AIDSCOM will provide technical assistance.

D. Research and Intervention Among Men in Callao

The male clients of prostitutes have been largely ignored in AIDS prevention efforts to date. Since men are financially and often physically in control of decisions regarding sexual behavior, it is important to develop AIDS prevention strategies that inform them of the risks associated with these activities and to motivate them to change or modify their behavior.

Using a variety of communications research techniques, personnel at San Marcos will attempt to gain information about knowledge and attitudes these men have concerning AIDS with the objective of developing an AIDS prevention strategy targeting the men who visit the established brothels in Callao. This will include the development of appropriate printed materials. This activity, to be implemented closely with the owners of the brothels, will include condom distribution, and will complement and reinforce the work being done with female prostitutes in the area. This activity will be initiated in the second year of the project and will involve an initial research and materials development phase, followed in the third year by the implementation of a materials distribution and outreach phase.

The Pasa La Voz peer educator program also will be managed by a paid coordinator supported through the sub-grant. Minimal support for peer outreach workers and production costs for support materials will be provided through the sub-grant, as well as technical assistance to evaluate and strengthen this service over time. In addition to the service being provided on the streets, one-day workshops to provide men with an opportunity to explore in-depth, as a group, the issue of AIDS and risk reduction will be held. These peer outreach workshops will be promoted directly by the outreach workers and through posters and will be open to 80 men. The content of the workshop will be modeled after that of the Safer Sex workshops.

E. The Safer Sex workshops

This workshop series, developed as part of a pilot study by a physician from the University of Cayetano Heredia, will be continued with MHOL-Peru offering the workshops free of charge on a regular basis for men at high risk in Lima. The sub-grant will support the part-time salary of a workshop coordinator, the training of additional workshop facilitators, and the production of materials to promote the workshop series. Technical assistance will be provided by AIDSCOM to modify the workshop model so that it can be used with other population groups.

F. Provision of Anonymous/Confidential HIV Antibody Testing and Related Counseling

1. Testing Center.

As discussed earlier, a need for an anonymous/confidential HIV antibody testing and counseling center has been identified as important to properly track potential AIDS carriers so that adequate data can be maintained on the incidence of the disease. The Institute of Tropical Medicine at San Marcos University has been selected as the site for this center based on the previous experience of its staff and the equipment it has received in support of the research of the Population Council's centrally funded operations research project. San Marcos will assume the cost of some minor structural changes required to remodel the existing work space. AIDSTECH will arrange a visit to another regional anonymous/confidential testing and counseling site for the Project Director, since Peruvians have had little experience with these centers.

Initially, two counselors or social workers will be trained (with technical assistance by AIDSCOM) in pre-and post-test AIDS counseling. One additional counselor will be added to the staff each year to allow for estimated service growth over time. The counseling staff are expected to serve approximately five new clients daily. In the beginning this will limit the testing center to 10 new clients a day with the probability of five clients for repeat testing. A strategy will be developed (also with technical assistance from AIDSCOM) to assess the impact of testing and counseling on subsequent behavior.

Demographic data will be collected to add to a broader understanding of the epidemiology of AIDS in Peru. Additional epidemiological surveys undertaken by the Institute could be supported by other donors. A basic AIDS information and prevention pamphlet will be developed to be used at San Marcos, as well as in other appropriate sites in Lima, under the PECOS component of this project.

One of the counselors from the testing center will collaborate with on-going work at the Ministry of Health STD clinic in Callao. The counselor will work several afternoons a week distributing free contraceptives through the MOH. Both condoms for AIDS prevention and other methods (primarily oral contraceptives) for family planning will be given, along with AIDS prevention education and counseling. Since the relationship between STDs and AIDS has been well documented, women will receive gynecological services by an MOH physician providing these services on a part-time basis. Additionally, the education, counseling and family planning assistance should help to reduce abortion rates and pelvic infections in women who use IUDs. In the second and third years of this project, a peer education component will be added, targeting the women attending the clinic.

5. Financial Plan

A summary of total project costs by component follows in Table I, below

TABLE I

Projected Obligations and Earmarkings/Commitments of AID Project Funds by U.S. Fiscal Year (FY) in U.S.$000

U.S. FISCAL YEAR (Project Year)[a]	FY 89	FY 90 (PY1)	FY 91 (PY2)	FY 92 (PY3)	TOTAL
1. Beginning of Year Balance	-	150	150	200	
2. Obligations[b]	150	150	200	-	500
3. Expenditures[c]	-	150	150	200	500
4. End of Year Balance	150	150	200	-	

a) Project Year 1 October 1 1989 to September 30 1990
Year 2 October 1 1990 to September 30 1991
Year 3 October 1 1991 to September 30 1992

b) Obligations correspond to U.S. fiscal years.

c) Expenditures correspond to project years.

TABLE II

A.I.D.
Summary of Total Project Costs
by Foreign Exchange (FX) and Local Currency (LC)

Project Components	Project Year 1 (FX)	Project Year 1 (LC)	Project Year 2 (FX)	Project Year 2 (LC)	Project Year 3 (FX)	Project Year 3 (LC)	LOP (FX)	LOP (LC)
A. Program Costs								
1. Training	500	2,300		1,830	9,100	2,159	9,600	6,289
2. Technical Assistance	36,700	8,160	31,920	8,160	47,880	8,160	116,500	24,480
3. Commodities		27,846		27,457		36,762		92,065
4. Other Costs		53,854		59,049		61,962		174,865
Total Program Costs	37,200	92,160	31,920	96,496	56,980	109,043	126,100	297,699
B. Administrative Costs (Direct)								
Project Monitor		8,000		8,000		8,000		24,000
Administrative Support		2,864		3,259		3,753		9,876
Evaluation						12,500		12,500
Audit/Financial Reviews	5,000	-	-	-	10,000	-	15,000	
Total Administrative Costs	5,000	10,864	-	11,259	10,000	24,253	15,000	46,376
C. Overhead (indirect costs)	-	4,650	-	4,650	-	5,525	-	14,825
Total Project Costs	42,200	107,674	31,920	112,405	66,980	138,821	141,100	358,900

6. Budget Elements

Program Costs

Training

Out-of-country training in the first year is for the benefit of San Marcos to enable a key person to observe a functioning anonymous/confidential HIV testing and counseling center in another country. Monies have been put into this item in the last year to make it possible for key personnel participate in AIDS international conferences.

In-country training for the LOP includes the Peer Education outreach and training in materials development and communication methodology.

Technical Assistance

TA will be provided by consultants from AIDSCOM and AIDSTECH for MHOL, PECOS and San Marcos. Funds under this item will be handled through buy-ins to these two centrally funded projects. The National Advisor will be located in PRISMA and in PECOS.

Commodities

All goods and equipment for this project will be purchased locally by PRISMA. Office equipment includes some furniture as well as some computer equipment that will be needed by San Marcos. Laboratory tests include the ELISA kits, pipettes and other expendible equipment for the San Marcos HIV testing center. Materials include training materials and communication needs. The office for the PECOS component of the project is located outside the MOH, so telephone and mail costs have been included for this portion.

Other costs

Local salaries will be paid to certain key personnel in each of the three organizations who will be responsible for the implementation of the project, and fringe benefits are included.

Administrative Costs are comprised of the monitor PRISMA will employ on a half-time basis to coordinate all aspects of the project; and, Administrative Support costs which are directly related to project activities, such as, office supplies, rent, utilities, telephone, transportation, etc. All of these costs have been budgeted in constant dollar amounts, with the expectation that exchange differential gains will offset inflation losses.

The Audit and Financial Management Review will be conducted in accordance with AID policies. Funds are provided to contract independent auditors, through RIG/A/T; and, Financial Management Review assistance will be contracted by USAID/Peru.

Overhead, or indirect costs, has been developed by an analysis of the monthly input of all PRISMA case personnel having a recurring input. The level of input is estimated to remain constant for the life-of-the-project.

Contingencies/Inflation have been considered; the Mission anticipates that inflation in local costs will at least be offset by a favorable exchange rate for the dollar.

7. Project Design Issues

The HIV-AIDS Education and Prevention Project, 527-0333 was included in the Summary Program Funding Table section of the FY 1989 Action Plan. AID/Washington approved the Action Plan in March 1989. Approval of the Action Plan except as otherwise indicated by AID/Washington constituted a redelegation of Project Identification and Project Paper approval authority under Delegation of Authority 751, dated 12/16/88, to USAID/Peru.

The Project Identification Document was approved on 6/23/89 by Dr. Donor Lion. Annex IV to this document contains a copy of the issues which were to be addressed as part of the Project Paper design process. Of the ten points raised, all have been addressed in the appropriate section of this Project Paper-like document. Point number 6, regarding the source of an additional $100,000 over the life of project was resolved using Mission budgetary resources. Point number 7, regarding a need to describe and quantify contributions has been rendered moot by the USAID/Peru decision to waive such a contribution as permitted by Handbook Three, Appendix 2G, in the case of grants to local Private Voluntary Organizations.

Recurrent costs are incremental expenditures for activities which must be made on a regular basis during the life of the project and should be sustained after the project ends. Given the dismal economic situation faced by the Government of Peru there is no expectation that the country will have significant resources to continue these activities after the end of the project. Therefore, USAID/Peru recognizes the importance of assisting the Government of Peru and concerned non-governmental organizations and entities in the identification of potential donors and other sources of technical assistance and financial support.

II. Background of A.I.D. Involvement in AIDS Activities.

A. Acquired Immune Deficiency Syndrome (AIDS) in Peru.

The epidemiology of the HIV-AIDS epidemic in Peru has been similar to many other countries. Since the first case of AIDS was reported in 1983, the number of cases has more than doubled each year. As of June 30, 1989 there were 210 reported cases of AIDS and 547 who tested as sero-positive -- i.e., HIV-infected. Seventy-five percent of those affected have been men between 25 and 44 years of age. Mortality rates among AIDS cases have ranged from 60 to 70%.

The trend is following the epidemic transmission pattern observed in other countries in which AIDS and HIV infection have been reported. Homosexual and bisexual transmission of AIDS accounts for the majority of reported cases, but sixteen women and seven children were among the 156 reported cases. Two of the seven children were born with AIDS. Therefore, although 93% of those with AIDS in Peru are men, women and children are increasingly at risk.

As of September 7, 1989, 90,300 persons had been tested for HIV antibodies with 0.6% (547) testing as sero-positive or HIV-infected. About 70% of this population were men at high-risk, prostitutes, hemophiliacs, prisoners or hospital personnel. Within the general blood donor population, 1.2/1,000 samples are infected.

B. Government of Peru Response to Date.

Since 1985, Peru has had voluntary non-governmental commissions which have attempted to supervise AIDS prevention activities. From the beginning, financial contributions to these efforts from the Ministry of Health (MOH) were minimal, relying heavily on international donor resources for implementation. The work of the commissions was hampered by the voluntary nature of its memberships, lack of financial support and infrastructures.

The Ministry of Health has supported an operations research study with assistance from The Population Council and John Hopkins University which carried out a mass media campaign on television and radio for three months, as well as developed and distributed pamphlets on AIDS information.

In March, 1988, the scientific and technical committees currently functioning presented a short-term plan for AIDS prevention and control to the Pan American Health Organization (PAHO) The U.S. Naval Medical Research Institute Detachment (NAMRID), conducting research on tropical medicine in Peru, had been supporting these committees by performing screening and confirmatory tests for HIV antibodies. This formal collaboration ended on November 30, 1988; since that date however, NAMRID has continued performing confirmatory Western Blot tests.

In December 1988, the MOH established the Special AIDS Control Program (PECOS), a single regulatory body responsible for directing all AIDS activities in either the public or private sectors. As a formal structure within the MOH, PECOS has little more than office space and a minimal budget, most of which finances reagents for the blood banks involved in HIV antibody testing. In general, the Special Program on AIDS (PECOS) has had to depend on international donors, primarily PAHO and USAID/Peru for funds to implement AIDS prevention and education activities.

A top priority for PECOS has been safeguarding the blood supply. The MOH created a laboratory network (RELABINS) consisting of five blood bank laboratories, with the National Institute of Health designated as the referral laboratory. RELABINS is currently being strengthened and better equipped through a grant from the Pan American Health Organization (PAHO). While the hospital laboratories in RELABINS are equipped to do HIV antibody testing, they are consistently short of reagents. Since these reagents are not manufactured in Peru and must be imported, PECOS is negotiating with pharmaceutical companies to assure the provision of reagents. In addition to safeguarding the blood supply, PECOS objectives include improving the reporting system; supporting educational activities; providing technical assistance; and coordinating all AIDS prevention activities being implemented by both the public and private sectors.

In general, there is little follow-up or supportive counseling done for those diagnosed with AIDS or testing as HIV-positive. Three MOH hospitals, however, do have programs that include educational, testing and counseling components. Proyecto SIDA, an AID-financed AIDS project within the Ministry of Health, has coordinated several projects, including an investigation of the press coverage of AIDS, the production and distribution of public service announcements for radio and television and an AIDS information center.

Continuation of the economic and social chaos in Peru, increasing violence and terrorism (some directed at MOH staff), a change over in the Minister of Health and a prolonged strike by MOH physicians have exacerbated the on-going dysfunction of the public health care system. Although some educational and communications activities have been accomplished through A.I.D. fundings, much remains to be done.

C. Constraints to Preventing HIV Transmission in Peru

1. Social Considerations.

The vast majority of AIDS cases and HIV infection in Peru has been found to date in homosexual males. This fact has been spread to the general populace by journalists writing feature stories which many times are published with names and pictures of the infected person. This has given rise to a sense of false security for people with a heterosexual orientation who tend to believe that by its very nature, AIDS is a homosexual disease. In Peru, as in much of Latin America, homosexuality is not openly an alternative life style. Family and social pressures force marriage and procreation on men whose basic sexual orientation is toward other men and who, indeed do have sexual relations with other men. This has important implications for HIV transmission from these men to their wives/partners and also increases the danger of transmission from mother to unborn child.

2. Blood Supply Considerations.

Transfusions of blood contaminated with HIV has been the second mode of transmission affecting people with AIDS or HIV infection. A program of volunteer blood donors does not exist in Peru. The norm is that people with few economic resources "sell" their blood when it is needed for a transfusion and a family member of the recipient cannot be found to donate the necessary quantity of blood. Since for some time hospitals did not have the means to test blood before transfusion, many HIV positives became infected through blood transfusions. MOH statistics indicate that about one in 600-700 pints of blood is contaminated with HIV. In the U.S. today this statistic is one in every 100,000 pints.

3. Economic and Financial Considerations.

The current economic crisis in Peru is a constraint to any program. Until very recently, the MOH did not have a budget line item for AIDS and HIV infection. Physicians and others who serve on special commissions, or as advisors to the MOH special AIDS program do so voluntarily. One of the chief priorities of the Ministry of Health AIDS program is to improve the safety of the blood supply and several of the volunteers are designing together a self-exclusion questionnaire for blood donors. However, without financial help from one or another donor agency, these questionnaires cannot be either printed or distributed, nor can hospital personnel be trained to administer the questionnaire. For HIV, as with other Infectious diseases, it has been the norm of the MOH not to charge for services. Thus, cost-recovery or substainability without outside assistance of any given activity concerned with AIDS prevention is currently not feasible. Experience world-wide has shown that AIDS is a very costly disease where governments spend millions of dollars per year treating sick people. AIDS prevention is far less costly and is the only hope in Peru where the MOH budget cannot provide even the barest necessities for any patients.

D. Other Donors AIDS Activities in Peru.

1. European Economic Community (EEC).

An EEC project was approved in June 1989 to provide $300,000 in grant funds over a one-year period. The research and education activities will target high-risk adolescents, and young people with limited economic resources. Some funds will also be used to support PECOS through Proyecto SIDA, complementing on-going USAID activities.

2. Pan American Health Organization (PAHO).

PAHO has agreed to provide $2,652,560 over four years in the form of assistance in administration, prevention, education, laboratory systems and diagnosis, medical activities, clinical, operations and epidemiological research. It is assisting Peru to develop the capacity for ELISA HIV-antibody testing, providing $250,000 by furnishing equipment and supplies to a network of thirteen laboratories in Lima and other parts of Peru. PAHO also participated in a project in January 1989 with AIDSTECH (see further discussion of AIDSTECH in "Pilot AIDS Project" section) staff to assess HIV screening and testing needs in Peru, consider future capabilities for HIV diagnosis, perform a financial analysis and develop recommendations for the national AIDS program.

3. Ford Foundation (FF).

Although the Ford Foundation has $2-$3 million annually to support AIDS prevention activities worldwide, it has not yet supported any AIDS prevention activities in Peru. The Ford Foundation representative in Peru indicated the possibility of a modest grant (about $30,000) for AIDS but has not yet defined the possible nature of such support. Areas financed by the FF in other countries include AIDS prevention education, health policy development and aspects of discrimination.

4. U.S. Naval Medical Research Institute Detachment (NAMRID).

Although no longer serving as the center for HIV antibody testing in Peru, NAMRID will continue to do all of the confirmatory tests (Western Blot) for the Peruvian laboratories conducting only ELISA tests, the primary test for AIDS antibodies. (NAMRID is the only facility for this confirmatory testing in Peru). NAMRID also will continue to do research on AIDS, support other research activities through providing testing, give technical assistance, participate in seminars, serve as guest lecturers, and train laboratory personnel.

5. The Population Council and Johns Hopkins University.

Working in collaboration with San Marcos University, the Population Council, under an AID/Washington centrally funded Operations Research Project, has been conducting an operations research study among a group of approximately 600 prostitutes who are required regularly to attend an STD clinic in Callao, Lima's port city. Free contraceptives, STD testing and treatment and AIDS education have been provided. Working with PECOS, the Population Council and Johns Hopkins/PCS under a second AID/W centrally funded Operations Research Project have been conducting another operations research project in AIDS

education. The project encompasses educational seminars for health professionals, government leaders and the media; a media center; a mass media campaign to inform the general public about AIDS transmission and prevention; and a study to evaluate the effectiveness of family planning personnel as AIDS educators. More discussion of this activity is provided below in section D.

6. Other Non-Governmental Groups.

Several private organizations have been actively involved in AIDS prevention. MHOL is a homosexual support organization in Lima that has conducted numerous prevention, counseling, training, education and information activities since 1986. Flora Tristan, Peru-Mujer and Creatividad y Cambio are three feminist groups which have also been active in outreach activities with women who are at high-risk for AIDS and HIV.

AIDS prevention and control services will be extended beyond Lima, the capital city, through collaboration with the Pan American Health Organization (PAHO), which is developing and implementing systems to protect the blood supply. These regional activities, funded with U.S. government budgetary support through the World Health Organization, involve the strengthening of a network of testing laboratories throughout the country.

E. Previous A.I.D. - Financed AIDS Activities.

1. Centrally Funded Operations Research Activities

During the first quarter of FY 1988 two AID/W centrally funded Operations Research Projects were begun in Peru (see C.5. above).

-- Proyecto SIDA, an AIDS prevention, communication and research project under the auspices of the MOH, and

-- The Population Council San Marcos AIDS prevention and reproductive health project within the MOH clinic in Callao, Lima's port city.

a. Proyecto SIDA.

Proyecto SIDA is an AIDS prevention, communication and research project developed in late 1987 under the guidance of PECOS in collaboration with PRISMA, a local PVO. It included four major components:

1. Pilot Media Campaign: Located in Lima, this campaign was designed to test the impact of mass media communication in changing attitudes and modifying behavior on AIDS prevention among the general population. The campaign included three television spots, four radio spots and three informative slide presentations for cinemas. Comparison of the pre- and post-survey indicated that the campaign had improved knowledge by the group surveyed concerning AIDS.

2. Resource Information Center: This center was designed to provide current medical and psychosocial data to the press, policy-makers and the medical community. Weekly press releases and articles, based on the latest data available internationally, were distributed to the press and electronic media. Requests for AIDS information continue to increase from students, the public, and the medical community, and there has been a decrease in some of the sensationalism and lack of confidentiality with which people with AIDS were treated.

3. Seminars: Seminars have been conducted for leaders, press, health officials and health workers, designed specifically for each group. Seminars were held in Lima for high-level leaders and for the national press corps to gain support for governmental and private AIDS prevention efforts. Two seminars were also held for hospital officials and health care workers in Iquitos and Lima.

4. Printed Materials: Materials were developed for leaders, the media, health workers and the general public to provide specific information on AIDS to each group. These included press kits, brochures for leaders and pamphlets for hospital staff.

Additionally, the Proyecto SIDA staff received ongoing assistance and training from JHU/PCS and the Population Council in research techniques, communication methodology, materials development, selecting and working with advertising agencies, and evaluation. The 18-month project, which began in late 1987, was originally scheduled to end in June, 1989, but has been granted a no-cost extension through August 1989.

b. San Marcos/Callao Project.

An AIDS prevention and reproductive health project in an Ministry of Health STD clinic in Callao was the second operations research project, developed by the University of San Marcos Institute of Tropical Medicine with assistance from the Population Council project. Callao is a large port city where STDs pose a significant health problem, including permanent sterility, especially among young men and women. Additionally, HIV infection has been reported there. Through this project, family planning and gynecological services, HIV antibody testing and educational activities were provided to reduce infection rates for women at high risk for sexually transmitted diseases, including AIDS.

The project focused on female prostitutes working in MOH registered brothels, who are required to attend the clinic bi-weekly. In addition to receiving STD checks and prophylactic antibiotics, the women received counseling, OB/GYN services, free condoms, pills, and foam, and attended educational sessions with an emphasis on AIDS prevention.

Preliminary data from the first nine months of the project indicate that approximately 90% of the 600 women who participated have attended the educational sessions, and over 55% have used the reproductive health services. Over 351,000 condoms have been distributed. The prevalence of gonorrhea has declined from 2.7% to 0.17%, and candida, another venereal disease, has decreased from 8.0% to 3.0%. Use of the reproductive health services led to improved use of oral contraceptives, a reduction in the use of the IUD, and the detection and rapid treatment of many gynecological problems. Additionally, the project furnished much baseline data for future interventions in family planning, substance abuse, reproductive health and sexuality. Evidence also exists that knowledge, attitudes and some behavior changed.

Two women tested sero-positive for HIV during the first nine months of the project. Additionally, although condom use improved, women reported that refusal by clients was the major reason condoms were not used more frequently. Therefore, research and intervention (provision of information and free condoms) with these clients are part of new activities being planned.

2. AIDSCOM and AIDSTECH

At the beginning of FY 1988, AID/W began a major centrally-funded AIDS program. Two separate but complementary projects were implemented through competitively-selected organizations: AIDSTECH through a cooperative agreement with Family Health International (FHI) and AIDSCOM through a contract with the Academy for Educational Development (AED). These projects were budgeted over a five-year period at $28 million and $15.4 million, respectively. Buy-ins to both projects were encouraged by AID/W.

A team of AIDSCOM and AIDSTECH staff and an advisor from CDC, hired by PAHO, visited Peru in May 1988 and recommended that AID resources should focus on educational activities for the general public and men at high-risk; medical activities, specifically testing, counseling and training of physicians and nurses; and an epidemiological reporting system. They developed a detailed implementation plan for the first year and identified institutions within both the public and private sectors with which to collaborate on AIDS projects.

As a result of the team's recommendations, USAID/Peru funded six pilot interventions through central buy-ins. The buy-in to AIDSTECH included the development of a national blood screening strategy and an AIDS prevention program in an STD clinic. Four activities were developed through a buy-in to AIDSCOM -- a pilot educational intervention with a cohort of high-risk males, an AIDS information hot line, a peer educators program and a training-of-trainers prevention counseling workshop.

3. USAID/Peru Pilot AIDS Project (527-0327).

a. AIDSTECH.(funded via buy-in)

The two subprojects were:

(1) Blood Screening Strategy.

Developing a national blood screening strategy was one component of the AIDSTECH project. A team consisting of a physician, (a Regional Advisor in Laboratory Services for PAHO), and three consultants from AIDSTECH in finance, economics and blood-laboratory visited Lima/Callao from January 29 to February 11, 1989. They gathered information through personal interviews, site visits and review of records and performed a comprehensive operational and financial analysis.

Specific recommendations on laboratory organization and blood procedures, resource allocation and possible interventions by donor agencies were made in their "Joint PAHO/WHO and AIDSTECH/FHI Technical Report: Assessment of Operational and Financial Aspects of HIV Screening and Testing and Blood Transfusion Capabilities for Peru." This report has recently been distributed to the appropriate public and private institutions and individuals.

The group estimated that it would cost approximately U.S. $1,586,000 per year to provide the required levels of safe blood for Peru. Of this amount, approximately U.S. $180,000 would be for HIV tests. It concluded that funds to cover the cost of safe blood in Peru would have to be obtained from international agencies or private organizations.

(2) Almenara STD Clinic.

The other project within the AIDSTECH buy-in was an AIDS Prevention Program in a Sexually Transmitted Diseases Clinic at the IPSS Almenara Hospital. This project was designed to upgrade diagnosis and treatment of STDs, to reduce the transmission of HIV, and to do research. This component was delayed for several reasons. First, there were difficulties with contractual arrangements between AIDSTECH and the Consejo Nacional de Ciencia y Tecnologia (CONCYTEC) of the Ministry of Education. Subsequently, the director of the Almenara project component, who was also a member of the National AIDS Commission, became involved in intense political controversy not directly related to the A.I.D. funded AIDS project. In part because of his criticism of MOH laboratories and AIDS activities, he was asked to resign from the commission. MOH officials were critical of A.I.D. support for his work. Consequently, work on this project was for a time, placed on hold. Funds from this portion of the project buy-in budget were rebudgeted to support laboratory work in San Marcos.

b. AIDSCOM.(funded via buy-in)

Four projects were initiated through AIDSCOM under the FY1989 pilot project (527-0329) in collaboration with MHOL-Peru, a private, non-profit support organization for homosexuals, and Flora Tristan, a feminist PVO that had identified AIDS as a significant problem for women and was working collaboratively with MHOL. Designed as an educational intervention with a cohort of high-risk males, it contained several components:

(1) AIDS Hotline: A volunteer-operated AIDS information hotline, SI'DAYUDA, was established in March, 1989. Although the principal target audience was high-risk men, the service is available to any caller. The hotline surfaced important information concerning the lack of AIDS-related services in Lima, including the lack of an anonymous confidential testing center.

(2) Peer Outreach Program: In March, 1989, a peer outreach program, Pasa La Voz, was initiated, targeting high-risk men. Designed as a pilot project to complement and reinforce the hotline, the program trained 14 volunteers who work four hours each week distributing information and condoms to men on the streets and in the bars of Lima. The project was successful in reaching hard-to-reach groups such as male prostitutes. Through the training of the outreach workers, peer support groups were establised which could influence long-term behavioral change. Volunteers also learned and practiced many important data collection, coordination, training, materials production, interviewing, evaluation and counseling skills. Small, wallet-sized pamphlets were developed and distributed to provide basic transmission and prevention information. Although the increasingly tense political and economic situation has made working on the streets at night dangerous, the volunteers have continued their efforts.

(3) Pilot Educational Intervention With a Cohort of High-Risk Males (Safer Sex Workshops): Working with the University of Cayetano Heredia and MHOL, another researcher conducted a series of three workshops with 50 high-risk men. Based on positive participant evaluations and numerous requests for additional workshops, two additional series were also completed.

(4) Train-the-Trainers Workshop: A three-day Prevention Counseling workshop was conducted in January, 1989 for 34 individuals actively involved in AIDS prevention and treatment work in Lima. Counseling skills, including crisis and suicide intervention for helping both AIDS patients and individuals who had tested as positive for HIV antibodies, were presented. Perhaps the most important result of the workshop, however, was the establishment of an informal coalition of people working with AIDS. Prior to the workshop, some of those working in AIDS prevention, surveillance and treatment had been reluctant to share data or collaborate. Many simply did not know each other or did not use the others for support or referrals. This fragmentation and lack of trust and respect were reduced as a result of the workshop. The program planning and community organization skills learned at the workshop have also been helpful in the continued work of this coalition. The new activities being proposed through this project will help to reinforce coordination of these groups, update them on referrals and epidemiological data, and provide additional counseling and management skills.

AIDSCOM provided technical assistance to MHOL and Flora Tristan to design an information-gathering and evaluation strategy upon completion of the six-month pilot phase of operation.

F. Pilot AIDS Prevention Project (527-0329) Evaluation Results.

Due to delays experienced by the centrally funded contractor, AIDCOM, the evaluation was not completed before the current project design process was already underway. However, preliminary, informal feedback from the evaluation team suggests that the pilot project activities were well managed. As soon as the final report is presented to USAID/Peru its recommendations will be considered and adjustments made to the present project if needed.

G. Lessons Learned.

The hotline experience has shown that there is a large demand for more information about AIDS and HIV prevention. From the mass media campaigns, we have learned that knowledge about AIDS can be improved through exposure to media messages, but attitudes and practices are more resistant to change. The Safer Sex Workshops and prostitute study have demonstrated that direct, personal interventions can increase condom use and decrease the spread of STDs, and by inference, HIV. Lastly, but not least, we have found that peer education does have the desired multiplier effect and can reach such hard-to-reach groups as young male prostitutes.

H. Project Rationale and Strategy.

1. Relationship of Project to A.I.D. AIDS Policy Guidelines.

A.I.D. has recognized that AIDS could have a significant impact on the social stability and economic progress of developing countries. The policy guidelines provided in State 100959, dated April, 1987, support behavioral,

anthropological, economic and operations research, information exchange, training, public health education and communications. This project will finance appropriate AIDS interventions that are consistent with A.I.D. policy guidelines.

Additionally, the Agency is concerned with the impact AIDS might have on important, on-going A.I.D. child survival and human resources programs such as family planning, nutrition, vaccination and breast-feeding. Components of this AIDS prevention project specifically focus on some of these aspects with particular emphasis on gender-related areas. One project element targets young (14-20 years old) women who will become sexually active prior to marriage, while another investigates high-risk female sex workers. Since two cases of perinatal transmission of HIV have been reported in Peru, these activities reinforce A.I.D. concerns with prevention as part of its child survival priority.

A.I.D. also expressed interest in the possible impact of AIDS on those in the most productive age span (20-40 years old) since AIDS may have long-term implications on overall rates of population growth, resulting in slower or negative growth rates for developing countries. Another innovative research component centers on the young male partners of female sex workers. Several aspects of the project contain important research, communications, education and information exchange elements, often for parts of the population not easily reached. Additionally, activities focus on the sensitive cultural, social and religious factors particular to Peru and Latin America that are of particular concern to A.I.D. Activities in audience research, materials development, peer outreach and counseling will be conducted to produce baseline data for future interventions with diverse target groups.

A.I.D. guidelines continually stress the sensitivity surrounding AIDS and the possibility that some may construe condom distribution for AIDS control as an indirect means of imposing population control. Data will be gathered in both sexuality and family planning for designing appropriate interventions. Additionally, another part of this project will provide Peru with an anonymous/confidential HIV antibody testing and counseling center, already equipped through an AID-financed operations research project.

2. Project Strategy.

Initially, USAID/Peru supported a variety of pilot interventions and operations research projects to assist in basic AIDS control and prevention. Primarily targeting individuals engaging in high risk activities, these projects have provided useful epidemiological data and intervened successfully in education, training, communications, research, and coordination of AIDS efforts. However, continuing support and reinforcement are necessary for any significant impact to be maintained and strengthened.

In Peru there is currently only minimal official government activity in AIDS prevention and control. Consistent with A.I.D. policy guidelines USAID/Peru's efforts in the field of AIDS control is to, at a minimum, serve as a catalyst in the donor community as the Government of Peru comes to grips with its own health priorities and can enlist other sources of funding.

International donor agencies provide a large percentage of the funding for AIDS work. In particular, USAID/Peru has been instrumental in creating and supporting a network of public and private sector institutions working with a variety of target populations and with the general public. Consequently, Peru, unlike several other countries in Spanish-speaking South America such as Ecuador and Bolivia, has an infrastructure of personnel trained in AIDS prevention, outreach, communication, intervention and evaluation within diverse socio-economic groups. These groups have begun to communicate and collaborate, sharing information and supporting each other's activities.

Although these efforts have been impressive, the process of informing and motivating people to change behavior, particularly sexual behavior, is one that requires a long-term strategy incorporating diverse approaches. In the area of AIDS prevention, the very behaviors that place people at risk of exposure to HIV are often outside the realm of what is considered socially acceptable -- e.g., homo/bi-sexuality, prostitution, multiple sexual partners. The stigmas associated with these behaviors further complicate efforts to promote alternative risk-reducing behaviors acceptable to the target audience in ways that do not offend the population at large. To date, a variety of promising efforts have been initiated in Peru, designed to reach both individuals at high risk and the general population.

While these AIDS prevention activities are to be applauded, tremendous unmet needs remain in preventing the continuing spread of HIV infection. Based on the experiences of a variety of institutions and groups using diverse strategies, the Mission is recommending several project activities for support. Anonymous and confidential testing and counseling services should be made available to individuals at risk. Additionally, there are diverse and hard-to-reach populations such as men and women with multiple sexual partners and/or high-risk practices, as well as young men and women initiating sexual activity who have not yet received AIDS prevention information. Young people in particular often need to hear the same messages repeated in creative ways before they consider modifying their behavior.

In order to reach diverse groups with appropriate information, further research is needed to better understand sexual behaviors and possible areas for behavior modification. Peer education efforts should be strengthened. Materials for AIDS education and counseling must be collected, reviewed, modified, or, if necessary, developed, tailored to the beliefs, behavior and characteristics of each target audience. Training in each area -- audience research, materials development, peer outreach and testing/counseling -- is necessary to strengthen the existing local capabilities and increase the number of individuals involved in AIDS prevention.

III. DETAILED PROJECT DESCRIPTION.

A. The project goal is to reduce the spread of AIDS in Peru. The project purpose is to reduce the sexual transmission of the Human Immunodeficiency Virus (the virus that causes AIDS) through education interventions designed for risk-reduction behavior changes.

The project objective is to reduce the sexual transmission of HIV through testing, research, education, counseling, the distribution of condoms and other interventions that encourage risk-reducing behavior change. The project will use a variety of approaches to inform sexually active men and women of the risks of exposure to HIV.

The design of this project is based on the experiences of the Population Council, Johns Hopkins University, AIDSCOM, and AIDSTECH, all of which are currently supporting AIDS education and research projects in Peru. The design is based on the progress achieved and lessons learned from the activities financed under the AIDS pilot project (527-0327) and AIDS projects supported by other donors and the Government of Peru.

The proposed USAID/Peru-funded AIDS project for FY 1989-92, a follow-up to the pilot, will involve working with four local institutions and will be implemented with technical assistance from AIDSCOM and AIDSTECH:

(1) the Special AIDS Control Program of the Ministry of Health
(2) The Institute of Tropical Medicine at San Marcos University,
(3) MHOL-Peru, a Peruvian homosexual/lesbian community services organization,
(4) PRISMA - Proyectos en Informatica, Salud, Medicina y Agricultura.

B. End of Project Status Indicators

The project elements related to the achievement of the project purpose and goal statements are:

- 10 educators trained in communication methodology and materials development.

- 3,000 copies of basic AIDS information pamphlets developed and distributed to the public.

- 3,000 copies of AIDS information packages designed specifically for women printed and distributed to the public.

- Three research studies conducted on male/female attitudes/behavior; 3,000 copies of each study published.

- 10 workshops conducted for AIDS prevention workers.

- 7,500 copies of AIDS prevention pamphlets distributed via peer education groups.

- Anonymous HIV antibody testing center established with output of:
  15 ELISAS per day x 250 (year 1)
  20 ELISAS per day x 250 (year 2)
  25 ELISAS per day x 250 (year 3)

- AIDS hotline operational and receiving average of 15 calls/day, five days/week, 52 weeks/year for total of 11,700 calls over the three year life of project.

- 20 new volunteers trained each year; 60 volunteers trained over life of project.

- 80 high risk men trained each year; 240 men trained over life of project.

- 10 high risk men trained through "safer sex" workshops; 10 men/workshop x 36 months = 360 men reached over life of project.

1. **Communication Methodology Workshop.**

One of the first activities to be supported by this project will be a hands-on, workshop focusing on the methodological process of developing AIDS information and educational materials, as well as modifying materials which have been developed in Peru and other Spanish-speaking countries. The local coordinator will be the communication specialist from PECOS, in collaboration with a communication expert from AIDSCOM. The participants will include representatives from each agency supported by USAID/Peru under this project (San Marcos/Callao, PRISMA and MHOL). Groups such as Generacion, Peru-Mujer and other local PVOs which are developing AIDS information materials will also be invited to participate. The participants will be trained and offered practical experience in developing materials appropriate for different populations, and in pretesting materials.

The workshop will focus on developing a basic AIDS information pamphlet, including information on AIDS prevention, based on audience research. The pamphlet will be pretested, printed and eventually used in the San Marcos HIV-antibody testing center as well as by other institutions or groups interested in disseminating AIDS prevention information. Materials developed by the participating groups will be pretested and adapted for eventual printing and distribution.

2. Research and Intervention Among Young Women.

While women currently account for only a small number of the reported AIDS cases in Peru, regional epidemiological trends indicate that women in Latin America are increasingly at risk of contracting HIV. Risk for women is considered substantial as a result of sexual behavior patterns that include high levels of male bisexuality, non-monogamy and high incidence of STDs. In order to prevent the spread of AIDS to this population of young women, research is needed to provide a broader understanding of risks, as well as the various networks they rely on for information about sex and disease prevention.

Using a variety of communications research techniques, PECOS will explore these areas with the objective of developing an AIDS prevention strategy targeting young (14-20 years old) women, including the development of appropriate printed materials. Project activities will be carried out in collaboration with local women's organizations working in the area of health education and other information networks identified through research as the most viable means of reaching this population.

The Project will support initial research (focus groups and in-depth interviews) and AIDSCOM will provide technical assistance to help design the intervention strategy once the initial research phase has been completed. In addition, the project will support the production of communications materials and the training of peer or professional educators to implement the selected strategy. The materials produced will be distributed in the Callao and Lima STD clinics, the San Marcos testing center, and other institutions that provide health education services to women.

3. Changing Attitudes/Behavior of High Risk Males.

Three of the four pilot activities initiated with MHOL-Peru in FY 1988 under the USAID AIDS Project will continue to receive support for the three years of the project. The AIDS Information Hotline, Peer Outreach Program, and Safer Sex Workshop Series all provide complementary educational approaches designed to reach diverse groups of men at high risk for AIDS. PRISMA will provide a sub-grant to MHOL for these three activities.

The SI'DAYUDA hotline will be coordinated by a paid staff member with volunteer operators taking calls five days a week, eight hours each day. Using the operators as interviewers, the hotline will also serve as a data collection service that will help to identify specific information and service needs. Preliminary experience with the hotline has indicated latent demand for information that, with additional publicity, should increase. A sub-grant through PRISMA will continue to provide the salary of the hotline coordinator, training for volunteers, minimal monetary support for volunteers (e.g. - transportation costs), and will assist them in the development of further evaluation tools and expanded referral services. AIDSCOM will provide technical assistance.

4. Research and Intervention Among Men in Callao.

The male clients of prostitutes have been largely ignored in AIDS prevention efforts to date. Since men are financially and often physically in control of decisions regarding sexual behavior, it is important to develop AIDS prevention strategies that inform them of the risks associated with these activities and to movitate them to change or modify their behavior. Using a variety of communications research techniques, personnel at San Marcos will attempt to gain information about knowledge and attitudes these men have concerning AIDS with the objective of developing an AIDS prevention strategy targeting the men who visit the established brothels in Callao. This will include the development of appropriate printed materials. This activity, to be implemented closely with the owners of the brothels, will include condom distribution, and will complement and reinforce the work being done with female prostitutes in the area. This activity will be initiated in the second year of the project and will involve an initial research and materials development phase, followed in the third year by the implementation of a materials distribution and outreach phase.

5. Pasa La Voz

The Pasa La Voz peer educator program also will be managed by a paid coordinator supported through the sub-grant. Minimal support for peer outreach workers and production costs for support materials will be provided through the sub-grant, as well as technical assistance to evaluate and strengthen this service over time. In addition to the service being provided on the streets, one-day workshops to provide men with an opportunity to explore in-depth, as a group, the issue of AIDS and risk reduction will be held. These peer outreach workshops will be promoted directly by the outreach workers and through posters and will be open to 80 men. The content of the workshop will be modeled after that of the Safer Sex Workshops.

6. The Safer Sex Workshops

The Safer Sex Workshops were developed as part of a pilot study by a physician from the University of Cayetano Heredia, will be continued with MHOL-Peru offering the workshops free of charge on a regular basis for men at high risk in Lima. The sub-grant will support the part-time salary of a workshop coordinator, the training of additional workshop facilitators, and the production of materials to promote the workshop series. Technical assistance will be provided by AIDSCOM to modify the workshop model so that it can be used with other population groups.

7. Provision of Anonymous/Confidential HIV antibody Testing and Related Counseling.

As discussed earlier, a need for an anonymous/confidential HIV antibody testing and counseling center has been identified as important to properly track potential AIDS carriers so that adequate data can be maintained on the incidence of the disease. The Institute of Tropical Medicine at San Marcos University has been selected as the site for this center, based on the previous experience of its staff and the equipment it has received in support of the research of the Population Council's centrally funded operations research project. San Marcos will assume the cost of some minor structural changes required to remodel the existing work space. AIDSTECH will arrange a visit to another regional anonymous/confidential testing and counseling site for the Project Director, since Peruvians have had little experience with these centers.

Initially, two counselors or social workers will be trained (with technical assistance by AIDSCOM) in pre-and post-test AIDS counseling. One additional counselor will be added to the staff each year to allow for estimated service growth over time. The counseling staff are expected to serve approximately five new clients daily. In the beginning this will limit the testing center to 10 new clients a day with the probability of five clients for repeat testing. A strategy will be developed (also with technical assistance from AIDSCOM) to assess the impact of testing and counseling on subsequent behavior.

Demographic data will be collected to add to a broader understanding of the epidemiology of AIDS in Peru. Additional epidemiological surveys undertaken by the Institute could be supported by other donors. A basic AIDS information and prevention pamphlet will be developed to be used at San Marcos, as well as in other appropriate sites in Lima, under the PECOS component of this project.

One of the counselors from the testing center will collaborate with on-going work at the Ministry of Health STD clinic in Callao. The counselor will work several afternoons a week distributing free contraceptives through the MOH. Both condoms for AIDS prevention and other methods (primarily oral contraceptives) for family planning will be given, along with AIDS prevention education and counseling. Since the relationship between STDs and AIDS has been well documented, women will receive gynecological services by an MOH physician providing these services on a part-time basis. Additionally, the education, counseling and family planning assistance should help to reduce abortion rates and pelvic infections in women who use IUDs. In the second and third years of this project, a peer education component will be added, targeting the women attending the clinic.

8. Gender Considerations

HIV can be transmitted to and by both males and females. At the present time, the greatest incidence of AIDS in Peru is found among men, although women are increasingly at risk. Therefore, this project will target activities and approaches separately for men and women and will train both men and women as AIDS workers.

Statistical reporting of HIV positives and AIDS cases has always been disaggregated by sex as well as by risk factors, and will continue to be so in the future. End of Project Status (EOPS) Indicators have been sex disaggregated. In keeping with the higher incidence of AIDS among high risk men (male homosexuals and clients of prostitutes), greater numbers of men will be trained as educators and peer counselors (volunteers), and greater numbers of men are expected to benefit directly from project activities (workshops, antibody testing, hotline).

In order to prevent the spread of AIDS to young women, the project will support research efforts to provide a broader understanding of the risk factors that characterize this population, as well as the networks they rely on for information about sex and prevention of disease. Project activities will be carried out in collaboration with Peruvian women's organizations. Ongoing activities with already-identified high risk women, such as prostitutes, will be continued and strengthened.

Insofar as project resources will be used to train professionals (materials specialists, epidemiologists, etc.), efforts will be made to recruit and include women. At least one third of the professionals trained under the project will be women.

IV. IMPLEMENTATION PLAN

A. Administrative and Monitoring Arrangements

1. Overview

This project will be implemented through a cooperative agreement between USAID/Peru and PRISMA, a local PVO registered with USAID.

Logistics, financial and all other arrangements for the project (including sub-grants) will be the responsibility of PRISMA, and the Population Division, for technical matters.

PRISMA will request USAID/Peru to issue two PIO/Ts each year to buy-in to AIDSCOM and AIDSTECH centrally funded projects for technical assistance to PECOS, MHOL, and San Marcos. Funds for these two PIO/Ts will be administered directly by AID/W.

USAID/Peru Population Division will secure country clearances for TA visits and provide overall project guidance and management.

Implementation decisions were made based on an analysis of the economic situation (discussed in the PID-Like document) and financial considerations. This is a small project with very limited funding and

therefore it is more cost-effective to implement through local organizations already involved in AIDS prevention activities. PECOS, San Marcos and MHOL were chosen to implement these activities based on a positive evaluation of their previous prevention and outreach activities. Additionally, there were no other alternatives which would have been as cost-effective to implement. The San Marcos Laboratory has already been equipped by the Population Council through an operations research project.

2. Implementing Agencies

PRISMA is a local PVO with a history of implementing USAID/Peru projects. (See justification for Non-Competitive Award, Attachment II). A cooperative agreement between USAID/Peru and PRISMA will provide funds for all local currency costs as well as dollar costs for international training or travel.

MHOL/Peru is an organization mandated to provide services for the gay/lesbian community in Lima, and under the USAID/Peru pilot AIDS Education and Prevention Project has been providing educational/counseling and medical services to MHOL associates in AIDS Prevention.

The Institute of Tropical Medicine at San Marcos University is equipped to develop an anonymous/confidential HIV antibody testing and counseling center. Through the INOPAL/Population Council Operations Research Study the laboratory at the Institute was equipped and personnel has been trained in ELISA technique and in counseling skills.

The Ministry of Health Special Program for AIDS Control (PECOS) also carried out an Operations Research Study with funding from INOPAL/Population Council and Johns Hopkins University Population Communications Service (JHU/PCS), and administered by PRISMA.

These groups have all developed a cadre of trained professionals and level of expertise not available before in Peru. This enables all three to continue to strengthen their programs in research, counseling and education, expanding the base of the infrastructure.

The private sector institutions participating in the project are requesting only reimbursement for the costs incurred in carrying out the activities and PRISMA maintains a low overhead charge. These cost savings will allow project funds to reach more people and deliver more services.

3. USAID/Peru Project Monitoring

The Population Division of the Office of Human Resources (O/HR) will have responsibility within USAID/Peru for managing the project. The Chief of the Population Division will serve as Project Manager and will be responsible for the administrative approval of all project inputs and for overall project monitoring and coordination. The project manager may designate a project coordinator to assist with the day to day contact between USAID/Peru and the Implementing Agencies. The Project Manager will approve the yearly operational plans submitted by PRISMA and consolidated from the plans of the three Implementing Agencies.

Upon request from PRISMA, the Project Manager will submit each year to AID/Washington two PIO/Ts for buy-ins to AIDSCOM and AIDSTECH for technical assistance to the three Implementing Agencies.

4. Project Coordinating Committee

The Project Coordinating Committee will consist of: a) USAID/Peru Project Manager or designee; b) PRISMA Director and Project Monitor; c) representatives of each of the three implementing agencies (i.e. PECOS, MHOL and San Marcos). Scheduled monthly meetings will take place to measure progress in all components of the project.

B. Implementation Schedule

1. Implementation Strategy

This project will be implemented through a Cooperative Agreement between USAID/Peru and PRISMA, a PVO registered with USAID/Peru. PRISMA was selected to implement this project because of their past and current experience with the financial management of the Operations Research project with the Population Council and the MOH.

As a matter of policy, A.I.D. requires that recipients of Operational Cooperative Agreements contribute, or cause to be contributed, at least 25% to the total costs of the project. PRISMA does not have the resources to comply with such a contribution. However, PRISMA is registered with A.I.D. and per Handbook 3, Appendix 29, Section A, Application of Section 110(a), this requirement does not apply.

2. Project Start-Up Activities

PRISMA will give a sub-grant to MHOL/Peru, a PVO in process of registration with A.I.D. to continue with three main activities being implemented under the AIDS Prevention pilot project: a) SI'DAYUDA AIDS information hotline; b) Pasa la Voz Peer Education activities; c) and to provide continued Safer Sex workshops for high risk males as well as modifying the workshop content for other groups.

The PECOS and San Marcos University are public sector institutions. PRISMA, therefore, will be responsible for all administrative and financial management for both. PRISMA will also purchase locally equipment and supplies for these institutions.

Although all of the Implementing Agencies are Lima based, consideration was given for comprehensive national coverage for AIDS Prevention activities. Consequently coordination meetings were held with CEDRO, a local PVO involved in drug abuse prevention with A.I.D. funding through the Drug Education and Public Awareness Project 527-0288, this organization expressed an interest in using its counseling staff to respond to an increasing number of requests for information regarding AIDS from actual and potential drug users. CEDRO promoters will be trained under the workshop component of this project and will also have access to educational materials developed as part of the planned activities. CEDRO Promoters can be found in almost all Departments in Peru, both in rural and urban settings, and after training will serve as a vehicle for providing AIDS information and distributing materials developed for AIDS Education and Prevention.

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3. Implementation Activity Chart

YEAR 1	YEAR 2	YEAR 3	OUTPUTS
PECOS a.-Research on women and AIDS -Printed material on AIDS for women b.-Materials development workshop -Production of general information pamphlet on AIDS for men -Press liaison	PECOS a. AIDS education with women b. Research with men at Callao brothels c. Press liaison	PECOS a. Expanded education with women b. Printed materials/ interventions with men at Callao brothels c. Press liaison d. Evaluation	-FGD's (Focus Group Designs) -Surveys -Workshops -Pamphlets -Press material
MHOL a. Hotline b. Safe sex workshop c. Peer outreach	MHOL a. Hotline b. Safe sex workshop c. Peer outreach	MHOL a. Hotline b. Safe sex workshop c. Peer outreach d. Evaluation	-Workshops -Pamphlets -Posters
SAN MARCOS a. Pilot testing center b. Counseling pre/ post test c. Callao counseling, education	SAN MARCOS a. Pilot testing center b. Counseling pre/ post test c. Callao counseling, education	SAN MARCOS a. Pilot testing center b. Counseling pre/ post test c. Callao counseling, education d. Evaluation	-Clinic -Pamphlets -Laboratory testing facility

4. Project Start-Up Activities

The first month after the project has been authorized the following activities will be carried out:

- PRISMA will request USAID/Peru to submit two PIO/Ts for buy-ins to AIDSCOM and AIDSTECH for technical assistance during the first year of the project.

- PRISMA will negotiate a sub-grant with MHOL/Peru to provide for a continuation of three on-going activities, SI'DAYUDA AIDS information hotline, Pasa la Voz Peer Education Outreach, and Safer Sex workshops.

- PRISMA will receive quotations from pharmaceutical companies for the provision of reagents for the laboratory at San Marcos, and oversee the minor structural changes San Marcos will make to provide the space for the counseling room in the laboratory.

After the receipt of the first project advance:

PRISMA will contract services of the personnel needed for both PECOS and San Marcos.

By the second month of the project it is expected that USAID/Peru will have approved the consolidated operational plan and the calendar of events for the first year for the project.

USAID/Peru will have submitted the two PIO/Ts for buy-ins to AIDSCOM and AIDSTECH for technical assistance.

By the third project month, the Materials Development workshop with assistance from AIDSCOM will take place. Activities ongoing from the pilot project will continue throughout start-up time.

5. Methods of Implementation

Table 6 outlines the planned methods of implementation and financing for the Operating program Cooperative Agreement as conceived by A.I.D. While this type of Agreement is not normally treated as a "bi-lateral type" project in implementation terms, the Mission believes that these methods are appropriate under the circumstances to ensure adequate monitoring and control of AID-funds and to provide methods for implementing A.I.D.'s substantive involvement. To ensure and clarify various implementing procedures and clearances that will be necessary during the LOP, the Mission will issue various PIL type documents, included will be a "PIL No. 1" type document that will set the stage, so to speak, for implementation of the project.

The reason for this treatment is to provide PRISMA with substantial implementation assistance during the life of the project to assure that PRISMA and its cooperating sub-grantees achieve the highest level of institutional development possible. Accordingly, A.I.D. will directly administer a large percentage of Agreement funds. With respect to the A.I.D. funds that will be directly administered by PRISMA, disbursement and reporting procedures have been developed to assure their planned use. Miss'on Staff has reviewed the procedures and find them adequate. A description of these procedures appears in the Implementation Plan.

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6. Method of Implementation by Type of Assistance and Financing Method

Inputs	Method of Implementation	Method of Financing	Estimated Amount
A. Program Costs			
1. Training			
Offshore	PIO/Ps thru PRISMA	Periodic Advances	9,600
In-country	PIL-type documents	Direct Reimbursement/ Periodic Advances	6,289
2. Technical Assistance			
Expatriate Advisors	PIO/Ts thru AID/W	Direct Payment/ Advice of charge	83,000
Overhead JHU/FHI	Buy-ins		28,500
National Advisors	PIL-type documents	Direct Reimbursement/ Periodic Advances	24,480
3. Commodities			
Office Equipment			6,100
Laboratory Supplies	PIL-type documents	Direct Reimbursement/ Periodic Advances	47,500
Materials			29,400
Other			9,065
4. Other Costs			
Local Salaries	PIL-type documents	Direct Reimbursement/ Periodic Advances	163,839
Other			11,626
B. Administrative Costs			
1. PRISMA Monitor	PIL-type documents	Direct Reimbursement/ Periodic Advances	24,000
Administrative Support			9,876
Evaluation	Contract (PIO/T)	Direct Payment	12,500
Audit/Financial Reviews	Contract (PIO/T)	Direct Payment	15,000
C. Overhead	PIL-type documents	Direct Reimbursement/ Periodic Advances	14,825
Total Project			500,000

C. Procurement Plan

1. Technical Assistance

Technical Assistance for this project will be provided by consultants from AIDSCOM and AIDSTECH in all matters concerning AIDS Education and Prevention. This will be acquired through buy-ins for these centrally funded projects. PRISMA will provide administrative assistance to strengthen the three institutions in administration of programs/projects.

2. Institutional Support

Institutional Support in the form of direct funding to both PECOS and San Marcos will be provided by PRISMA for contract with personnel, activities, and other costs associated with each institution. A yearly sub-grant will be negotiated with MHOL/Peru by PRISMA and approved by USAID/Peru. Each of the institutions will prepare an annual budget and projected quarterly cash flow, along with the yearly operational plan to be submitted to PRISMA which will prior to disbursement of funds have these approved by USAID/Peru. All institutional budgets will be submitted in Inti. Funding advances and liquidations between PRISMA and USAID/Peru, and MHOL/Peru and PRISMA will follow standard USAID/Peru procedures.

3. Project Management and Support Services

The Project Management team will consist of the Project Monitor from PRISMA and the Project Manager from USAID/Peru and his/her designated coordinator. Day-to-day project operations will be supervised by the Project Monitor who will report to the Project Manager in USAID/Peru, who in this case will be the Population USDH Officer. The Management team will meet monthly

4. Commodities and Equipment

All commodities and equipment will be purchased locally by PRISMA, which will begin this process within one month after the Project Authorization has been signed. The reagents needed by San Marcos laboratory will be purchased on a regular basis as the need arises from pharmaceutical companies in Peru, which import these reagents from other countries. They are not manufactured in Peru.

D. Supervision Plan

Supervision will be from the USAID/Peru Project Manager to the PRISMA Project Monitor, to the teams from the three institutions. All technical assistance and other technical reports will be submitted as requested to USAID/Peru: PRISMA consolidated report for all project activities every six months; technical assistance reports after each TA visit.

E. Monitoring and Evaluation of Project Accomplishment.

1. A variety of monitoring and assessment processes will be used to ensure that this project accomplishes its goal of reducing the spread of AIDS and the transmission of HIV by encouraging risk-reducing behavior change among men and women through education, training, counseling, research, information exchange and the distribution of condoms.

2. In addition to built-in data collection, monitoring and evaluation components to verify project indicators, an audit by an independent agency of the project's field financial records will be arranged using project funds. Both AIDSTECH and AIDSCOM will furnish USAID/Peru with written status reports after each technical assistance visit and semi-annual financial and progress reports that include details such as problems encountered, planned solutions and goals for the next reporting period. These reports should also include details of expenditures to date and those planned for the succeeding reporting period. A final evaluation will be conducted no later than three months prior to the PACD. The evaluation will measure actual project accomplishments against the end of project status indicators contained in this document. USAID/Peru will perform the final project evaluation utilizing consulting services available in Peru. Accordingly, the funds for the evaluation are contained in the project budget.

Most important, however, will be the continual, collaborative analysis of data by USAID/Peru, AIDSCOM, AIDSTECH, PECOS, MHOL, and San Marcos staff to guarantee that their work contributes to the prevention and control of AIDS and HIV infection. This interactive process will strengthen reporting responsibilities established during the previous pilot activities, reinforcing the development of an infrastructure of individuals and institutions concerned about and working to address this health concern.

Each of the components of the project was designed with outputs and indicators that will help track reasonable progress toward project objectives. These trends will be monitored in a continual feed-back loop to identify problem areas so corrective action can be initiated.

Outputs of the PECOS part of the project include the communications training workshop, research among men and women, and follow-up interventions based on the research findings. During the first year, five to ten educators will be trained in communication methodology and materials development. Also in the first year, both quantitative and qualitative research with young men will be conducted and analyzed. A survey questionnaire, based on previous findings, will be designed and administered to determine young women's beliefs, information needs and behaviors regarding sexuality and AIDS. As a result of the data collected, print material will be designed and pretested.

The communications training workshop will be evaluated by participants and USAID/Peru staff to assess immediate, perceived impact. Later, the educational processes in which these individuals engage can be evaluated by their clients. The materials produced will also be available for evaluation both by Mission and contractor staff. Survey results will also be reviewed and compared to other data.

In the second year of the project, 2,000-3,000 copies of the material developed for young women will be printed and distributed to groups serving women, including the Callao STD clinic, the San Marcos testing site and other groups providing health education and services. Feedback will be solicited from these populations to assess factors such as their socio-cultural and gender-specifc appropriateness. Patterns in rates of STDs and choice of contraceptive method will also be noted.

Also during the second year, four focus group discussions will be held with the clients and managers of the Callao brothels in order to develop an AIDS prevention strategy for men in this population. This process will collect data on their knowledge of AIDS, self-perceived risk and attitudes in order to develop appropriate interventions to encourage condom use. This material will also be reviewed and compared to other data for consistency and feasibility. During the third year, AIDSCOM will support the development of information materials and other AIDS prevention activities directed at the male clients of the Callao brothels, including the development of information materials and the distribution of free condoms. The effect of these interventions will also be assessed through decreased HIV incidence among defined cohorts and review of project records. Activities with young women in AIDS prevention will also continue.

During all three project years, press materials, including press releases, articles, interviews and photos, will be provided to a designated core group of both print and electronic media. A continued decrease in inaccurate, sensational articles about AIDS, requests for objective material and the use of the material provided will be several of the indicators of the success of this effort to help inform the public.

At the end of the first year, the San Marcos University Institute of Tropical Medicine will have an equipped clinic where ELISA tests can be conducted, a waiting room, private counseling rooms and office space for project administration. Approximately 15 ELISA tests will be administered per day during approximately 50 working days throughout the year. This estimate is based on the number of individuals that two counselors will realistically be able to counsel -- five each per day, the majority of whom should be HIV negative, as well as some with repeat ELISA confirmations and some for epidemiological surveys. The number of tests administered per day are projected to increase each year to twenty in the second year and twenty-five in the third.

This component's impact on reducing the transmission of HIV and the spread of AIDS can be monitored through the increased use of the center as reflected in logs and records and through feedback obtained by interviews and surveys that will be part of the demographic and behavioral data obtained through the research.

The MHOL components have numerous output measures. The "SI'DAYUDA" hotline will support AIDS information and referral services to an average of fifteen callers a day, five days a week, 52 weeks a year for three years, reaching an estimated total of 11,000 callers. Quantitative measurement of this activity can be monitored through logs and records; qualitative assessment can be measured through analysis of types of questions and requests, which can then be used to plan other activities.

The training of a minimum of 20 new volunteers each year will ensure that the hotline will have continuous coverage and that a minimum of 60 highly-trained AIDS educators will be working in Lima after the third year. Hotline supervisory, consultant and Mission staff will monitor volunteer performance through discussions and interviews with them.

The 14 volunteer workers trained during the initial pilot phase of the "Pasa la Voz" peer outreach program will be joined by approximately the same number each year of the project. With a minimum of 25 men working an average of four hours each month, reaching a minimum of two people an hour, this project will be able to interact with an average of 200 hard-to-reach, high-risk, men each month. In addition, approximately 80 men each year will be provided with even more in-depth information.

At the end of the three years, epidemiological data will have been increased for both high-risk populations and the general public. Research will have been completed and evaluated on culturally acceptable and effective interventions, as well as on gender-specific attitudes and behaviors. A group of individuals working in both private and public organizations will have learned and be practicing communications, counseling, training, research, administrative and management skills. Health personnel and officials, community leaders, advocacy groups, university staff, and the media will have received more information on AIDS and HIV and be collaborating more closely. Laboratories, information, testing and counseling centers will have been established, improved and strengthened. Basic informational material for the general public and more specific information for high-risk populations will have been created and distributed.

Perhaps more importantly, however, the project's success will be able to be measured by decreased rates of AIDS and HIV infection among the 21 million men and women of Peru, who will be living healthier, more productive lives and contributing to the economic and social improvement of their nation.

F. Financial Review and Audit

A Financial Review will be contracted at the close of the first project year by USAID/Peru. The scope of the review will include an examination of project internal controls and PRISMA compliance with the terms of the Cooperative Grant. A project financial and compliance audit, required by A.I.D. regulations will be requested from RIG/A/T as per their established procedures concerning non-federal audits. This will be performed near the end of project year 3.

G. Disbursement Procedures

1. Disbursement Procedures

USAID/Peru will assume responsibility for disbursing funds for some of the foreign exchange costs of the project. These include Participants, Technical Assistance, and Audit and Financial Review. Participant costs may be direct USAID/Peru or will AID/Washington assistance. Technical Assistance will be provided through AID/Washington in the form of buy-ins with AIDSCOM and AIDSTECH. Disbursements by AID/Washington charges to the project by AOC (advances-of-charge). The Audit will be contracted through the non-federal audit mechanism established by the RIG/AT. Payment terms will be negotiated by the EXO or RCO, as appropriate in their contracting negotiations.

2. Methods of Financing Local Currency Costs

Project training, national advisors, commodities, and other costs and project management costs will all be defined and approved by USAID through the PIL procedure. Funds will be provided on an advance basis, based upon monthly approved cas flow projections, covering basic ash needs. The advances will be liquidated by monthly billins from PRISMA. Assuming PRISMA continues to adequately monitor and control USAID funds as under their current projects, the Mission will perform or, if appropriate, contract accounting firms to perform on USAID's behalf (from the financial review line item) post review of vouchers at the implementing offices. If during the audit or financial review it is determined that the systems are no longer adequate, USAID will require all supporting documents until action is taken to resolve the problem areas.

Project management costs of PRISMA will be approved by USAID as follows: an annual cash flow projection of administrative costs will be developed presenting monthly cash requirements; quarterly requirements will be presented to USAID as the basis for monthly advances of cash requirements. Monthly advance liquidations presented to USAID will be made after the bank statements have been received and accounts reconciled by PRISMA. These advance clearances will be made on or before the fifteenth day following the end of the reporting month. Overhead will be reimbursed based upon monthly billings from PRISMA in local currency.

V. PROJECT ANALYSES

A. Institutional Analysis of PRISMA.

1. Background.

Proyectos en Informatica, Salud, Medicina y Agricultura (PRISMA), the Implementing Agency, was legally constituted in Peru as a charitable association in April 1986. It was registered in the Lima Public Registry for Registered Associations in Peru on June 5, 1986, and is also registered with the Ministry of Health, the National Planning Institute, and the Ministry of Economy and Finance as a tax-exempt organization to which donations are tax deductible. PRISMA was granted a certificate of eligibility as a registered foreign PVO by USAID/Peru on November 3, 1986.

PRISMA is administered by an Executive Director, an Administrative Director, and a predominantly Peruvian Board of Directors. PRISMA cu rently employs 23 professional staff, principally physicians, four technical personnel, and almost 50 auxiliary personnel.

PRISMA works with urban and rural poor populations to foster their participation in, and benefit from, modern technology in the areas of medicine, public health, agriculture, and information systems. During 1988, PRISMA executed a total budget of $756,400 among its A.I.D.-related projects. Its current A.I.D.-related budget to be administered during 1989 is $533,800, plus $5,977,025 worth of food commodities under Project 527-0323 - Integrated Food, Nutrition and Child Survival: A Joint Effort Between a PVO and the MOH.

PRISMA also receives funds from foundations, other donors, and Peruvian organizations, including the following:

Milpo Mining Company. Along with Instituto Marcelino, PRISMA has a contract with the Milpo Mining Company to provide training and supervision in family planning/maternal child health care.

University of Arizona Veterinary Department. In conjunction with the Universidad Peruano Cayetano Heredia, PRISMA is participating in a study of Cryptosporidium, which causes diarrhea in young children. PRISMA is responsible for managing the grant and for collecting field data and specimens.

World Health Organization (WHO). PRISMA has a grant from the Safe Motherhood Program to identify women who have experienced illegal abortions, establish a profile of those at risk of future abortions, and design interventions for this risk group.

International Foundation for Science. PRISMA has a grant to conduct a study on the use of vaccination to prevent porcine Cysticercosis. This project is being was carried out in coordination with the San Marcos School of Veterinary Medicine.

2. USAID/Peru Management Review.

PRISMA's first overall A.I.D. management review is scheduled for the end of 1989 by the Regional Inspector General/Honduras Office. A preliminary assessment was conducted by the USAID/Peru Population Division during April, 1986, which provided the following findings:

Management capability, technical leadership, and support personnel. PRISMA has a large full-time staff. The Executive Director, Josephine Gilman, has had extensive project management experience in Peru and Bangladesh.

Financial structure and experience; adequacy of fiscal systems for financial management and reporting requirements. PRISMA has an A.I.D.-oriented financial infrastructure in place and works successfully with the Mission. Its accounting system is now being computerized. PRISMA has extensive experience managing complex financial tracking programs under the hyperinflationary conditions of Peru.

Experience in commodity management, inventory control and warehouse supervision. PRISMA's experience in this area derives from its oversight of the Food for Development Program. PRISMA has received high marks from USAID/Peru for its performance in overseeing distribution of 15,000 tons of commodities.

Physical infrastructure. PRISMA currently rents a three-story building. It has 25 microcomputers on-site and 12 located in off-site project offices, extensive software, and laser printers, and personnel trained in their use. It also has two vehicles, leases three, with a sixth awaiting release from customs.

Potential for overload. It appears that administration of the Project would be congruent with PRISMA's current growth plans. However, USAID/Peru is concerned that PRISMA could be overloaded, and is cognizant that careful on-going project monitoring is warranted.

Recurrent Costs. Recurrent costs are incremental expenditures associated with activities that must be made on a regular basis during the project to achieve objectives. During the life of the project USAID/Peru will be financing recurrent costs. These recurrent costs will not add to the regular budgets of PRISMA during the life of the project. Program recurrent costs for PRISMA will terminate with the end of the project.

Under the "Program Costs", the principal financial expenditure categories (see Financial Tables) that cover recurrent costs fall under: Training; Technical Assistance; Commodities; and Other Costs. Administrative recurrent costs include the PRISMA Project Monitor, Audits/Financial Reveiw, and general administrative support costs. Recurrent costs can be identified for each component.

The costs of PRISMA management for the Project are all in excess of their current budget and can be clearly identified as costs directly related to their role as "Project Manager".

3. Financial Review.

PRISMA's financial management systems and procedures were evaluated by a team of independent auditors during July, 1989. The auditors made the following observations and recommendations for improvement:

General Accounting System. A final accounting for 1988 has not yet been prepared, and monthly balance sheets are not available. PRISMA does not revalue its fixed assets to compensate for inflation. The auditors recommended that PRISMA expand and restructure its accounting department to reduce the work load of the chief accountant and to add sufficient auxiliary personnel.

Organizational Manuals and Procedures. The auditors recommended that PRISMA update its organizational chart. The organizational manual does not include the accounting and treasury unit and lacks uniformity across areas. Administrative personnel are unfamiliar with the organizational manual.

Independent Institutional Audit. PRISMA has not commissioned any independent institutional audit, although subproject audits have been performed. The auditors recommend annual institutional audits.

Budgets and Cash Flow. PRISMA currently prepares annual budgets and cash flow projections separately for each subproject. The auditors recommend the preparation of an institutional budget and cash flow projections. They also recommend that PRISMA establish a policy to require bids for purchases above a certain level.

Miscellaneous. PRISMA has no insurance policy on its assets. Vehicles have not been entered into the accounting books. Employee income tax deductions are made on an estimated basis, rather than on the basis of employee declarations, as is required by law.

4. Administrative and Management Review.

An administrative/management review was conducted by a two business consultants who visited PRISMA and interviewed administrative and program staff. Their assesment was highly positive. In the opinion of the consultants, PRISMA has developed strategic plans which require minimal change and can be carried out with current staff. Its participatory system of work has resulted in a high degree of motivation. Flexibility in personnel practices is permitted by combining project administration with a technical coordinating committee. This results in high motivation and morale and encourages participation, creativity, and innovation among the group.

B. Institutional Analysis for Three Participating Entities

MHOL/Peru is a local Government registered PVO mandated to provide services for the gay/lesbian community in Lima. It has a Board of Directors (5 members) which meets twice weekly and a General Assembly which meets monthly. A lawyer and an accountant maintain part time positions in MHOL, as well as two physicians, also part time. Under the AIDS Education and Prevention pilot MHOL received technical assistance and financial assistance through AIDSCOM for the activities they carried out. Personnel trained through AIDSCOM TA will continue with the activities developed under the pilot project.

The Institute of Tropical Medicine at San Marcos University, a public University provides laboratory services for several special programs and is a semi-autonomous institution. Under the Population Council/INOPAL Operations Research Study, the laboratory was equipped and personnel were trained to provide HIV antibody testing and counseling services. Under this project, the already trained personnel will continue to do the HIV antibody testing and counseling for the center.

The Ministry of Health Special Program for AIDS Control (PECOS) is a sector of the MOH which is mandated to carry out special operations research studies and develop AIDS information materials and workshops for a variety of personnel. Under a Population Council/Johns Hopkins University Population and Communications Service (JHU/PCS) Operations Research Study personnel from PECOS were assigned to do the research and were trained by JHU/PCS in materials development and workshop content, and most of the same personnel will be contracted under this project.

C. Technical Analysis.

This project consists largely of the provision of information and education designed to effect behavior changes that in turn will lead to reduced sexual transmission of HIV and lower the spread of AIDS. The approaches and techniques described in this project have been tested in various contexts, both in Peru and in other countries.

The basic technical issue is the extent to which information and education can indeed produce behavior change, when the behaviors involved are private (as in the case of sexual practices) and the populations involved are outside the social "mainstream" (as in the case of homosexuals and prostitutes). The project will seek to reduce the number and frequency of high risk sexual behaviors (i.e., contact with prostitutes, homosexual sexual relations, etc.) and to increase the use of condoms.

The extent to which the frequency of high risk sexual behaviors can be reduced is not known, especially in the case of contacts with prostitutes. Evidence from the United States suggests that male homosexuals as a group have reduced their number of partners.

The data are clearer on the feasibility of promoting condom use. Condom distribution in Peru has increased sharply in the last few years, as can be seen from from family planning service statistics. Moreover, survey data suggest that prevalence of condom use among married couples has not increased, suggesting that many of the condoms distributed are reaching higher-risk populations. The results of the operations research study in Callao show that prostitutes can be motivated to insist that their customers use condoms.

Behavior change does translate into reduced rates of sexual transmission of HIV. The rate of new AIDS cases in San Francisco among male homosexuals has stabilized or declined as a result of fewer sexual partners and increased condom use. Prostitutes in Callao who use condoms show lower STD infection rates. Since STDs are transmitted in the same way as AIDS and are more contagious, it is probably safe to conclude that over time these women will show lower transmission of HIV as well.

D. Economic Analysis.

The purpose of an economic analysis is to estimate the extent to which the investment in project activities can be justified in terms of its future economic return. In the context of this project, the future economic return derives from averting the spread of AIDS and its attendant costs: the costs associated with treating AIDS patients, and economic productivity lost to premature mortality from AIDS. A full cost-benefit analysis requires that both of these cost savings be quantified. Such an analysis for Peru is beyond the scope of available data at this time.

In the context of an industrialized country such as the United States, the medical costs associated with treating an AIDS patient from the first appearance of pre-AIDS opportunistic infections (such as pneumonia) to the patient's eventual death are quite high, exceeding several tens of thousands of dollars. For example, one year's treatment of AZT, the only drug approved for treatment of AIDS, costs $8,000. The amount spent caring for AIDS patients in developing countries such as Peru, is related to the quantity of available resources rather than with real demand. As with health care in general, poorer countries spend less on each patient. Nevertheless, the expenses are proving to be an enormous drain and will far exceed the capacity of the countries' health systems.

The typical AIDS patient is between the ages of 20 and 49, the age range associated with greatest social economic productivity. A premature death in this age range not only costs the individual's future earnings but in an economic sense, also "wastes" society's investment in health and education resources for the individual to reach adulthood. Based on World Bank and International Monetary Fund estimates of production and consumption, it costs Peruvian society approximately $576 (present discounted value) to raise an individual to age 15. The expected lifetime production of that individual after age 15 is $1,881 (present discounted value). If the number of new AIDS cases continues to double each year, the economic impact of these premature deaths will become appreciable in a very short time.

E. Social Soundness Analysis.

This project has been developed and designed to reduce the sexual transmission of HIV, which causes AIDS, through testing, research, education, counseling and the distribution of condoms, encouraging risk-reducing behavior change. This section comments on the socio-cultural context in which the project will operate, the project beneficiaries and the socio-cultural feasibility of the proposed activities and interventions.

Socio-Cultural Context and Beneficiaries

Although early HIV infection in Peru was mostly among homo- and bisexual males it has now spread to females and heterosexual groups. Blood bank supplies have been contaminated, primarily through donors who sell their blood, and this creates safety hazards for health care workers and others who come into contact with infected blood or blood products, as well as for recipients of blood transfusions. Diverse and hard-to-reach groups such as men and women with multiple sex partners and/or indulging in high-risk sexual practices will benefit from this project as will adolescents and young men and women just becoming sexually active and who have not yet received AIDS prevention information. In Peru there is particular concern that young adults be armed with sufficient information, motivation and moral support to help them avoid tendencies to adopt unsafe sexual practices or otherwise expose themselves to HIV infection.

Modifying sexual practices is delicate and difficult. Nevertheless, through the use of communications media such as television advertisements, radio spots, articles in the printed media, and seminars for health personnel and officials, community leaders, and public figures, the project seeks to increase the awareness of, and active support from these groups for changes in practices, policy and attitudes to reduce the spread of AIDS in Peru. The project will also finance special, innovative efforts to continue educating prostitutes and their clients at the licensed brothels in Callao, providing them with information, condoms and printed materials on how best to minimize their health risks.

Socio-Cultural Feasibility

A.I.D./W centrally funded activities under two operations research projects begun in 1987, and USAID/Peru-supported efforts implemented under the FY 1988-1989 pilot project (527-0327) have been well received. Preliminary evaluations indicate that the activities have had a positive impact, especially among groups indulging in high-risk behaviors. Hence, it is reasonable to conclude that this follow-on project, oriented toward effecting changes in sexual behavior through culturally acceptable methods, is feasible in the socio-cultural context.

F. Mission Gender Considerations Agenda.

This project incorporates many gender considerations, including suggestions and recommendations made by Women in Development consultants who reviewed the PID-like document and discussed proposed activities with USAID/Peru staff. In addition, it builds on the USAID-financed pilot project implemented in FY 1988-1989, which has been collecting and evaluating gender disaggregated data as the basis for planning interventions. AIDSCOM, AIDSTECH, the Population Council and Johns Hopkins University have been involved in AIDS education, prevention, and research projects in Peru focusing on gender issues such as the female role in contraception decision making.

Epidemiologically, the incidence of female infection has increased sharply in Peru, although males engaged in high-risk homosexual and bisexual activities continue to have the highest rates of transmission. Additionally, two cases of perinatal transmission have been reported. Since approximately 50% of children born to infected mothers will themselves be infected and die of AIDS, the infection could have a significant impact on child survival programs. The importance of educating and intervening with women, therefore, has intensified.

Although the overall incidence of AIDS in the United States is thirteen times greater for males than for females (with ratios of 14:1 to 20:1 in Europe), the sex ratio in Africa is 1:1 with a slight excess of female cases. Female prostitutes in Africa also are infected disproportionately and are considered to have an important role in transmitting infection and, therefore, are a key factor in prevention. Available data indicate that Peru and the rest of Latin America will most likely follow the American/European pattern of homosexual/bisexual transmission (or a third "Latin" model) instead of the African one of heterosexual transmission. This will need to be confirmed by sound scientific study with the careful analysis of sex disaggregated data, such as that being collected by components of this project.

In addition to prostitutes, this project will also investigate the attitudes and behaviors of their male clients, who usually determine whether condoms are used during sexual activities, and other women of childbearing age who are at high-risk. Another part of the project will gather data for intervening with young girls aged 14-20, since little data exist regarding their knowledge, attitudes and behaviors concerning sex roles and sexual practices. In Lima, (and throughout Latin America), another more subtle, informal variation of prostitution called "fleteria" is practiced among yound males (ages 15-22) and increasingly among female adolescents as well. The main difference between "fleteria" and prostitution is that while prostitues generally live outside

their family circle and their sexual activity provides their major source of income, "fletes" live with their families and the money and gifts they receive as a result of their occasional relationships is not their primary source of support. An additional distinction is that "fleteria" usually includes a romantic element which prostitution does not. While "fleteria" is common among adolescents from working class neighborhoods, many young middle-class students, affected adversely by the severe economic crisis in Peru, and unable to find other work, are also engaged in this activity. These young men and women do not use condoms, often engage in homosexual behavior and are, therefore, vulnerable to infection. Drug use among adolescents is also increasing, adding another risk factor.

Previous education and research projects have included active feminist groups who have been working with homosexual men, prostitutes, low-income women who are often disenfranchised about sexuality and family planning decisions, and with young females. These groups will continue to be used as information networks to disseminate educational material and recruit potential clients. They and the target population can furnish important data concerning possible differentials in female access to services, including such factors as availability of transportation; ability to pay for services; convenience of clinic hours; location, timing and duration of training events; advisability of having same-sex counselors and potential need for child-care arrangements. Decisions can then continue to be made about program and materials development that will ensure women's full participation in education, counseling and training components of the project.

Since women in Peru receive less education than men, consideration should be given to assumptions made concerning literacy and language use when developing communications and training programs and materials. When staffing decisions are made, care will also be taken to note any differences in eligibility qualifications that might discriminate against women. Finally, monitoring and evaluation systems will be designed to enable the collection of gender-disaggregated data based on the characteristics of clientele or participants and disaggregate drop-outs. This will enable adjustments in strategy based on gender-differentiated changes in female participation in components of the project.

G. Financial Analysis.

This project does not contemplate any revenue-generating component. As can be seen from the preceding economic analysis, its economic benefits derive from averting costs rather than from generating income. Costs and outcomes (production) will be tracked during the course of the project so that appropriate cost-effectiveness measures can be computed.

H. Cost Estimate and Financial Plan

1. Financial Plan

The total cost of the AID Financed Inputs for this three-year project is estimated to be U.S. $500,000. It is anticipated that PRISMA, the Implementing Agency, PRISMA, or the participating entities will not provide a measurable financial contribution. Therefore all project budgets reflect A.I.D. Fianced Inputs only. USAID/Peru financed inputs have been described in detail in earlier sections. There is no contribution requirement applicable to this grant.

TABLE 7

SUMMARY OF TOTAL PROJECT COSTS BY FUNDING SOURCE AND FOREIGN EXCHANGE (FX) AND LOCAL CURRENCY COSTS (L.C.)
(IN U.S. $)

Funding Source	FX	LC	TOTAL	0/0
USAID	135,000	364,400	500,000	100

I. Environmental Analysis

The Environmental Threshold Decision (ETD) dated July 12, 1989 recommending a "Categorical Exclusion" was signed by the LAC Chief Environmental Officer on the same date. The ETD document and the signature of former USAID/Peru Director D. Lion concurring with the recommendation are attachment 4 to the approved Project Implementation Document.

ANNEXES

ANNEX I

LOGICAL FRAMEWORK

Logical Framework: HIV-AIDS EDUCATION AND PREVENTION PROJECT (527-0333)

Narrative Summary	Verifiable Indicators	Means of Verification	Assumptions
Goal			
- To reduce the spread of AIDS in Peru	- Lower AIDS mortality - Fewer newborns with AIDS - Decreased rate of growth of seropositives in the population	- Data available from NAMRID, RELABINS, San Marcos University, and hospital records	- The Peruvian public will continue to be receptive to AIDS prevention information and counseling. - The GOP and other donors will allocate increasing financial resources to AIDS prevention and control. - Traditional patterns of AIDS transmission will not be exacerbated by isolated and unusual events (such as contamination of the blood supply), which would escalate disease incidence. - Present efforts to control STDs will continue.
Purpose			
- To reduce the sexual transmission of HIV through educational interventions designed for risk-reducing behavior change	- Decreased HIV incidence among defined cohorts - Establishment and increased use of an anonymous HIV antibody testing and counseling center - Establishment and increased use of an AIDS hotline service - Cadre of trained and experienced professionals and volunteers created and engaged in AIDS prevention and control activities	- Data available from sources listed above - Project evaluations and record - Logs of AIDS testing center and hotline service - Demographic and behavioral data from sample surveys	- High-risk groups will modify their behavior. - Government and other influential groups such as the Church will not interfere with widespread and open dissemination of AIDS prevention/control information. - Trained workers will continue to use their newly acquired skills in AIDS prevention/education work.

6

Outputs

- Educators trained in communication methodology and materials development	- 10 individuals	- Institute logs/records of number of persons counseled and tested at center - Hotline calls documented in log-book or other written format - Interviews of trained volunteers - Project records/evaluations	- Appropriate materials can be identified and adopted to the Peruvian context. - Sufficient numbers of volunteers will be available and will continue with the project. - Target groups will participate in educational interventions and testing/ counseling sessions. - Security situation will not interfere with project implementation. - Inputs such as equipment, reagents, and the like will be available for testing and educational sessions.
- Basic AIDS information pamphlets developed and distributed to the public	- 3,000 copies		
- AIDS information packages designed specifically for women printed and distributed to the public	- 3,000 copies		
- Research studies conducted on male/female attitudes/ behavior	- 3 studies		
- Research findings published	- 3,000 copies of each study		
- Workshops conducted for AIDS prevention workers	- 10 workshops		
- AIDS prevention pamphlets distributed via peer education groups	- 7,500 copies		
- Anonymous HIV antibody testing center/laboratory established	- 15 ELISAS per day x 250 (year 1) - 20 ELISAS per day x 250 (year 2) - 25 ELISAS per day x 250 (year 3)		
- AIDS hotline operational and receiving average of 15 calls/ day, 5 days/wk, 52 wks/year	- 11,700 calls for LOP		
- New volunteers trained	- 20 new volunteers trained per year = 60 total for LOP		
- High-risk men trained by peer educators	- 80 men trained each year = 240 men for LOP		
- High-risk men trained in safer sex workshop	- 10 men/workshop/month = 120 men/year = 360 men for LOP		

Inputs			
- Technical assistance - Training - Research studies - Budget support - Equipment and supplies - Materials production	- See project financial and implementation plans in PID-like and PP-like documents	- Project financial and progress reports	- USAID will be able to obligate funds in FY 1989, FY 1990 and FY 1991. - AIDSCOM and AIDSTECH will be able to identify qualified consultants. - Required equipment and supplies can be purchased locally or imported.

ANNEX II

STATUTORY PROJECT CHECKLIST

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 1989 Appropriations Act Sec. 523; FAA Sec. 634A. If money is sought to obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified?

   A Congressional Notification for the Project was sent on July 26, 1989, and expired on August 9, 1989.

2. FAA Sec. 611(a)(1). Prior to an obligation in excess of $500,000, will there be (a) engineering, financial or other plans necessary to carry out the assistance, and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

   (a) Yes

   (b) Yes

3. FAA Sec. 611(a)(2). If legislative action is required within recipient country, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance?

   No legislative action by Peru is required.

4. FAA Sec. 611(b); FY 1989 Appropriations Act Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.)

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed $1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively?

6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs.

The impact of the AIDS epidemic is different in each country. This project will study existing data and help Peruvian Institutions formulate a long-range strategy that will undoubtelly involve international donors, public & private institutions, some of which may be regional or multilateral.

7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

(a) The project may help develop an AIDS strategy for Peru that requires technology from the U.S. and elsewhere and, to this extent, with foster international trade.
(b) The project will foster private initiatives by working with PVOs in Peru.
(c) No
(d) No
(e) No
(f) No

8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

The project will help develop on AIDS strategy in Peru that may recommend U.S. technology that could be provided through private channels/trade.

9.	FAA Secs. 612(b), 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars.	The Cooperative Agreement does not directly involve the government but, rather a local PVO, which will receive all AID funds under the project.
10.	FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release?	No
11.	FY 1989 Appropriations Act Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity?	N/A
12.	FY 1989 Appropriations Act Sec. 549. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel?	No
13.	FAA Sec. 119(g)(4)-(6) & (10). Will the assistance (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other	(a) No (b) No

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wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas?	(c) No (d) No
14. FAA Sec. 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)?	N/A
15. FY 1989 Appropriations Act. If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government?	N/A
16. FY 1989 Appropriations Act Sec. 538. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.?	The PVO is registered with AID, and has opene its books for inspectio audit to USAID on this project and previous on
17. FY 1989 Appropriations Act Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has prior approval of the Appropriations Committees of Congress been obtained?	N/A
18. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision).	After the Cooperative Agreement is signed thes actions will be taken.

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FY 1989 Appropriations Act Sec. 548 (as interpreted by conference report for original enactment). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities (a) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (b) in support of research that is intended primarily to benefit U.S. producers?

N/A

b. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will (a) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions; (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental

(a) The AIDS epidemie in Peru is worse in Lima than elsewhere, consequently activities will be focused there. However, educational materials will be distributed broadly throughout the country, effecting poor people in rural areas as well as those in urban centers. The technology to be developed by the project in addressing AIDS will be the most appropriate for Peru.

(b) The project will work through 4 local institutions but not through cooperatives and therefore should have no impact on them.

institutions; (c) support the self-help efforts of developing countries; (d) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (e) utilize and encourage regional cooperation by developing countries.

(c) The Project will assist 4 local institutions that are already involved in AIDS prevention work and will therefore, assist self-help efforts that have already been initiated in Peru.

(d) Women account for only a small number of reported AIDS cases in Peru, nevertheless they are increasingly at risk. Therefore the project will use a variety of research techniques to address the special needs of this group, including the development of appropriate materials. Feminist groups will continue to be used to collect date and distrbute materials.

(e) N/A

c. FAA Secs. 103, 103A, 104, 105, 106, 120-21; FY 1989 Appropriations Act (Development Fund for Africa). Does the project fit the criteria for the source of funds (functional account) being used?

Yes

d. FAA Sec. 107. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

e. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?

PRISMA does not have the resources to contribute at least 25% of the costs of the program, but because the cooperative agreement with PRISMA will not be an OPCA, no such requirement is imposed by AID policy. PRISMA and the other PVOs will be making in-kind contributions for the extent of the resources.

f. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?

The project will involve working with 4 local institutions, including the MOH and a public university, providing training to staff of each. It will also support initial research (focus groups and in-depth inten to help design and AIDS strategy for Peru. All activities will be closely monitored by USAID/Peru to ensure that the resulting strategy will benefit all levels of Peruvian Society, including the poor majority.

g. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.	AIDS is rapidly becoming a serious problem in Peru. Th project will work with 4 lo institutions, all of which presently involved in AIDS prevention work. The proje will provide training to th staff/participants of each, thereby encouraging institu nal development. Some of t skills developed are also likely to be those required for effective participation governmental processes.
h. FY 1989 Appropriations Act Sec. 536. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?	No
Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations?	No
Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning?	No
i. FY 1989 Appropriations Act. Is the assistance being made available to any organization or program which has been determined to support or participate in the management of a program of coercive abortion or involuntary sterilization?	No
If assistance is from the population functional account, are any of the funds to be made available to voluntary family planning projects which do not offer, either directly or through referral to or information about access to, a broad range of family planning methods and services?	No

j. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise?

A Justification for a Noncompetitive Award to PRISMA based on predominant capabilty, signed by the USAID/Peru Mission Director, forms part of the Project Paper Annex. Also, technical assistance will be provided to the project from two AID/W funded project, which have gone through competitive procedures at the AID/ level.

k. FY 1989 Appropriations Act. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and private and voluntary organizations which are controlled by individuals who are black Americans, Hispanic Americans, or Native Americans, or who are economically or socially disadvantaged (including women)?

To the extent that the two AID/W funded projects, AIDSCOM and AIDSTECH, have contributed with economcally and socially disadvantaged enterprises and institutions as a result of their selection process, project funds will be used for activities of such enterprises/institutions.

l. FAA Sec. 118(c). Does the assistance comply with the environmental procedures set forth in A.I.D. Regulation 16? Does the assistance place a high priority on conservation and sustainable management of tropical forests? Specifically, does the assistance, to the fullest extent feasible: (a) stress the importance of conserving and sustainably managing forest resources; (b) support activities which offer employment and income alternatives to those who otherwise would cause destruction and loss of forests, and help countries identify and implement alternatives to colonizing forested areas; (c) support training programs, educational efforts, and the establishment or strengthening of institutions to improve forest management; (d) help end destructive slash-and-burn agriculture by supporting stable and productive farming practices; (e) help conserve forests which have not yet been degraded by helping to increase

An Environmental Threshold Decision recommending a Categorical Exclusion was signed by the LA Bureau Chief Environmental Officer on July 12, 1989.

production on lands already cleared or degraded; (f) conserve forested watersheds and rehabilitate those which have been deforested; (g) support training, research, and other actions which lead to sustainable and more environmentally sound practices for timber harvesting, removal, and processing; (h) support research to expand knowledge of tropical forests and identify alternatives which will prevent forest destruction, loss, or degradation; (i) conserve biological diversity in forest areas by supporting efforts to identify, establish, and maintain a representative network of protected tropical forest ecosystems on a worldwide basis, by making the establishment of protected areas a condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas; (j) seek to increase the awareness of U.S. government agencies and other donors of the immediate and long-term value of tropical forests; and (k)/utilize the resources and abilities of all relevant U.S. government agencies?

m. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project (a) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (b)/take full account of the environmental impacts of the proposed activities on biological diversity? N/A

n. FAA Sec. 118(c)(14). Will assistance be used for (a) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (b) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas?

(a) No

(b) No

o. FAA Sec. 118(c)(15). Will assistance be used for (a) activities which would result in the conversion of forest lands to the rearing of livestock; (b) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undegraded forest lands; (c) the colonization of forest lands; or (d) the construction of dams or other water control structures which flood relatively undegraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development?

(a) No

(b) No

(c) No

(d) No

p. FY 1989 Appropriations Act. If assistance will come from the Sub-Saharan Africa DA account, is it (a) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (b) being provided in accordance with the policies contained in section 102 of the FAA;

N/A

(c) being provided, when conistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (d) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take into account, in assisted policy reforms, the need to protect vulnerable groups; (e) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the renewable natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

q. FY 1989 Appropriations Act Sec. 515. If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same general region as originally obligated, and have the Appropriations Committees of both Houses of Congress been properly notified? N/A

2. Development Assistance Project Criteria (Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest. N/A

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest? N/A

c. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities? N/A

3. Economic Support Fund Project Criteria

a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA? N/A

b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes? N/A

c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? N/A

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ANNEX III

JUSTIFICATION OF NON-COMPETITIVE AWARD

JUSTIFICATION OF NONCOMPETITIVE AWARD TO A.B. PRISMA

Issue

USAID proposes to make a noncompetitive award to Asociación Benéfica para Proyectos de Informática, Salud, Medicina y Agricultura (PRISMA) by means of a Cooperative Agreement pursuant to Handbook 13, for the management of the HIV/AIDS Education and Prevention Project (A.I.D. No. 527-0333).

Background

The governing regulation, Handbook 13, Chapters 2B.1; 2B3.b and 2B3.d states:

"Competition

1. Requirement for Competition. Competition is to be used to the maximum practical extent for the award of grants or cooperative agreemnts...

3. Exceptions. Competition is not required for:

b. Assistance awards for which one recipient is considered to have exclusive or predominant capability, based on experience, specialized facilities or technical competence, or based on an existing relationship with the cooperating country or beneficiaries;

d. Follow on assistance awards intended to continue or further develop an existing assistance relationship;..."

Justification

PRISMA is a public service oriented, tax-exempted, non-profit, non-governmental and non-political institution legally constituted on June 5, 1986 under the provisions of the Peruvian Constitution; registered in the National Planning Institute's Registry of Private non-profit institutions receiving International Technical Cooperation in Welfare and Culture; and regulated by its own statutes and by the norms contained in the Peruvian Civil Code. During the last three years, PRISMA has had an outstanding performance in managing and implementing a number of A.I.D.-funded grants and sub-contracts on maternal-child health, population, nutrition, family planning and AIDS, some of which are very similar in scope and complexity to the proposed AIDSEP Project. Among the grant projects and sub-contracts it has managed and implemented for A.I.D. and USAID/Peru are the following:

- Project No. 527-0323 - PRISMA OPG
  Monitor the implementation of the Ministry of Health Feeding Program.

- Project No. 527-0311-G-00-6571-00 - PRISMA/JHU
  Identification of high risks to reduce child mortality in Peru (High Risk Families).

- 527-0316-G-00-7532-00 - PRISMA OPG.
  Publication of journals of child survival "Niños" (Child Survival Journal).

- Contract CI-87-77A-POP COUNCIL.
  Campaign in communication media for the prevention of AIDS (Mass Media - AIDS).

- JSA-PO-INT-0068-87 - Purchase order from TIPPS
  Program or training courses in child survival developed in the Compañía Minera Milpo (Child Survival Training).

- 527-0000-0-00-8200-00 - Purchase order to PRISMA
  Evaluation of feeding and nutrition program from Health Ministry (Evaluation of Feeding Program).

These projects have required of PRISMA to plan, implement, monitor and evaluate project resources including the logistics of distributing large quantities of commodities; developing, testing and disseminating education materials; providing health and family planning services; and training health workers. No other group was found that had either the ability or interest to implement this project.

Under an A.I.D.-funded task order, the local IQC Deloitte, Haskins and Sells, performed in July 1988 a financial management review and assessment of PRISMA's administrative and accounting procedures used for managing activities under all above-listed, A.I.D.-funded grants and subcontracts (with the exception of OPG No. 527-0323). DHS final report determined that PRISMA's accounting, financial management, procurement and inventory systems and procedures were applicable, adequate and suitable for the A.I.D.-funded project transactions; documented and described very well all these managerial systems; and provided PRISMA with a number of minor recommendations for modifying and/or improving them. It is our understanding that all those recommendations have been already implemented by PRISMA.

Of special relevance to the present Cooperative Agreement, PRISMA is the administrator for an operations research project on AIDS prevention funded by the Population Council through an S&T/POP contract. The proposed Cooperative Agreement will consist in part of follow-on activities to this project.

An informal search was conducted to determine if organizations other than PRISMA were available to carry out the AIDS project on a cooperative agreement basis. PRISMA was the only organization identified that had both the interest, and the wherewithal to effectively manage the activity.

In summation, PRISMA has a great deal of experience in managing similar projects and is well equipped to perform its scope of work under the proposed Cooperative Agreement. Based upon their extensive management experience of A.I.D.-funded project and unique cadre of human resources, PRISMA is considered to have predominant capability for conducting the work under the proposed Cooperative Agreement. Furthermore, PRISMA is currently administrating a project on AIDS prevention which will in part be continued by the proposed Cooperative Agreement. PRISMA, therefore, meets two of the criteria for exceptions to competitive awarding of Cooperative Agreements, namely paragraph 2.B.3.b and 2.B.3.d, as stated above.

Recommendation

As the technical office responsible for overseeing this Cooperative Agreement, the Office of Human Resources hereby recommends that the Grant Officer (Regional Contracting Office) accepts this justification for waivering full and open competition to enable USAID/Peru to issue a Cooperative Agreement with PRISMA to perform the work outlined in this PIO/T.

Accepted:

/s/

James J. Dunlap
Regional Contracting Officer

9/22/89
Date

Clearances: PROG:CKassebaum (in draft)
PDO:LJackson (in draft)
CONT:PKramer (in draft)
DD:ASilva (in draft)

Drafted by: A/HR:JBurdick (in draft)

Doc. 2180I

N.B. Original signed Fax on file in USAID/Peru Program Office.

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ANNEX IV

PID APPROVAL MEMO

MEMORANDUM

Date: June 21, 1989

TO: USAID/Peru/D - Donor M. Lion

FROM: USAID/Peru/HR - Linda N. Lion

SUBJECT: HIV-AIDS Education and Prevention Project, 527-0333: Approval of PID-Like Document

Attached is the final PID-like document for the subject project, for your review and approval. All of the comments made by Mission staff on the previous draft and the issues raised at the Mission review meeting chaired by you on May 30, 1989 have been incorporated into the attached revised document.

In addition to the issues/questions listed in Section III.K. of the document, the following should be taken into account in the preparation of the PP-like document:

1. The section entitled "Overview of AIDS in Peru" should include a profile of the sero-positives tested to date and an estimate of the infected population in Peru, disaggregated by sex and age to the extent possible.

2. The discussion of the "Relationship of the Project to A.I.D. AIDS Policy Guidelines" should elaborate on the contents of the policy guidelines and how the project conforms to them.

3. With regard to the USAID-financed AIDS pilot project in FY 1989, the two activities implemented with AIDSTECH assistance should be described/discussed, including the status of these activities, problems encountered, and proposed solutions. Also, for all pilot activities, specific evaluation findings and lessons learned should be documented and the relationship between the pilot project and the new 3-year follow-on project clearly demonstrated and justified. The same applies to the lessons learned from the two AIDS operational research projects which are nearing completion.

4. The outputs/end of project status indicators in both the narrative and log frame should indicate more specifically what is expected to be achieved by the end of 3 years with respect to Peru's ability to reduce the spread of AIDS in the country and the specific indicators (rather than inputs) which will verify that project objectives have been achieved.

5. The implementation schedule should be fleshed out in the PP-like document to indicate in more detail what specific activities are contemplated in what time frame for each project year.

6. The Mission should follow-up with AID/W* regarding the availability of the additional $50,000 each in fiscal years 1989 and 1990 requested by the Mission in a cable sent to AID/W in May. If these additional funds cannot be made available, the budget in the PP-like document should be adjusted accordingly to show a 3-year, $400,000 project, namely, $100,000 in FY 1989, $100,000 in FY 1990 and $200,000 in FY 1991; similarly, inputs/outputs/activities should be modified.

7. The PP-like document facesheet and budget tables/narrative should include a description of and dollar value for the contributions expected to be provided by the host country implementing organizations and by the two AID/W-centrally funded contractors, AED/JHU (AIDSCOM) and FHI (AIDSTECH). This exercise should also include a review by the Mission of the 25 percent non-A.I.D. contribution to the project and a determination as to whether a waiver of the policy is required for this project or if an exception to the policy can be made for projects to be implemented via buy-ins to centrally-funded projects.

8. The Mission should carefully and thoroughly review the project budget, to verify, inter alia, the assumptions used for inflation and contingency and the estimates used for salaries and the central contractors' overhead. In addition to the budget tables contained in the PID-like document, the PP-like document also should clearly present the budgets by project year and by buy-in, that is, the budgets to be included in the PIO/Ts to be prepared for the AIDSCOM and AIDSTECH buy-ins.

9. The submission of written progress/financial reports by the contractors to the Mission and the implementation/financing of audits and project evaluations need to be clarified. The level of funding provisionally allocated in the PID-like document for Audit/Evaluation would appear to be insufficient. The Mission should either increase the level of funding in the project budget for these purposes or, explore the use of Project Development and Support (PD&S) funds for both audits and evaluations as well as the use of regular RIG audits.

10. The PP-like document should deal more explicitly with the infected population particularly in the sections dealing with the description of the problem, project components and social and gender considerations.

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* China Varillas telcon of 6/19/89 with Patricia Moser of LAC/DR/HN indicated that there are no additional AIDS funds available in FY 1989; it is, therefore, suggested that $50,000 in Health (He) funds from the Mission's OYB be obligated for this project in FY 1989 (and that the project authorization therefore provide for both AIDS and He account funding) and that the Mission either seek the additional $50,000 in AIDS funds in FY 1990 from AID/W or examine the possibility of an additional $50,000 in He funds in FY 1990 from the mission's OYB for the AIDS project.

11. The PID-like document assumes that the Mission will have an obligation window in FY 1989 to obligate funds for the project through two buy-ins to centrally-funded projects. If, however, the Mission decides to proceed with obligation via an FAA Section 123 (e) waiver modality and secures AID/W approval for this purpose, the obligation instrument would be a Cooperative Agreement with PRISMA for the entire project, pursuant to which the Mission, at PRISMA's request, would issue PIO/Ts for buy-ins covering the foreign exchange costs for the project. Under the latter scenario, the Mission would have to modify the implementation, budget, and financial management sections of the PP-like document accordingly, and a Cooperative Agreement in lieu of PIO/Ts would have to be prepared as the obligating instrument. A pre-award audit of PRISMA would also be required; such an audit of PRISMA is planned for the new FY 1989 PVO Family Planning Project and could satisfy the requirements for both projects.

Based on the contents of the attached document and with the understanding that the issues identified in the document and the above additional points will be addressed during the preparation of the PP-like document, I recommend that you sign the attached PID-like document and authorize the Mission to proceed with the development of the PP-like document.

Attachment: a/s

Clearances: PROG:LJackson
PROG:WRhoads
CONT:PKramer
DD:ASilva