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AIDS Control and Prevention Project
Cooperative Agreement AID/DPE-5972-A-00-1031-00

Semiannual Report 2

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Family Health International
in collaboration with:

- The Center for AIDS Prevention Studies, University of California
- John Snow, Inc.
- Ogilvy, Adams & Rinehart
- Population Services International
- The Program for Appropriate Technology in Health
- Prospect Associates
- The Institute of Tropical Medicine, Antwerp
- The University of North Carolina at Chapel Hill
- The University of Washington



AIDSCAP

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AIDSCAP

Executive Summary

Executive Summary

During the second semiannual reporting period - April 1 through September 30, 1992 - AIDSCAP program activity increased substantially. The project completed the process of designating 11 priority countries and began developing subprojects to implement interventions. It has refined and intensified cooperation and collaboration with USAID Missions, which have expressed the intent to provide \$50-60 million for AIDSCAP in-country activities.

AIDSCAP teams completed assessment and strategic planning visits to Burundi, Cameroon, Ethiopia, Lesotho, Malawi, Mali, Niger, Nigeria, Senegal, South Africa, Brazil, Colombia, Haiti, Jamaica and Indonesia. Strategic plans were completed for Nigeria and Tanzania, and the Cameroon plan is in process. Subprojects are being developed in Burundi, Kenya, Lesotho, Mali, Niger, Nigeria, Tanzania, South Africa and Zimbabwe in Africa. Four subagreements have been written for Thailand, with others in progress. For the Latin America/Caribbean (LA/C) region, subproject development is under way for interventions in the Dominican Republic, Haiti and Jamaica.

By the end of the reporting period, AIDSCAP had effectively staffed its headquarters and regional offices. Some of the new headquarters staff include an associate director for program management; a health care finance officer, a policy officer and a modeling officer in the Policy Unit; and an epidemiologist in the Evaluation Unit.

The Africa regional office began operations with a regional director, a deputy regional director, a finance officer, two program officers, a private sector officer, a logistics officer, and a training officer. Resident advisors/coordinators for Cameroon, Kenya, Nigeria, Tanzania and South Africa were also identified and hired. Resident advisors for Malawi, Ethiopia and Senegal are being recruited. The Africa office has been temporarily located in Arlington, Virginia, but AIDSCAP is exploring sites in Africa for the office and plans to move to Africa by March 1993.

The Asia regional office added an STD officer and two program assistants. A resident advisor for India was hired. The office held an official opening ceremony in early September, attended by Thai government officials and representatives from other agencies. Subproject development is accelerating in order to begin implementation in six districts of the Bangkok metropolis.

The Latin America/Caribbean regional office includes a regional director, a communication officer, a training officer, a private sector officer, and a program officer. A finance officer will join in November. In addition, there are resident advisors/coordinators for Haiti, Brazil, and the Dominican Republic; a resident advisor for Jamaica is being recruited. This office is located at AIDSCAP headquarters.

AIDSCAP launched a Behavioral Research Thematic Grants program, and initiated the first round of its Private Voluntary Organization (PVO) Grants program. Both pro-

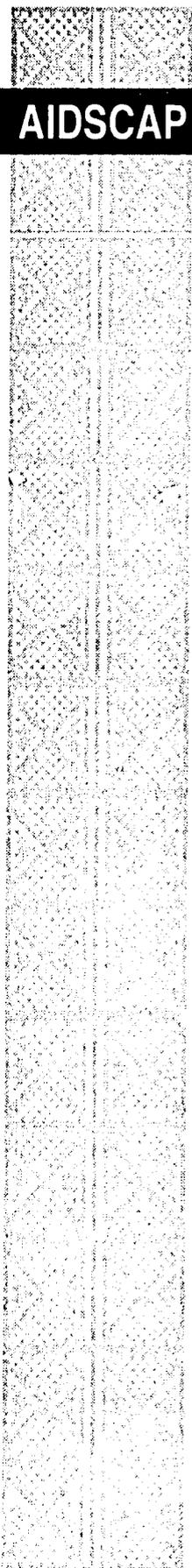
grams involve a peer review process. Behavioral research will be conducted in Thailand and Brazil while PVOs in Brazil, Cameroon, Haiti, Cote D'Ivoire, Jamaica and Thailand are eligible to compete for grants under the PVO Grants program.

AIDSCAP's technical division has been productive aside from its integral involvement in site visits and designing country plans and activities. The STD Unit has established collaborative ties with WHO/GPA as part of its STD Working Group, and was represented at the first WHO/GPA STD Drug Collaboration Meeting. It has also begun initial work on a handbook for STD control managers. The Behavior Change Communication Unit has provided technical assistance to the U.S. Peace Corps in the design and implementation of training programs. It has also aggressively marketed the *Faces of AIDS* video, creating an accompanying brochure and discussion guide, and distributing 500 videos to organizations in Africa alone. The Evaluation Unit continues its collaboration with WHO/GPA on Priority Prevention Indicators, and has refined the Management Information System (MIS) for the AIDSCAP program. During this reporting period, 80 percent of the MIS in two formats (one for training and one for actual use) has been developed, together with a user's manual. This system utilizes sophisticated computer technology for the tracking and dissemination of data. It will also link AIDSCAP headquarters in Arlington with FHI offices in North Carolina, and regional offices in Thailand and Africa.

AIDSCAP has produced two descriptive brochures, a general pamphlet in English, French and Spanish, and a program areas brochure in English. It has produced and distributed the first issue of the newsletter *AIDSCAPTIONS* to a mailing list of over 1000. It has also assisted A.I.D. in the development and production of *Confronting AIDS in the Developing World*, AID's annual report to Congress, which was released in August.

Staff members attended the VIII International Conference on AIDS/III STD World Congress held in Amsterdam in July, where AIDSCAP collaborated on an exhibition booth with AIDSTECH. Representatives presented a two-hour report of the proceedings at the State Department in August. A report on the conference is in preparation.

During the next six months, AIDSCAP will concentrate on finalizing implementation plans for priority countries, and developing subprojects to begin implementing interventions in priority and associate countries. Staffing of headquarters, regional offices and country offices will be completed.



AIDSCAP

AIDSCAP Year 1

The six months covered in this second semiannual report (SAR2) have been marked by major steps moving the AIDSCAP Project from program planning to project implementation. The following paragraphs provide an overview of AIDSCAP's recent record emphasizing, for the most part, the project's programmatic accomplishments. Most of the reported results were achieved during the six months of the SAR2 reporting period, however, the information provided reflects cumulative data for the entire first year of the project's operation.

AIDSCAP focuses on supporting comprehensive and well-coordinated country programs. To be successful, such programs require a continuum of program planning steps from strategic program design through implementation planning to subproject design. Twenty one field-related planning documents have been completed, laying the groundwork for the implementation of large-scale, comprehensive country programs. This initial work has resulted in the identification of 11 priority countries: Ethiopia, Kenya, Malawi, Nigeria, Rwanda, and Senegal in Africa; India and Thailand in Asia; and Brazil, Haiti, and Jamaica in Latin America and the Caribbean.

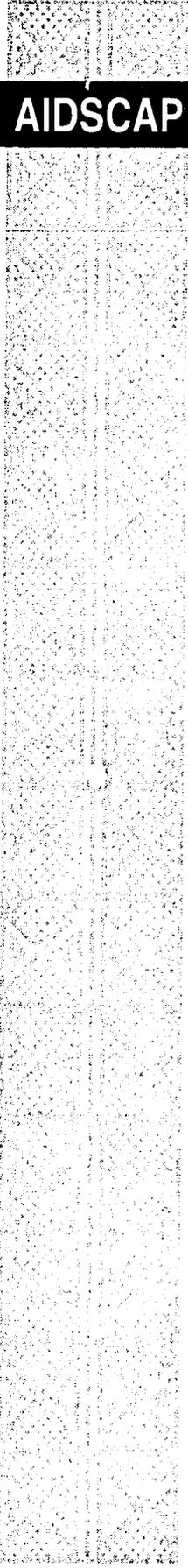
In addition, AIDSCAP provided program design and/or specific technical assistance to 17 other countries, four of which (Cameroon, Dominican Republic, Honduras and Tanzania) are possible future priority countries.

The response of Missions to the services which the project has to offer has been exceptional. By the end of the first year, Missions had expressed the intent to provide over \$53 million in add-ons and OYB transfers, of which \$27 million has already been transferred.

The key to project success is the carefully planned development of country programs at all levels, including the design, funding, monitoring and evaluation of field-based activities. This is accomplished through subprojects funded through subagreements between AIDSCAP and an implementing agency or agencies. By the end of the reporting period, approximately 100 subprojects had been identified for development. Subagreements for these are scheduled to be written and signed before the end of spring 1993.

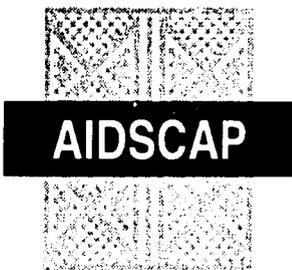
To support the project's many and diverse requirements, AIDSCAP has essentially fully staffed its headquarters and regional offices. In addition, 10 resident advisors/coordinators have been hired and four others are being recruited.

This second semiannual report reviews in detail how the aggregate results outlined above have been accomplished and highlights key activities expected in the next six-month reporting period.



AIDSCAP

AIDSCAP Programs



AIDSCAP

AIDSCAP Programs

Country program descriptions are arranged by region and status. As of the end of the first year, AIDSCAP has 11 priority country programs, four potential priority country programs and 13 associate country programs. In order to be designated a priority country, USAID missions and regional bureaus must concur with that status.

Priority country programs now include Ethiopia, Kenya, Malawi, Nigeria, Rwanda and Senegal in Africa; India and Thailand in Asia; and Brazil, Haiti and Jamaica in the Latin America/Caribbean region.

Potential priority country programs include Cameroon, Tanzania, the Dominican Republic and Honduras.

Associate country programs include Botswana, Burundi, Côte d'Ivoire, Lesotho, Mali, Niger, the Republic of South Africa, Uganda and Zimbabwe in Africa; Indonesia in Asia; and Colombia, Costa Rica and Ecuador in LA/C.

Zambia is no longer an AIDSCAP priority country.



AIDSCAP

AIDSCAP Programs

Africa

-
-  Priority Country
 -  Potential Priority Country
 -  Associate Country





Africa Regional Office

Office location and staffing

AIDSCAP had hoped to locate the Africa regional office in Harare, Zimbabwe, pending negotiations between the Government of Zimbabwe, USAID/Harare, REDSO/Nairobi, AID/Africa Bureau, and AID/Washington. Some of the criteria under discussion included the interest of the USAID/Harare mission in participating in HIV/AIDS activities, ease of access (communication and transportation) to all priority and associate AIDSCAP countries in Africa and to AIDSCAP headquarters, and Zimbabwe's status as a priority country for AIDSCAP. Several other possible locations were considered but an appropriate site could not be identified. The AIDSCAP Africa regional office has moved temporarily to Arlington, Virginia, and began operating on August 1, 1992. AIDSCAP is continuing to explore options for relocating the office in Africa and is considering Nairobi as a site. A decision will be reached during the next reporting period.

The Africa regional office has filled the following positions during the second semi-annual reporting period: regional director, deputy regional director, administration and finance officer, two program officers, private sector/condom social marketing officer, logistics officer, and training officer. We have identified persons for the positions of communication officer and STD officer and they have confirmed their willingness to join the team in Washington and later relocate to Africa. Temporary support staff has been hired for the office. Opening the Africa regional office has greatly improved communication with missions and countries, and will certainly enhance the smooth running of AIDSCAP activities as we move into implementing country programs.

Activities

AIDSCAP has hired resident advisors/coordinators for Cameroon, Kenya, Nigeria, Tanzania, and South Africa. AIDSCAP staff has completed several planning and technical visits to Africa. Strategic plans have been completed for Nigeria and Tanzania, and a strategic planning visit is scheduled for Cameroon in October. In addition, implementation plans have been scheduled for Malawi, Nigeria, and Senegal, and a one-year transition plan has been written for Tanzania. Program planning/technical visits have also been conducted in Burundi, Ethiopia, Lesotho, Mali, Niger, Rwanda, Senegal, and South Africa. Subprojects are being developed for AIDSCAP activities in Burundi, Kenya, Lesotho, Mali, Niger, Nigeria, Tanzania, South Africa, and Zimbabwe. A bridging subagreement and task order have been signed in Cameroon and activities are on-going. In addition, AIDSCAP staff is currently identifying potential projects for Cote d'Ivoire, Ethiopia, Malawi, Senegal, and Uganda.

Next steps

1. Participate in the country site visits for strategic and implementation planning.
2. Hire resident advisors for Malawi, Ethiopia, Senegal, and possibly Rwanda.
3. Establish country offices in all the priority countries.
4. Develop and initiate subproject activities in priority and associate countries.
5. Implement AIDSCAP management procedures and guidelines in the regional office and country offices.



AIDSCAP

Priority Country Programs

Africa

Ethiopia

Kenya

Malawi

Nigeria

Rwanda

Senegal

Population: 53,191,000

HIV seroprevalence*	Urban	Rural
High risk populations	18.2% (1991)	0.0% (1991)
Low risk populations	2.0% (1991)	0.0% (1991)

Project description

The AIDSCAP program in Ethiopia will commence with a 30 month interim project, Support to AIDS Control (STAC I). STAC I supports a set of bridging activities in STD prevention and control, IEC activities targeting youth and women at high risk, condom distribution and promotion through social marketing, institutional strengthening in the public and private sectors, and behavioral research and surveillance components. These will precede the design and establishment of a longer-term USAID-AIDSCAP project.

Accomplishments to date

1. Drafted and approved a Memorandum of Understanding with USAID/Ethiopia and R&D/H.
2. Drafted a Project Identification Document (STAC I).

In progress

1. Identifying candidates for the position of resident advisor.
2. AIDSCAP is coordinating and funding the visit of the USAID/Addis Ababa-nominated epidemiologist from the National AIDS Control Project (NACP) to attend the International Track of the Epidemic Intelligence Service Course in Atlanta, Georgia from 3 - 31 October 1992.

Immediate next steps

1. Confirm a resident advisor.
2. Provide technical assistance (TA) for an AIDS-related NGO assessment in Ethiopia.
3. Provide TA to develop a long-term collaborative research agenda between US and Ethiopian institutions.
4. Develop a FY93 AIDSCAP-NACP workplan for STAC I.
5. Establish the AIDSCAP office.
6. Write a Strategic Plan for Ethiopia and finalize the Implementation Plan for STAC I and II.

Constraints

1. Neither the Strategic Plan nor the Implementation Plan have been written yet.

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities - past six months/next six months												
STAC I PID drafted			x									
Confirm resident advisor											x	
TA for NGO assessment										x		
TA for behavioral research										x		
Develop FY93 workplan										x		
Establish office											x	

Population: 26,200,000

HIV seroprevalence*

Sex workers
Blood donors

Urban

>60% (1990)
3.6% (1990)

Project description

Kenya was designated an AIDSCAP priority country in September 1992. AIDSCAP activities in Kenya will build on and expand projects initiated under AIDSTECH. These include:

1. An AIDS information project with the Mijiza theatre company, which will be tied to counseling and condom distribution activities in the second year of the project.
2. Technical assistance in sentinel surveillance to the National AIDS Control Program.
3. Technical assistance through the Program for Appropriate Technology in Health (PATH) to a Kenya NGO consortium in IEC materials development.
4. Incorporation of AIDS education into existing private sector family planning programs.

Accomplishments to date

1. Developed a subagreement for Mijiza theater project.
2. Secured office space for the resident coordinator.
3. Contracted a consultant to provide TA to the NACP in sentinel surveillance.
4. Briefed the in-coming HPN Chief of USAID/Nairobi on anticipated AIDSCAP activities at AIDSCAP headquarters on June 18, 1992.
5. Conducted meetings of the NGO consortium.
6. Secured funding for resident coordinator and office costs effective September 16, 1992.

Immediate next steps

1. Assist the Mission in the development of a comprehensive HIV/AIDS prevention strategy.
2. Assist the Mission in designing bilateral HIV/AIDS prevention activities.
3. Identify potential subprojects and implementing agencies.
4. Provide technical assistance for subproject design.

Constraints

1. Program activities will be constrained if no additional funding is available.

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities-past six months/next six months												
Muijiza subagreement approved									x			
Implementation of Muijiza project										x	x	x
Strategic planning conducted												x



Malawi

Population: 9,000,000

HIV seroprevalence	Urban	Rural
High risk population (STD patients)*	6.24% (1988-1989)	Not available
Low risk population (pregnant women)**	27% (1992)	8% (1992)

Project description

AIDSCAP activities in Malawi are conducted under the A.I.D.-funded Support to AIDS and Family Health project (STAFH). The goals of the project are to decrease the total fertility rate and to decrease the rate of HIV transmission. AIDSCAP will work with the Ministry of Health AIDS Control Program in Malawi to implement the HIV/AIDS control component of the seven-year national health project. The child spacing component of the project will be implemented by another US institutional contractor.

The goals of the HIV/AIDS component of the program will be achieved through social education and behavioral change. Key elements of the strategy are:

1. To increase the number of facilities staffed and equipped to provide STD and HIV/AIDS educational services.
2. To expand AIDS services to communities through community based distribution and community organizations.
3. To improve the availability and accessibility of condoms.
4. To increase the institutional capacity of the national AIDS control program to lead the policy dialogue surrounding the AIDS control program.

Specific project activities will include the expansion of service delivery in private institutions and at the community level, increased social marketing efforts, expanded IEC activities in schools, and institutional strengthening of NGOs. The major target groups will be youth in- and out-of-school, employed men, male STD patients, bar owners, and commercial sex workers in bars. The geographic focus of program activities will be in three urban and six semi-urban areas.

Accomplishments to date

1. Completed the technical analysis for the AIDS prevention project.
2. Assisted USAID/Lilongwe to develop the AIDS component of the STAFH Project Paper.

* Source: U.S. Bureau of the Census

** Source: Johns Hopkins University

In progress

1. Subprojects to implement bridging activities are being designed.
2. Resident advisor candidates and technical specialists are being identified.
3. STD drug procurement sources are being identified.
4. STD Pilot 1 Study (drug evaluation) is ongoing in the country.
5. STD Pilot 2 Study concept paper is being drafted.
6. STD ethnographic study (assessing perceptions of STDs) is complete and the final report is pending.

Immediate next steps

1. Identify and confirm the AIDS unit manager and technical staff.
2. Develop a detailed implementation plan.
3. Coordinate a site visit to assess condom and STD drug logistics.
4. Identify implementing agencies and begin subproject design.

Constraints

1. The Project Paper has yet to be approved by the Mission.
2. Potential political instability.

	1992			1993									
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
Accomplishments/ activities past six months/next six months	Technical analysis for Mission PP completed												
			x										
	STD drug evaluation Pilot Study 1 implementation												
					x	x	x	x					
	STD drug evaluation Pilot Study 2 writing approval implementation												
					x	x				x			
										x	x	x	
	Condom and STD drugs logistics TA												
												x	
	Nomination of candidates to staff country office												
										x	x		
	Establish country office												
													x

	1992					1993						
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Resident advisor in country												x
Develop STD training manual for Malawi							x					
Implementation planning								x	x			

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Population: 88,500,000

HIV seroprevalence*	Urban	Rural
High risk populations	12.8% (1991)	0.5% (1991)
Low risk populations	5% (1991)	0.0% (1991)

Project description

AIDSCAP will be working with selected NGOs and the Government of Nigeria to strengthen their institutional capacity to implement HIV / AIDS prevention activities in three geographic locations - Kano, Cross River State and Lagos. The major AIDSCAP interventions include strengthening STD prevention and diagnostic services, improving condom distribution and promotion, and promoting behavior change through communication activities. These will be designed to focus on populations associated with high risk-behavior, including commercial sex workers, long distance drivers, university students, and the military. Project design and implementation will be complemented by supporting activities in policy development, behavioral research, and program evaluation.

Accomplishments to date

1. Developed a strategy and implementation document that has been approved by USAID/Lagos.
2. Initiated the process of establishing a country office and finalized the selection of candidates for resident advisor and IEC officer.
4. Developed a Memorandum of Understanding between USAID and the Federal Ministry of Health.
5. Signed a Letter of Intent to initiate the NGO component of the program, to be implemented through Africare.
6. Signed a Letter of Intent to ensure continued funding for the Commercial Sex Workers project in Calabar.

In progress

1. Subproject design for the NGO component and the expanded Commercial Sex Workers project in Calabar is being finalized.

Immediate next steps

1. Africare will initiate the NGO component.
2. Technical assistance visit to assist the resident advisor and IEC officer with logistics involved in setting up a functional office to manage the large AIDSCAP program in Nigeria.
3. Provide technical assistance to design additional subprojects to initiate activities with the military, truckers, and students; at workplaces, and in condom social marketing.

*Source: U.S. Bureau of the Census

Constraints None.

		1992					1993						
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities-past six months/next six months	Strategic/implementation planning site visit		x										
	Visit to interview/ hire resident advisor and IEC program officer						x						
	Country Plan approved by USAID/Lagos							x					
	MOU finalized and signed								x				
	Resident advisor and IEC program officer hired										x		
	Subagreements for NGO component and CSW project signed											x	
	NGO training workshops										x	x	
	Subgrants to three NGOs											x	x
	Additional subproject design											x	x



Rwanda

Population: 8,000,000

HIV seroprevalence*	Urban	Rural
High risk populations	54-80%	Not available
Low risk populations	27%	3%

Project description USAID/Rwanda is responding to the escalating problem of HIV/AIDS in the country by supporting a comprehensive prevention project which focuses on curbing sexual transmission of HIV. Upon the Mission's request, Rwanda was designated an AIDSCAP priority country in September 1992; project design will commence immediately in October with an AIDSCAP assessment of the epidemic, ongoing activities, and needs. Follow-up design and planning visits in January and April 1993 will allow the Mission to obligate funds for project start-up in September of FY93.

Immediate next steps 1. Assist the Mission to develop a Project Identification Document and Project Paper for a comprehensive HIV/AIDS prevention project.

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities - past six months/next six months												
Designated a priority country						x						
Commencement of project design							x					
Follow-up design and planning visits										x	x	

*Source: Rwanda MOH, Department of Epidemiology

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Senegal

Population: 7,533,000

HIV seroprevalence*	Urban	Rural
High risk populations	2.3% (1991)	0.1% (1991)
Low risk populations	0.1% (1991)	Not available

Project description

AIDSCAP activities in Senegal, where HIV prevalence is relatively low, will focus on populations at highest risk for HIV infection. These groups include commercial sex workers and women with multiple sexual partners, male transport and migrant workers, men in the armed forces, men seeking STD treatment, and youth both in and out of school. Major activities will include strategic planning with the National AIDS Control Project (NACP), targeted communication campaigns, strengthening public- and private-sector condom distribution efforts and expanding distribution to non-traditional outlets, strengthening STD control services, the PVO/NGO grants program, and promoting dialogue to improve the policy environment. The geographic focus of the Senegal program will be in four regions - Dakar, Kaolack, Ziguinchor, and Thies.

Accomplishments to date

1. Completed and approved a Project Identification Document during a site visit for initial project design.
2. Developed a Project Paper in collaboration with USAID which was approved.
3. Finalized a USAID Program Agreement with the Government of Senegal.

In progress

1. Identifying candidates for country resident advisor.
2. A detailed implementation visit is planned for October in preparation for project initiation in early 1993.

Immediate next steps

1. Finalize the AIDSCAP Strategic and Implementation Plans.
2. Identify a resident advisor.
3. Establish the AIDSCAP country office.
4. Identify implementing agencies and provide technical assistance for project design.

Constraints

1. Political instability in Ziguinchor may delay project activities there.
2. Mission funding requirements may require creative financing.

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	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities - past six months/next six months												
PID and Project Paper developed	x	x										
PROAG with GOS signed and first installment of \$2 million obligated				x								
Implementation Plan developed							x					
Resident advisor confirmed										x		
Office established										x		
Subagreements developed										x	x	x
Projects initiated											x	x

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AIDSCAP

Potential Priority Country Programs

Africa

Cameroon
Tanzania



Cameroon

Population: 11,390,000

HIV seroprevalence*	Urban	Rural
High risk populations	0.0%-8.6% (1991)	0.0%-0.4% (1991)
Low risk populations	1.1% (1991)	0.0%-4.6% (1987)

Project description

The major components of the AIDSCAP program in Cameroon include targeted interventions, condom social marketing, and improving STD prevention and treatment efforts. Target groups include commercial sex workers and their clients, STD patients, military personnel, and university students. Communication for behavior change and condom distribution activities will focus on workplaces, popular social gathering spots and schools. The Cameroon program will also include a pilot project for social marketing of STD drugs. Activities started under AIDSTECH will continue in Yaounde, Douala, Maroua and Ebolowa and may be expanded under AIDSCAP in urban and semi-urban centers by the end of the project.

Accomplishments to date

1. Placed a resident coordinator for the AIDSCAP Project in Cameroon.
2. Completed a bridging subagreement for a high risk group intervention project; project activities are ongoing.
3. Committed financial and organizational support for the VII International Conference on AIDS in Africa.
4. Signed a task order with PSI for the bridging Condom Social Marketing project.

In progress

1. Reviewing a task order with PSI for a pilot social marketing project for STD drugs.

Immediate next steps

1. Draft a Strategic/Implementation Plan for a four-year project during site visit in October 1992.
2. Provide technical assistance for the pilot STD Drug Social Marketing project in the final quarter of 1992.
3. Provide technical assistance to the National AIDS Control Program for evaluation of and future planning for the Medium Term Plan.
4. Design subprojects for interventions with commercial sex workers, military personnel, and university students, and for condom social marketing.

Constraints

1. Sufficient funding for priority country-scale activities has not been secured.

*Source: U.S. Bureau of the Census

26

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities - past six months/next six months												
Site visit to initiate AIDSTECH to AIDSCAP transition			x									
Bridging subagreement for targeted interventions finalized						x						
Resident coordinator hired						x						
Task Order for Condom Social Marketing project finalized								x				
Bridging Task Order for pilot STD Drug Social Marketing project finalized									x			
Strategic/implementation planning site visit								x				
Subproject design										x		
Regional Conference										x		
TA for National Aids Control Program												x



AIDSCAP

Tanzania

Population: 26,869,000

HIV seroprevalence*	Urban	Rural
High risk populations	38.7% (1991)	11.7% (1991)
Low risk populations	8.9% (1991)	5.4% (1991)

Project description

The Strategic Plan for Tanzania outlines a five-year program targeting commercial sex workers, youth, and migrant, transport and factory workers. Target groups will be reached through peer education, condom social marketing and STD services. The program also has strong components in research, policy reform and evaluation. During an interim period from September 1992 through September 1993, AIDSCAP will implement a Transition Project which will build on existing AIDSTECH and AIDSCOM projects. Project activities include condom social marketing, AIDS in the workplace, counselling, STD education for pharmacists and an intervention project for truckers and their sexual partners. Geographically, the focus of the project will be in urban centers and along major trucking routes. The Mission add-on budget for the transition year is \$1 Million.

Accomplishments to date

1. Developed a draft 5-year Strategic Plan during the initial visit in May 1992, with a total budget of \$9-10 million.
2. Completed a Transition Plan with detailed budgets for FY 1993.
3. Signed a subagreement for the STD Education for Pharmacists project.
4. Completed an assessment of the Condom Social Marketing project.
5. Secured continued funding for the AMREF Truckers project through a Letter of Intent.
6. Placed a resident coordinator for the AIDSCAP program in Tanzania.

In progress

1. The African Medical Research Foundation (AMREF) and STD Prevention projects are being developed for implementation during the transition period.

Immediate next steps

1. Initiate negotiations with implementing agencies for the continuation of AIDSCOM projects whose funding ends December 31, 1992.
2. Provide technical assistance through the Institute of Tropical Medicine to AMREF for the STD component of the project.
3. Provide technical assistance to assess the institutional capacity of local NGOs/PVOs in the areas of HIV prevention and/or assistance to orphans.
4. Provide technical assistance in November 1992 to participate in an evaluation of AIDSCOM and AIDSTECH activities to date and to provide input into and recommendations for follow-on activities.
5. Provide assistance to USAID/Tanzania for the development of a Project Paper in January 1992 for a comprehensive HIV/AIDS prevention project.

Constraints

1. Priority country status is uncertain.

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities past six months/next six months												
Strategic design visit		x										
Transition Paper visit				x								
Resident coordinator in place							x					
Pharmacists subagreement finalized								x				
Condom social marketing assessment							x					
NGO assessment									x			
AIDSTECH/AIDSCOM evaluation									x			
AMREF subagreements signed										x		
Develop AIDSCOM follow-on activities										x	x	
Project Paper design											x	

Associate Country Programs

Africa

Botswana

Burundi

Côte d'Ivoire

Lesotho

Mali

Niger

Republic of South Africa

Uganda

Zimbabwe



Botswana

Population: 1,400,000

HIV seroprevalence*	Urban	Rural
STD patients	5-10% (1990)	Not available
Ante-natal clinics	1-2% (1990)	Not available
Low risk population	Not available	0.1% (1984)

Project description

No AIDSCAP activities are planned in Botswana in the coming year.

On April 27 an AIDSCAP program officer and an AIDSCAP STD specialist travelled to Botswana to assist USAID/Gaborone and the Government of Botswana to design expanded AIDS intervention projects appropriate for expanded USAID support, and to identify aspects of STD management appropriate for integration with Botswana Population Sector Assistance Grant (BOTSPA) activities.

The mission decided not to obligate any funds to AIDSCAP in FY 92 while it considers future programming possibilities.

*Source: U.S. Bureau of the Census



Burundi

Population: 5,800,000

HIV seroprevalence*	Urban	Rural
Factory workers	14.4% (1990)	Not available
University students	1.5% (1990)	Not available

Project description

AIDSCAP activities in Burundi will build on several AIDSTECH projects. AIDSCAP has received a mission add-on to continue and expand cohort epidemiological surveillance begun under AIDSTECH. This project will run through September 1993.

Furthermore, AIDSCAP, together with Centers for Disease Control (CDC), proposed a comprehensive plan for USAID/Bujumbura's HIV/AIDS prevention activities for the next two years. These activities are pending approval of USAID/Bujumbura's Country Program Strategic Plan (CPSP) in December 1992. The projects proposed include:

1. Improved and expanded STD and HIV surveillance studies.
2. Establishment of a pilot STD clinic.
3. An IEC project focused on women at high risk.
4. Workplace-based peer education projects.
5. Behavioral research on sexual behavior, condom use, STD treatment-seeking behavior, and alcohol and high-risk sex.
6. Hiring a full-time resident coordinator.
7. Placement of a behavioral research fellow to assist in the research projects described.

Accomplishments to date

1. A consultant completed an evaluation and needs assessment of youth programs.
2. The AIDSCAP/CDC joint team proposed a comprehensive plan for USAID/Bujumbura's AIDS prevention activities for the next two years.

In progress

1. Funding for and development of subprojects for Burundi will be determined based on the Mission's country strategy and pending approval of the CPSP.

Immediate next steps

1. Design subproject for continuation of cohort epidemiological surveillance.
2. Upon approval of the Mission CPSP, design subprojects for other prevention activities.

Constraints

1. Identify implementing agencies and design projects for the above-mentioned activities. This is contingent upon USAID/Washington's approval of the Burundi Mission's country strategy.

*Source: U.S. Bureau of the Census

Population: 13,000,000

HIV seroprevalence*	Urban	Rural
High risk populations	62.5% (1990)	Not available
Low risk populations	10.5% (1990-91)	3.3% (1989)

Project description

USAID/Abidjan provided an add-on for modeling and economic impact assessment in Côte d'Ivoire. In addition, Côte d'Ivoire has been selected as one of the sites for the AIDSCAP PVO Competitive Grants Program.

Accomplishments to date

1. USAID/Abidjan has concurred with the selection of Côte d'Ivoire as a site for the PVO Grants Program.
2. Selected AID-registered PVOs and USAID/Abidjan have received the invitation for applications for the grants program.
3. AIDSCAP's financial contribution to the commercial film *Rue Princesse* was reviewed and discussed with the director/producer in Abidjan.

In progress

1. Concept papers for the grants program are due October 16, 1992. Successful applicants will be asked to submit a full proposal by December 23, 1992, and project selection will be made by January 15, 1992. Project implementation is expected to begin in the first quarter of calendar year 1993.

Immediate next steps

1. Review concept papers, October 19 and November 6, 1992, and select projects for funding under the PVO Grants Program.
2. Identify Francophone consultant to provide technical assistance (TA) in mathematical modeling of AIDS epidemic.
3. Prepare Letter of Agreement and schedule for modeling TA.
4. Select a project or projects for funding under the PVO Grants Program.

Constraints

None.

23

Population: 1,900,000

HIV seroprevalence*	Urban	Rural
High risk population	Not available	Not available
Low risk population	0.1% (1988)	Not available

Project description

In Lesotho, AIDSCAP will support a community AIDS education project with the Lesotho Red Cross Society, and provide technical assistance to a peer education project being implemented by CARE, and an STD training project being implemented by the Private Health Association of Lesotho (PHAL).

Accomplishments to date

1. An AIDSCAP program officer provided technical assistance to the Lesotho Mission to assess current activities in AIDS prevention and to review project proposals from CARE and the Lesotho Red Cross Society.
2. AIDSCAP also provided technical assistance in the design of a media workshop sponsored by the Lesotho Network of AIDS Service Organizations and made a presentation at the workshop.
3. A report with recommendations for AIDSCAP programming has been written and finalized, and a briefing was held at AIDSCAP headquarters.
4. AIDSCAP worked with the Lesotho Red Cross Society to design a subproject.

Immediate next steps

1. Receive final approval of the Red Cross subagreement.
2. Provide technical assistance to Mission for reprogramming of funds with USAID/Maseru.
3. Implement the Red Cross project.
4. Provide technical assistance to CARE.
5. Provide technical assistance to the Private Health Association of Lesotho (PHAL).

Constraints

None.

*Source: U.S. Bureau of the Census



Mali

Population: 8,500,000

HIV seroprevalence*	Urban	Rural
High risk populations	23.0% (1987)	Not available
Low risk populations	0.4% (1987)	Not available

Project description

AIDSCAP activities will build on AIDSTECH activities in Mali in a project to prevent HIV among women with multiple partners through AIDS education and condom distribution and promotion, and an outreach program targeted at men, implemented by the Mali Ministry of Health. An AIDSTECH consultant will serve as the technical advisor for AIDSCAP activities.

Accomplishments to date

1. The AIDSTECH regional coordinator travelled to Mali to assist the Mission in completing the design of their add-on to the AIDSCAP project, to assist in phase-out of AIDSTECH projects to AIDSCAP, and to design detailed implementation plans and evaluation/follow-up strategies.
2. The Mali Ministry of Health has been identified as the implementing agency.
3. A Letter of Intent has been executed to provide funds between the conclusion of the AIDSTECH subproject and the commencement of the AIDSCAP subproject.
4. A preliminary draft of the subagreement has been written and has passed technical review.

Immediate next steps

1. Finalize subproject design and begin implementation.
2. Training of peer educators.
3. Outreach education and bar-site meetings.
4. Pre- and post-Knowledge, Attitudes and Practices (KAP) survey in Sikasso.
5. Post-Knowledge, Attitudes and Practices (KAP) survey in Bamako.
6. Establishment of small grants committee and procedures.
7. Small grants awarded.

*Source: U.S. Bureau of the Census



Niger

Population: 8,300,000

HIV seroprevalence*	Urban	Rural
Sex workers	5.8% (1989)	4.3% (1988)
Blood donors	0.5% (1988)	Not available

Project description

AIDSCAP activity in Niger will consist of an expanded intervention with high-risk groups. The project will build on an AIDSTECH pilot program and will include an outreach program and peer education for women with multiple partners, truck drivers, and STD patients, condom distribution, and improvement of STD treatment. The project will be implemented by the Nigerian Directorate of Surveillance, Epidemiology and Prevention (DSEP), with AIDSCAP providing technical assistance and with a locally hired consultant who will be responsible for continuous oversight of the project and liaison with USAID, the Ministry of Health, PVOs and AIDSCAP.

Accomplishments to date

1. The AIDSTECH regional coordinator travelled to Niger to assist USAID/Niamey in designing the Mission add-on to AIDSCAP. She also assessed the impact of a potential funding gap from the end of the AIDSTECH project to the commencement of AIDSCAP activities.
2. AIDSCAP has initiated subproject design with the Nigerian Directorate of Surveillance, Epidemiology and Prevention (DSEP).
3. AIDSCAP has executed a Letter of Intent to provide funding until the subagreement comes into effect.
4. A consultant provided technical assistance in training of trainers to CARE on a peer education project focused on migrant workers.

In progress

1. Revise subagreement and incorporate changes suggested during technical review.

Immediate next steps

1. Finalize subproject design and begin implementation.
2. Hire a local consultant.



Republic of South Africa

Population: 40,601,000

HIV seroprevalence*	Urban	Rural
High risk populations	3.2% (1991)	0.4% (1991)
Low risk populations	0.9% (1990)	Not available

Project description

AIDSCAP is working in collaboration with the Academy for Educational Development (AED) in the implementation of AIDS prevention and control programs. The AED/AIDSCAP program builds on previous AIDSCOM activities in South Africa. The South African program assists NGOs to strengthen their capacity to implement HIV/AIDS prevention activities through training workshops, a National HIV/AIDS Resource Center, and study tours to observe AIDS Control Programs in neighboring African nations. The program will also include a pilot project based on AED's Children with HIV/AIDS Model Project (CHAMP). The pilot project will be mounted in the Natal region and will develop local training and support systems to meet the needs of seropositive women and affected families.

Accomplishments to date

1. Designed a subproject with CHAMP in Natal, based on results from a feasibility study conducted by AED/AIDSCAP in July 1992.
2. Invited six representatives from South African NGOs who participated in an AED/AIDSCAP study tour of AIDS prevention and control activities in Zimbabwe, Uganda, and Malawi.
3. Sponsored, with AIDSCOM, three regional coordinators for South African NGOs to attend the VIII International Conference on AIDS in Amsterdam.
4. Delegated participation in five policy-level meetings conducted by the AIDS program of the Department of National Health and Population Development to the AED/AIDSCAP resident advisor.
5. Completed and approved the Project Implementation Plan.

Immediate next steps

1. In November 1992, an AED/AIDSCAP consultant will conduct training and formative research for the CHAMP pilot project in the Natal region.
2. Representatives from South African NGOs will participate in a study tour of three additional African countries.
3. Three NGO representatives will be funded to attend the VII International Conference on AIDS in Africa in Cameroon in December 1992.
4. In January, an AED/AIDSCAP consultant will conduct additional training for the CHAMP project in Natal.

Constraints

1. The political and socio-economic climate is unstable.

Population: 17,500,000

HIV seroprevalence*	Urban	Rural
High risk populations	45-55% (1991)	Not available
Low risk populations	9-31% (1989)	5% (1991)

Project description

At the request of USAID/Kampala, AIDSCAP has sent a series of consultants to Uganda to provide technical assistance to a number of groups over the past summer.

Accomplishments to date

1. Technical assistance (TA) was provided for three weeks in May and June, 1992, with a scope of work to assist the Islamic Medical Association of Uganda to implement an intensive program of AIDS education and promotion of behavior change among Ugandan Muslims, and to provide TA to the AIDS Education and Control Project of the Experiment for International Living.
2. TA was provided for two weeks in June to evaluate and plan for quality assurance measures for blood collection, storage, and transport at the AIDS Information Center and Ugandan blood banks.
3. TA was provided for three weeks in July to explore the feasibility of the Church of Uganda and the Protestant Medical Bureau working together to implement AIDS prevention interventions.
4. TA was provided for two weeks in July to provide training in counselling to The AIDS Support Organization (TASO).
5. The AIDS advisor to USAID/Kampala joined consultants at AIDSCAP headquarters for debriefing meetings during the week of August 24-28.

In progress

1. TA may be provided in November to evaluate the Uganda AIDS Commission Secretariat and make recommendations on continuation of USAID/Kampala funding for the Secretariat.
2. Tentative plans are underway for an AIDSCAP staff member to visit USAID Kampala to discuss possible involvement of AIDSCAP on a larger scale.

Immediate next steps

1. Evaluation of Uganda AIDS Commission Secretariat.

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Zimbabwe

Population: 7,878,000

HIV seroprevalence*	Urban	Rural
High risk	28.6% (1990)	6.6%
Low risk	18% (1990)	1.4%

Project description

The AIDSTECH project supported a number of program activities in Zimbabwe, starting with the "Intervention with High-Risk Groups in Bulawayo" project. This project is replicated in Masvingo and Lake Kariba. AIDSTECH also undertook an AIDS education and condom distribution project in association with the Commercial Farmers Union. The USAID/Harare office was not able to commit additional funds to continue these projects although FHI was able to secure Rockefeller Foundation support for three of the above activities and AIDSCAP has agreed to use core funding (\$35,000) to continue the flagship Bulawayo project upon the completion of AIDSTECH support.

At present, the Bulawayo project is focusing on improving STD diagnosis, treatment and prevention counseling skills of the Bulawayo health services clinic staff; strengthening programs to current target groups; refining strategies for reaching new target groups (youth and employed people at worksites); and exploring options for income generation for long term sustainability.

Accomplishments to date

1. Secured Rockefeller Foundation funding for three AIDSTECH projects.
2. Allocated core funding for the continuation of the flagship Bulawayo project.
3. Drafted and sent a subagreement to headquarters for regional office & headquarters review.

Immediate next steps

1. Review and approve subagreement.
2. Design materials for new target groups.
3. Continue program operations.
4. Evaluate project impact/sustainability.

Constraints

1. The major constraint to this and other Zimbabwe projects will be securing long term financing to continue these successful programs.
2. A secondary constraint is the recurring (and as of yet, unresolved) problem of locating a condom source.

*Source: U.S. Bureau of the Census

3/1

Very early in the program, Zambia was identified as AIDSCAP's first priority country. Within four months of the award of the Cooperative Agreement, a team of six went to Zambia to undertake AIDSCAP's first Strategic Planning visit. Subsequently, a second visit of six people worked on implementation plans including the development of an overall budget of \$21,869,000. This included the programming of \$3,750,000 of AIDSCAP core funds. These plans were incorporated into the Mission's Project Design Document which was submitted by USAID/Lusaka in April 1992. As the dialogue progressed, it became clear that there were issues between USAID/Lusaka and AIDSCAP that were impeding development of the program. These included: (a) the reporting relationship between the AIDSCAP resident advisor, USAID, AIDSCAP headquarters and the regional office; (b) the operational relationship between the Mission and AIDSCAP; (c) the relative emphases to be placed on specific program components; and (d) the perceived importance of a Memorandum of Understanding.

Regrettably, dialogue between AIDSCAP and USAID/Lusaka could not resolve some of these issues. Subsequently, the Mission opted to implement its AIDS strategy without accessing AIDSCAP's resources. Work completed by AIDSCAP during its strategic and implementation planning visits was not lost as it became the basis for the USAID/Lusaka program.



AIDSCAP Programs

Asia

-
-  Priority Country
 -  Associate Country





Asia Regional Office

Office location and staffing

The AIDSCAP Asia regional office was established in Bangkok in April 1992. Negotiations are still underway with the Department of Technical and Economic Cooperation (DTEC) of the Royal Thai Government to develop the legal framework under which AIDSCAP will work in Thailand. The agreement will be signed pending the incorporation of changes recommended by USAID/Thailand.

The following new staff were recruited: an STD officer who became the acting director in June, two program assistants, an accountant, a part-time receptionist and an administrative assistant. A regional office director and a resident advisor for India were appointed in September and will fill their posts in October. The Asia regional office created and implemented office systems and procedures and received five DEC personal computers and three laser jet printers with assistance from USAID/Thailand.

Activities

In Thailand, four subagreements have been submitted to headquarters, and several others are in various stages of design and completion. A community profile database of Bangkok districts has been developed. Regional and headquarters evaluation staff collaborated in-country to develop a country evaluation plan for Thailand and a conceptual framework for a comprehensive, integrated AIDSCAP program in Thailand. The finance officer traveled to India in late May to assist the Mission in negotiating its agreement with Voluntary Health Services, the Indian NGO that will implement the AIDS Prevention and Control Project (APAC) in Tamil Nadu State. The acting director and the training officer visited Indonesia in mid-September to assess the Mission's AIDS program and to plan AIDSCAP support for FY93, which will be funded through a \$300,000 OYB transfer. At the request of USAID/Manila, AIDSCAP regional staff facilitated a visit in late May of officers from the Philippines Department of Health to observe the Thai sentinel surveillance system. At the request of the U.S. Ambassador to Vientiane, the Thailand resident advisor and the communications officer respectively made a presentation and facilitated a working group at a two-day national AIDS conference sponsored by the UNDP in Laos.

The regional staff drafted an AIDSCAP Regional Strategy, in April, which served R&D/H and the Asia Bureau in developing an HIV/AIDS Prevention Strategy for Asia. The acting director travelled to Arlington to participate in the AIDSCAP Technical Advisory Group (TAG) meeting in July, then joined the Thailand resident advisor, the evaluation and training officers at the VIII International Conference on AIDS in Amsterdam. The Asia regional staff met with the deputy director of USAID/Phnom Penh, in Bangkok, in July, for an update on the HIV/AIDS situation in that country. Early in September, the director of AIDSCAP officially opened the regional office and formally introduced the AIDSCAP project to top-level Thai collaborators, the USAID mission, local NGOs and international donors. The regional staff prepared a ten minute audiovisual presentation on the Bangkok AIDSCAP strategy for the occasion. In late September, the training, communication and program officers, and the designated India resident advisor participated in a one week orientation at headquarters.

While in Arlington, the staff briefed Asia Bureau staff on AIDSCAP activities in Asia. Finally, a new regional director was appointed and will report to post October 16, 1992.

Next steps

1. Orient the new regional director.
2. Fine tune the Asia regional strategy and develop a work plan and budget for Asia Bureau support for the Asia regional office.
3. Assist the India resident advisor to set-up office in Madras.
4. Finalize AIDSCAP's role in the USAID-funded AIDS control efforts in the State of Tamil Nadu in India and determine sources of funding for this assistance.
5. Continue to assist with subproject design in Thailand and in Indonesia as a top priority.
6. Secure blanket approval for subagreements from USAID Mission/Thailand
7. Continue to provide and coordinate technical assistance as requested by resident advisors and USAID Missions in the region.
8. Finalize regional office staffing plan and hire staff.
9. Complete the agreement with the Department of Technical Economic Cooperation (DTEC) .
10. Obtain and set up the computer VAX system.
11. Establish the AIDSCAP MIS system and train staff in its use.
12. Train regional staff in the use of the LogFrame.
13. Represent AIDSCAP at the 2nd Annual Congress on AIDS in Asia and the Pacific, New Delhi, November 8-12, 1992.
14. Give presentations at the International Planned Parenthood Federation (IPPF) meeting in New Delhi, October 23-25, 1992.



Priority Country Programs

Asia

India
Thailand

Population: 882,600,000

HIV seroprevalence*

(Tamil Nadu)

High risk population

Low risk population

Urban

2.9%

1.3%

Rural

Not available

Not available

Project description

The USAID/India office has authorized the AIDS Prevention and Control (APAC) Project for India. There will be a seven year project in the State of Tamil Nadu. The total budget will be \$10 million.

The APAC project will target high risk populations, including prostitutes and their clients, and STD patients. Grants to NGOs will be provided to educate target populations, to promote and sell condoms, and to enhance STD services and counseling. USAID/India will enter into a cooperative agreement with Voluntary Health Services (VHS) to implement and manage the project.

AIDSCAP's role in this project will primarily be the provision of technical assistance through short-term technical assistance from the regional office and headquarters and through a permanent AIDSCAP resident advisor to be located in Madras.

Accomplishments to date

1. AIDSCAP provided technical assistance in developing the Project Paper which the Mission director authorized on June 24, 1992.
2. Provided technical assistance to the Mission May 26-June 5, 1992, in drafting a cooperative agreement with VHS.
3. AIDSCAP identified a resident advisor for India who underwent orientation at AIDSCAP headquarters and will begin work in October 1992.
4. The Government of India (GOI) and USAID/India signed the agreement approving the project on September 30, 1992.

In progress

1. Negotiations are underway between AID/Washington, the Asia Bureau and AIDSCAP to determine the sources of funding for the \$2.3 million funding gap for AIDSCAP technical assistance to the APAC Project.

Immediate next steps

1. AIDSCAP/Asia regional and headquarters staff, USAID/India mission staff, and AID/Asia Bureau will meet in New Delhi to make decisions on Asia Bureau funding levels for AIDSCAP involvement in India.
2. AIDSCAP will present abstracts, participate in a plenary session and have a booth at the regional AIDS conference in New Delhi, 8-12 November, 1992.

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3. The AIDSCAP/Asia communications officer will provide technical assistance to India in November to develop a multi-media strategy and material for the announcement of the APAC project.
 4. A workplan and budget will be developed for AIDSCAP technical assistance to the APAC project in consultation with the USAID Mission and Voluntary Health Services (VHS).
 5. The AIDSCAP/Asia STD officer will participate in the World Health Organization's Global Programme on AIDS (WHO/GPA) field testing of the Priority Prevention Indicators (PPIs) for STD clinic assessment in Tamil Nadu from 16 November to 15 December 1992. This will provide baseline data for the APAC project.

Constraints

1. Uncertainties regarding the \$2.3 million funding for AIDSCAP technical assistance.
2. Final negotiations and signing of the cooperative agreement with VHS to act as the management and supervising agency for the APAC project.

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishment/ activities - past six months/next six months												
Technical assistance for drafting VHS Cooperative Agreement			x									
PP approved			x									
Resident advisor hired and oriented						x						
RA begins duties							x					
Sign Cooperative Agreement with VHS										x		
Develop workplan /budget for AIDSCAP TA to APAC							x	x				
Asia Bureau funding meeting										x		
TA for APAC announcement to NGOs										x		
TA for baseline STD clinic assessment										x	x	
First subgrants to be awarded												x



Thailand

Population: 55,000,000

HIV seroprevalence*	National
High risk population	5 - 24%
Low risk population	1%

Project description

Although the plan for AIDSCAP assistance to Thailand is national in scope, it is estimated that at least 80% of the AIDSCAP country budget will be allocated to a comprehensive prevention program for Bangkok. The total Bangkok population is six million, with an estimated three million men and women in the high-risk age range of 15 to 39 years. The comprehensive program will begin in six districts and eventually expand to cover all 38 districts of Bangkok by the end of the Cooperative Agreement. The program will begin by identifying and mobilizing community networks to support the prevention services that are offered by AIDSCAP technical packages in the areas of STD control, condom promotion and interpersonal communication. A mass communication component will be implemented to reinforce the above.

Accomplishments to date

1. AIDSCAP has in cooperation with the Ministry of Public Health and the National AIDS Policy and Planning Coordination Bureau approved the strategic plan for Thailand.
2. AIDSCAP has selected the six target districts for the comprehensive Bangkok model program based on site visits and analysis of a detailed data base compiled by the Asia regional office. These data enabled the creation of community profiles by a variety of characteristics and will be continually up-dated through the life of the project (LOP).
3. The Asia regional office arranged a study tour for officials of the Philippines Department of Health to observe Thailand's AIDS sentinel surveillance system.
4. The Asia regional office held meetings with the Behavioral Research Unit chief to plan the research strategy for Thailand.
5. AIDSCAP completed the design for four subprojects and processed subagreements for approval.
6. The director of AIDSCAP visited Thailand to host the official opening of the Thailand office and to show appreciation to current and future collaborating agencies.
7. Project headquarters sent staff from the Evaluation Unit to help draft a country evaluation plan for Thailand, to assist in developing questionnaires for use in the Behavioral Sentinel Surveillance subproject, and to provide technical assistance in the application of qualitative methods to evaluation.
8. The training and STD officers gave presentations at the regional Diploma Course in STDs at the Bangrak Hospital on "Health Education and Counselling for STD Patients" and "Overview and Developments in STD Diagnosis".



AIDSCAP

Associate Country Programs

Asia

Indonesia

Population: 184,000,000

HIV seroprevalence*

General population

<0.1% (1988)

Project description

In July 1992, USAID/Jakarta sent a cable requesting that \$300,000 remaining from last year's OYB transfer to R&D/H be added to the AIDSCAP project for technical assistance in AIDS/STD prevention counseling and impact modeling/policy projects.

Accomplishments to date

1. The AIDSCAP acting regional director for Asia and STD specialist, and the AIDSCAP training officer visited Indonesia September 10-18 to discuss USAID/Jakarta's AIDS strategy and to plan future AIDSCAP activities.
2. Discussions are underway for programming funds for modeling.

Immediate next steps

1. Plan modeling activities and prepare Letter of Agreement.
2. Plan meetings for policy makers.

Anticipated accomplishments/activities over next twelve months

1. Modeling technical assistance visits.
2. Meetings for policy makers.
3. Communication technical assistance visits.



AIDSCAP Programs

Latin America/ Caribbean

-
-  Priority Country
 -  Potential Priority Country
 -  Associate Country





AIDSCAP

Latin America and the Caribbean (LA/C) Regional Office

Office location and staffing

The Latin America/Caribbean (LA/C) regional office is fully operational now that the complement of regional director, one trainer, one communications officer, one private sector officer, one program officer and support staff are hired. The LA/C offices are located in Arlington, Virginia at AIDSCAP headquarters.

An orientation of the LA/C regional office was conducted in August when the regional director was brought on board. The regional office staff, diverse in ethnicity, culture, and language prepared an orientation to brief the new director on activities to date and to present an overview of AIDSCAP and FHI. The LA/C regional office will strengthen the current complement of AIDSCAP staff by recruiting a program assistant and an executive secretary with Portuguese language skills. In addition, a finance officer will come on board November 16.

Activities

Site visits were made to Brazil, Colombia, the Dominican Republic, Haiti, Honduras and Jamaica. AIDSCAP has processed Letters of Intent for bridging activities between AIDSCAP and its predecessors, AIDSTECH and AIDSCOM, in Brazil, the Dominican Republic, Haiti and Jamaica. Subagreements are being developed.

During the past 12 months, AIDSCAP, in collaboration with USAID, has established Brazil and Haiti as priority countries for the region. In addition, the process of establishing Jamaica as a priority country is close to final. Country offices and staff are being established for these three priority countries. Negotiations for AIDSCAP priority country status are underway with USAID Missions in Honduras and the Dominican Republic.

The LA/C regional office will join the Office of Country Programs in planning for other potential associate countries to be developed during the next twelve months. Project development will begin the implementation phase in the region's priority and associate countries.

Next steps

1. Complete the selection of resident advisors and regional office staff.
2. Pursue recently identified leveraging opportunities for AIDSCAP activities in Brazil and Colombia.
3. Complete subagreements for all FY93 activities.
4. Assist the Office of Country Programs in developing plans to identify and establish associate countries in the region.
5. Complete strategic plans and implementation plans for each priority country in the region.
6. Develop subprojects for each priority country based on implementation plans.
7. Begin baseline data collection as the basis for project evaluation.
8. Install AIDSCAP MIS and train in-country staff in each priority country.
9. Initiate collaboration with implementing agencies in priority countries to begin sub-project interventions.



Priority Country Programs

Latin America/ Caribbean

Brazil
Haiti
Jamaica



Brazil

Population: 153,322,000

HIV seroprevalence*	Urban	Rural
High risk population	3.0%	0.0%
Low risk population	1.2%	0.0%

Project description

Brazil is designated as a priority country by USAID's Bureau for Latin America and the Caribbean and R&D/Health. Targeting the AIDS problem in Brazil is complicated by the size of the country, the large population, and its ethnic diversity. Because of these factors and limited resources, target geographic areas and target populations are carefully selected to maximize the impact on sexual transmission of AIDS within resource constraints. The program will work in the states of São Paulo and Rio de Janeiro, areas where HIV incidence is greatest. Target populations include men whose work removes them from their normal social structures (e.g. migrant factory workers, long-distance truck drivers), persons with STDs, commercial sex workers, and men who have sex with men. These are the groups at highest risk for sexual transmission of HIV, and through whom the epidemic threatens the general population.

Accomplishments to date

1. A strategic planning visit was conducted in January 1992. The plan was drafted, finalized and approved by the USAID/Washington and USAID/Latin American/Caribbean Bureau.
2. The Strategic Plan was included in the Five Year Action plan of USAID/Brazil.
3. The resident advisor participated in the Congressional Forum on the AIDS Pandemic at the House of Representatives in Washington, June 1992, as an AIDSCAP country representative.
4. Technical assistance was provided to the Ministry of Health in Brazil for the development of a \$15 million dollar condom acquisition and distribution proposal to be presented to the World Bank.
5. AIDSCAP established the country office in August 1992 in São Paulo and hired a resident advisor, a part-time consultant in Rio de Janeiro, and a bilingual secretary.
6. An implementation planning team visit to Brasília, São Paulo and Rio de Janeiro took place from August 29 to September 19, 1992. An Implementation Plan was drafted and potential implementing institutions identified.

In progress

1. Legal establishment of FHI/AIDSCAP in Brazil with technical assistance of lawyers recommended by USAID/Brasilia.
2. Policy dialogue initiated with federal and state authorities concerning tariffs and domestic taxes affecting production and distribution of condoms.
3. Implementation Plan under technical review by AIDSCAP headquarters and AID/Washington.
4. Site visit of AIDSCAP's behavioral research team.

*Source: U.S. Bureau of the Census

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Immediate next steps

1. Submit Implementation Plan to USAID/Washington and USAID/Brasilia for approval.
2. Design subprojects with potential implementing institutions. These include an AIDS prevention and education campaign with IMPACT, a behavioral research project with the Center for AIDS Prevention Studies (CAPS), interventions for men away from home, for men who have sex with men, and for commercial sex workers, and condom social marketing and logistics projects.
3. Recruit a financial officer/accountant for the country office.
4. Initiate project activities and disbursement procedures once subagreements are signed and approved.

Constraints None.

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities - past six months/next six months												
Strategic Plan review/approval	x	x										
Participation at Congressional Forum on HIV/AIDS			x									
Condom strategy TA to MOH					x							
Representation at AIDS Int'l. Conference Amsterdam					x							
Country office established						x						
Legal procedure to establish AIDSCAP/Brazil initiated						x						
Implementation Plan developed, identification of implementing agencies			x				x					
Implementation Plan reviewed and approved								x	x	x		
Behavioral research team site visit						x						
Development/approval of subagreements									x	x	x	
Program implementation										x	x	x

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Haiti

Population: 7,000,000

HIV seroprevalence*	Urban	Rural
High risk population	41.9%	Not available
Low risk population	5.0%	3.0%

Project description

The AIDSCAP Program in Haiti was initiated under the FHI/AIDSTECH cooperative agreement with Mission funding from the ABA SIDA project. Towards the end of 1992, AIDSCAP took over the program. Key components of the AIDSCAP project include: AIDS education prevention in the workplace (GLAS), an IEC campaign targeting youths, counseling for STD/HIV patients to strengthen STD's services, targeted AIDS prevention for commercial sex workers and sexually active men, and condom social marketing and provision of free condoms.

Accomplishments to date

1. Site visits conducted in May to develop a Transition Plan, in June to discuss Haiti's involvement as a priority country, and during August/September to develop the Strategic and Implementation Plan.
2. PIO/T for \$2,000,000 FY93 approved.
3. AIDSCAP hired a resident advisor and a finance/administrative officer.
4. Letters of Intent signed and funds transferred to six institutions to pay for interim activities.
5. Population Services International (PSI) reported 1,119,600 "Panté" condoms sold from August 1991 to September 15, 1992.
6. AIDSCAP developed subprojects with Centre Pour le Developement et la Santé (CDS), Institute de Santé Haitien (INSHAC), Population Services International (PSI), Haitian Center for Social Services (CHASS), Implementing Agency for Cooperation and Training (IMPACT), Groupe Haitien d'Edutes du Sarcome de Kaposé et des Infections Opportunistes (GHESKIO) and Groupe de Lutte AntiSIDA (GLAS).
7. The resident advisor participated in two orientation meetings at AIDSCAP headquarters in July and September.

In progress

1. Subagreements with Centre Pour le Developement et la Santé (CDS), Implementing Agency for Cooperation and Training (IMPACT), Institute de Santé Haitien (INSHAC), Cornell-Gheskio, Groupe de Lutte AntiSIDA (GLAS), and Population Services International (PSI) and Haitian center for Social Services (CHASS) being finalized. Letters of Intent enabled activities to begin as of September 16, 1992 for all of these except CHASS.
2. Local-hire consultant assessing NGO's CSM component. This task includes analysis of CSM coverage, profile of sellers, and identification of potential problems and possible solutions.
3. Review of resumes for resident IEC specialist and program coordinator positions.

*Source: U.S. Bureau of the Census

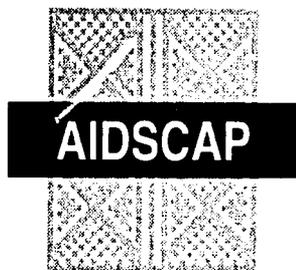
Immediate next steps

1. Establish AIDSCAP/Haiti office and obtain legal NGO status.
2. Identify/hire a resident IEC specialist and program coordinator.
3. Coordinate a mass media campaign for adolescents.
4. Finalize the design of seven subprojects.
5. Provide technical assistance to CDS to initiate an STD strategy by AIDSCAP's STD unit and sub-contractor.

Constraints

1. The political situation and related embargo poses difficulties in project implementation. For example, less support is available from the public sector and project costs are rapidly increasing. AIDSCAP's project orientation will be explained again at the October 15th meeting of project managers.

	1992				1993							
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishment/ activities - past six months/next six months	AIDSTECH/AIDSCAP											
transition visit		x										
PIO/T's prepared and approved			x									
Strategic/Implementation Plan visit						x						
Develop subagreements for NGO's					x	x						
Resident advisor/financial officer in place							x					
Letters of Intent approved and funds transferred to projects							x	x				
Hire IEC specialist & program coordinator								x	x			
Launch mass media campaign for youth									x	x	x	
Evaluation of the Alerte SIDA School-Youth project										x		
Program implementation						x	x	x	x	x	x	x



Jamaica

Population: 2,500,000

HIV seroprevalence*	Urban	Rural
High risk population	14.6%	Not available
Low risk populations	0.3%	Not available

Project description

The AIDSCAP project in Jamaica will expand the AIDS/STD Prevention and Control Project initiated in August 1988. The original project had two strategic objectives: (1) to measure and monitor the extent of the AIDS epidemic in Jamaica and, (2) to prevent and control the spread of HIV and other sexually transmitted diseases island-wide. Many of the prevention activities initiated during the first three years of the bilateral agreement will continue under AIDSCAP. However, they will be implemented as part of a focused strategy that concentrates on encouraging reductions in the numbers of sexual partners, improving the diagnosis and treatment of sexually transmitted disease, and improving condom use and distribution.

Accomplishments to date

1. Conducted a site visit in April to review and discuss the USAID/Kingston Project Paper Amendment to the Jamaica AIDS/STD Prevention and Control Project with the Mission and representatives of the Jamaican Ministry of Health. Discussions were held in the context of the country's designation as a priority country in the AIDSCAP Project.
2. Conducted a site visit in July to initiate the development of the Jamaica Implementation Plan.
3. Held meetings with Centers for Disease Control in September to discuss CDC's involvement in STD treatment and prevention interventions.
4. Initiated recruitment for a resident advisor.

In progress

1. Identification of candidates for the position of resident advisor.
2. Reviewing the Implementation Plan with USAID/Washington for approval.
3. Identification of implementing agencies for targeted interventions and design subprojects.
4. The project's personnel and salary support to the Epidemiology Unit of the Ministry of Health is being finalized.
5. The Program for Appropriate Technology in Health (PATH), SOMARC, and UNC, are providing technical assistance to the Ministry of Health to develop training for healthcare workers and peer counselors on AIDS/STDs, interpersonal communications and condoms.
6. UNC is planning technical assistance to provide training in STD diagnosis and treatment.
7. John Snow Inc. (JSI) is planning technical assistance to conduct an assessment of the STD services at the Comprehensive Health Clinic in Kingston.

*Source: U.S. Bureau of the Census

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Immediate next steps

1. Hire a resident advisor.
2. Design subprojects for targeted interventions with commercial sex workers, youth in and out of school, and men who have sex with men. Respective implementing agencies will be ACOSTRAD, Little People and Jamaica AIDS Support. Activities will be initiated November 1, 1992.
3. Finalize the subproject design for SOMARC to continue the condom social marketing program.
4. Finalize a subagreement with Caribbean Applied Technology Center (CATC) to support personnel in the Epidemiological Unit in the Ministry of Health. Technical assistance in training and curriculum development will be provided to the Epidemiological Unit by PATH, SOMARC, and UNC.
5. Send a team to Jamaica in January 1993 to identify local collaborators and finalize plans for the Community Mobilization Research project and finalize the country plan for Jamaica.
6. Conduct an assessment of the STD services of the Comprehensive Health Clinic in Kingston and provide training in STD diagnosis and treatment.

Constraints

1. The lack of a resident advisor makes project planning and monitoring more difficult. AIDSCAP is aggressively recruiting for this position with the support and assistance of CATC (Caribbean Applied Technology Center).

1.2

Accomplishments/ activities - past six months/next six months	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Conduct initial site visit	x											
Implementing planning visit			x									
Recruitment for resident advisor					x	x	x	x	x			
Conduct project for condom access						x	x	x	x	x	x	x
Conduct project for targeted interventions								x	x	x	x	x
Provide personnel support to EPI Unit							x	x	x	x	x	x
Conduct assessment of STD services										x		
Conduct training on STD diagnosis and treatment plan										x		
Technical assistance for epidemiological surveillance												x



AIDSCAP

Potential Priority Country Programs

Latin America/ Caribbean

**Dominican Republic
Honduras**



Dominican Republic

Population: 7,500,000

HIV seroprevalence*	Urban	Rural
High risk populations	2.6%	Not available
Low risk populations	1.6%	Not available

Project description

The AIDSCAP program in the Dominican Republic will expand existing AIDSTECH and AIDSCOM projects. AIDSCAP started on September 15, 1992 through a OYB transfer of AIDS-earmarked funds from USAID/Santo Domingo. The AIDS control and prevention activities include eight specific projects through seven local NGOs. The target populations include high risk groups (commercial sex workers, gay and bisexual men), adolescents, industrial zone workers, hotel employees and the general population. Most of these NGOs are moving on towards condom social marketing and other efforts to attain sustainability. Some FY93 funds are destined to support the sentinel surveillance system of the Ministry of Health (MOH), as well as strengthening the quality control program for laboratories and blood banks.

Accomplishments to date

1. Resident advisor position filled September 1, 1992.
2. Letters of Intent processed and funding available for the first two months of FY93 for all the NGOs involved.
3. USAID/Washington AIDS technical advisor made an initial assessment visit.
4. NGO activities programmed for the last four months of AIDSTECH/AIDSCOM and the first two months of AIDSCAP have been executed.
5. Two local epidemiology consultants contracted to gather data on the epidemiology of HIV/AIDS/STDs in preparation for future AIDSCAP planning site visits.

In progress

1. Subproject design for the remaining ten months of FY93 developed with implementation agencies. These included commercial sex worker intervention, AIDS prevention and education in the Free Trade Zone, the Puerto Plata high-risk groups intervention, community AIDS education in Santo Domingo, training community health "messengers", and the Triunfaremos, education theater, and Community Education Affiliates project.
2. Assessment of the epidemiologic profile of HIV/AIDS/STDs in the Dominican Republic carried out by two local consultants and an AIDSCAP epidemiologist.
3. IEC coordinator reviewing/analyzing the existing IEC materials developed by AIDSTECH/AIDSCOM to establish an inventory and to determine those which had the most impact.
4. Coordination with other international donor agencies, the Pan American Health Organization and the European Economic Community (PAHO-EEC) being established.

*Source: U.S. Bureau of the Census

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Immediate next steps

1. Reorganize the country office staff according to needs assessment.
2. Establish an NGO sustainability plan.
3. Confirm the country's status in order to plan for AIDSCAP's strategic/implementation planning visits.
4. A site visit team including specialists in communication, condom logistics and management, and STD control has been requested by USAID/Santo Domingo to assess current HIV/AIDS/STD activities and needs in the Dominican Republic.

Constraints

1. NGOs lack built-in sustainability. New subagreements will incorporate NGO sustainability strategies and an NGO sustainability plan will sponsor activities to back up NGO initiatives in this respect.
2. Weak coordination among NGOs working in AIDS prevention and overlapping of some programs. Regular meetings will be promoted to stimulate collaborative and networking efforts.
3. Minimal coordination among donors and the MOH. Intersectorial and interinstitutional meetings will be promoted to coordinate the planning and development of AIDS prevention programs.

	1992			1993									
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
Accomplishments/ activities - past six months/next six months													
AIDSTECH/AIDSCOM transition to AIDSCAP						x							
Letters of Intent						x							
Resident advisor in place						x							
NGO's activities continue						x	x	x	x	x	x	x	x
Epi assessment	x	x											
Subproject design	x	x											
Coordination between donor agencies/MOH							x	x	x	x	x	x	
NGO Sustainability Plan							x	x					
Country office personnel reorganization								x	x				
AID/W-AIDSCAP site visit							x						
Assessment visit											x		

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Honduras

Population: 4,604,800

HIV seroprevalence*	Urban	Rural
High risk populations	3.9%	Not available
Low risk populations	Not available	Not available

Project description

Honduras has been designated an Emphasis Country for health interventions by the USAID Latin America/Caribbean Bureau. AIDSCAP priority country status is pending. In the interim, USAID/Tegucigalpa has requested AIDSCAP and USAID/Latin America/Caribbean Bureau technical assistance to assess the potential health and economic impact of AIDS in Honduras.

Accomplishments to date

1. USAID/Washington and AIDSCAP staff conducted a site visit during the last week of September.
2. Local epidemiology counterparts in the Ministry of Health were identified to participate in an impact study. Timeline and workplan were finalized.
3. The workplan and budget were submitted to USAID/Washington for technical review and feedback.

In progress

1. Presentation of proposal for the Socio-economic Impact of AIDS Assessment (SIAA) for LA/C Bureau approval.
2. Identification of one professional economics counterpart who can perform the Socio-economic Impact of AIDS Assessment and can assist in leading a policy dialogue.
3. Preparation of scope of work for two epidemiologists, one economist and four data collectors.
4. Identification and recruiting of four data collectors who can perform cost and epidemiological data collection.

Immediate next steps

1. Begin epidemiologic and economic data collection for socio-economic study.
2. Transfer technology in socio-economic impact modeling of the AIDS epidemic in Honduras to MOH counterparts.
3. Confirm priority country status.
4. Initiate strategic and implementation planning.
5. Host MOH counterparts in December for one week of modeling training.

Constraints

1. Funding for and status as an AIDSCAP priority country are uncertain.

*Source: U.S. Bureau of the Census

(1)

	1992						1993					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Accomplishments/ activities - past six months/next six months							x					
TA site visit							x					
Initiate SIAA study										x		
Identify MOH counterparts							x					
Identify/recruit data collectors							x	x				
Data collection							x	x	x			
Epi/economic modeling									x	x		
Epi/economic reports										x	x	
Policy dialogue presentation												x
TA for health and economic impact study									x	x	x	x
Develop AIDSCAP Strategic Plan											x	



Associate Country Programs

Latin America/ Caribbean

**Colombia
Costa Rica
Ecuador**



Colombia

Population: 32,843,000

HIV Seroprevalence:	Urban	Rural
High-risk population	14.6%	Not available
Low-risk population	1%	Not available

Project Description

AIDSCAP activities in Colombia are structured around two inter-related sub-projects: (1) an AIDS impact modeling presentation for decision makers, in conjunction with the National Statistics Department (DANE), and (2) a communication project aimed at influencing public opinion. These sub-projects focus on mobilization of the general population and building a multi-sectorial consensus needed to support and fund a national AIDS program strategy for the country.

Accomplishments to date

1. AIDSCAP's training officer and AIDSTECH's IEC associate travelled to Colombia to assist AID/Bogotá in the design of the mission's add-on to the AIDSCAP project.
2. USAID/Bogotá approved AIDSCAP's workplan and budget.
3. DANE's director advisor travelled to Atlanta, Georgia, to attend a CDC modeling workshop from August 16-21. She visited AIDSCAP headquarters to train in Demproj Modeling from August 21-26.

In progress

1. Project design for AIDS Impact Modeling with DANE and an AIDS Impact on Public Opinion project with APOYEMONOS (Let's Support Each Other).
2. Preparation of a newspaper supplement publication by the implementing agency (APOYEMONOS) for December 1, 1992 (World AIDS Day).
3. Plan activities to influence public opinion for the period December 1, 1992 (World AIDS Day) to December 10, 1992 (International Human Rights Day).

Immediate next steps

1. Finalize subproject design with DANE and APOYEMONOS.
2. Negotiate funding with the Fulbright Foundation for select components of communicators' workshop.

Constraints

1. The U.S. State Department has indefinitely postponed all travel to Colombia for security reasons. Technical direction of this project continues via telephone until the restriction is lifted.
2. Funding for select components of the communicators' workshop is pending. Potential funding sources include the Fulbright Foundation and the PANOS Institute.



Costa Rica

Population: 2,801,000

HIV seroprevalence*	Urban	Rural
High risk population	0.0%	Not available
Low risk population	0.0%	Not available

Project description

AIDSCAP will design and carry out an evaluation of current AIDS prevention activities among adolescents and young adults and implement an AIDS prevention project based on the evaluation's conclusions and recommendations.

Accomplishments to date

1. Prepared scope of work and illustrative budget and sent them to the Mission on June 15. The Ministry of Health/CR accepted these with minor revisions to the scope of work presented by the Mission.

In progress

1. Project Implementation Order/Technical (PIO/T) in preparation, to be sent and approved by the AID contracts office in October.

Immediate next steps

1. Plan a site visit following the PIO/T approval.

*Source: U.S. Bureau of the Census



Ecuador

Population: 10,559,000

HIV seroprevalence*	Urban	Rural
High risk population	<1.6% (1989)	Not available
Low risk population	<0.5% (1988)	Not available

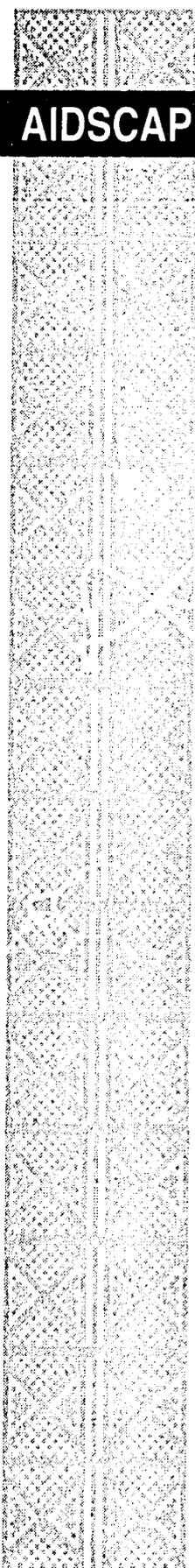
Project description

In Ecuador AIDSCAP is supporting a quality assurance project coordinated by the Ecuadorian Red Cross and a targeted condom social marketing project with high-risk populations in Guayaquil, coordinated by Fundación Futura. These projects will be expanded and replicated, and the Fundación Ecuatoriana de Ayuda, Educación y Prevención del SIDA (SOGA) will establish an additional education and condom marketing project.

Accomplishments to date

1. In March, AIDSTECH's Latin America regional coordinator and a consultant traveled to Ecuador to assist the mission in programming its interventions.
2. Subagreements for the initial Red Cross and Fundación Futura projects were approved and are in effect. Activities started on both projects in March 1992.
3. The mission and the Ministry of Health approved, in principle, the proposed budget and plans for expansion and replication of the Red Cross and Fundación Futura projects.

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AIDSCAP

Technical Unit Status

Behavior Change Communication Unit

Purpose of the Unit

The goal of the AIDSCAP Behavior Change Communication Unit is to make effective use of communication programming in order to reduce high risk sexual behaviors, placing particular emphasis on:

1. Increasing STD-related treatment seeking and preventive behaviors.
2. Decreasing number of sexual partners.
3. Increasing condom demand and use.

There are currently five "program" staff in the Behavior Change Communication Unit: a unit chief and four communication officers addressing Mass Media, Training, Small Media, and Interpersonal Communication. BCCU staff bring expertise in marketing, training, linguistics, film/documentary production, materials design, program management, group process, and counseling – and speak Arabic, Creole, French, German, Portuguese, Spanish, and Thai.

Accomplishments to date

1. Participation in strategy and implementation planning visits to the following countries: Brazil, Haiti, Côte d'Ivoire, Ethiopia, Jamaica, Malawi, Nigeria, Senegal and Tanzania.
2. Provided technical input and feedback into the initial draft AIDS Strategic Plans and Implementation Plans for Tanzania, Ethiopia, Nigeria, Malawi, India, Senegal, Haiti, and Jamaica.
3. Designed and provided comprehensive technical review for some of the earliest subproject designs to be generated as part of AIDSCAP activities, including those from Thailand, Nigeria, Haiti, Lesotho, Niger, and Mali.

Other significant activities

1. *The Faces Of AIDS* distribution: Preliminary activities were completed for distribution of the video *The Faces of AIDS* by Media for Development International (MFDI). MFDI is a US-based PVO that works closely with affiliate distribution companies in Kenya, Senegal, and Zimbabwe. A brochure, video sleeve cover, and discussion guide were designed and printed in both French and English versions. 900 video copies were made, of which 500 were sent to MFDI's African affiliates for distribution. Copies were circulated to 66 publications and persons for review.
2. Peace Corps: The interpersonal communication officer and training officer provided technical assistance to the U.S. Peace Corps, in conjunction with the Evaluation Unit, in the design and implementation of a variety of training programs, including assistance in incorporating AIDS prevention into overall Peace Corps volunteer training in Malawi and using AIDS prevention as a focus for Teaching English as a Foreign Language (TEFL) courses piloted in Cameroon.

Next steps

1. Review of the implementation plans for Brazil, Haiti, Jamaica and Cameroon.
2. Provide technical assistance to Thailand, Brazil, Nigeria, Jamaica, Haiti, Malawi, Cameroon and Ethiopia in the design of subprojects.

-
3. Participate in site visits to Senegal, Rwanda, Cameroon, Haiti, Jamaica, Thailand, Dominican Republic and Ethiopia.
 4. Produce prototype communication materials for use in patient education/counseling programs and formative audience research.
 5. *The Faces of AIDS* distribution: Next steps will include holding mini-premieres for an invited audience of opinion leaders and health personnel in Nairobi, Kenya; Harare, Zimbabwe; and Dakar, Senegal; developing and implementing a feedback system for evaluation; actual distribution of the video; and holding a series of evaluation screenings for health personnel, university students, and journalists.



Behavioral Research Unit

Purpose of the Unit

The mission of the Behavioral Research Unit is to identify, support and conduct research designed to reduce the transmission of HIV. Three mechanisms will be used to further these research objectives: the Thematic Grants Program, the Rapid Response Research Program, and the Country-identified Priority Research Program.

The Behavioral Research Unit works with the other technical and program units to ensure that behavioral research issues are addressed to enhance the project's intervention programs, behavior change communication, and policy assessment and reform. Such programs include the adoption and maintenance of risk-reducing behaviors through new interventions, which will promote condom use and acceptability, STD recognition, treatment, and prevention, or identify aspects of sexual behavior or multiple-partner behavior that are most amenable to change.

Accomplishments to date

The Behavioral Research Unit, with the University of California at San Francisco, Center for AIDS Prevention Studies (CAPS) has established a Technical Working Group, identified the members, developed a research agenda and established peer review procedures for proposals. It has also contributed to the development of behavioral research in selected priority countries. During the second reporting period, the Behavioral Research Unit and CAPS accomplished the following activities:

1. Identified members of a Technical Working Group (TWG), including social scientists from American universities and government organizations working in AIDS prevention and grants activities.
2. Reviewed the AIDS behavioral research literature and consulted with CAPS and the TWG to identify a research agenda for the program. The agenda has been presented at numerous conferences.
3. Developed a grants announcement, mailing lists, peer review procedures for the Thematic Grants Program, instructions on the design of a full proposal, and new research subagreement procedures.
4. Conducted a site visit to Thailand and developed a country research program, including a Thematic Grants Program, a Rapid Response Research Program for research institutions in Thailand, and a social network analysis protocol.
5. Provided support for country STD programming by assisting the STD Unit to develop a Focused Ethnographic Survey for STD knowledge and health-seeking behavior for Malawi. The survey will be tested in other AIDSCAP countries.
6. Initiated planning for the multi-site counseling and testing study by completing an annotated bibliography on the social science literature concerning the impact of testing and counseling on changes in sexual behavior.
7. Recruited a new Africa research officer and continued recruitment for the Women and AIDS officer.
8. Continued technical and financial monitoring of the five AIDS Behavioral Research Grants funded under the AIDSTECH project and held three meetings with the agencies participating in the grants program to discuss the progress of the studies funded and develop a general plan for future consultation to be provided by CAPS

-
- faculty for other projects requesting assistance on methodological topics and research dissemination.
9. Organized a project review team composed of USAID/CAPS staff to evaluate the behavioral research project in Uganda, specifically the study design, sample, and quality of the data collected; determine to what extent the research objectives had been met; and provide recommendations for the future of the project.
 10. Organized the second annual Pre-conference Workshop held in Utrecht, the Netherlands prior to the VIII International Conference on AIDS, in which principal investigators and co-PIs from the nine project. funded under the AIDS Behavioral Research Grants Program participated in presentations and discussions with FHI staff members, funding agency staff, invited guests, CAPS faculty, and plenary speakers.
 11. Prepared a report on the Research Fellows Program and the AIDS Behavioral Research Grants Program for FHI's Final Report to USAID on the AIDSTECH Project.
 12. CAPS provided ongoing consultation on the development of the research objectives and strategies for AIDSCAP, ongoing review of new project ideas and concept papers, the development of targeted research projects to be supported by the Behavioral Research Unit, and review of pre-proposals on Thailand for the Technical Working Group.
 13. CAPS recruited scientists from AIDSCAP priority countries of Nigeria, Thailand, and Brazil to participate in the 1992 CAPS/Fogarty International Visiting Scholars Program. The scientists successfully completed protocol development and will be implementing their studies over the next year. A complete list of all scholars and the titles of their studies is located in the appendix.
 14. CAPS prepared a protocol for the study of HIV behaviors and seroprevalence in select cohorts in Rio de Janeiro and São Paulo, Brazil, consulted with in-country scientists on the development of this research and prepared for a country site visit conducted by CAPS and AIDSCAP staff. CAPS also assisted AIDSCAP representatives on the development of the research strategy in Thailand.
 15. CAPS worked with CAPS visiting scholar alumni in the preparation of abstracts for presentation at the VIII International Conference on AIDS, Amsterdam, July 19-24, 1992, which resulted in two roundtable speaker presentations, one poster discussion session, and 20 poster presentations. One alumnae of the CAPS/Fogarty International Visiting Scholars Program was an opening session speaker. Writing sabbaticals also resulted in the submission of a number of papers for publication in scientific journals and books.
 16. Published papers in scientific journals, newsletters, and books.

Next steps

1. Continue to develop BRU initiatives in sexual networking and the impact of counseling and testing on behavior change.
2. Recruit a candidate for the Woman and AIDS position.
3. Establish grant review plans for the next group of priority countries participating in the Thematic Grants Program.
4. Participate in a site visit planned for Ethiopia and develop Rapid Response Research Programs in selected countries.
5. CAPS will assist in the development of a community mobilization AIDS prevention research project in Jamaica and prepare for another country site visit.
6. Recruit two senior research fellows to CAPS for short-term writing sabbaticals.



Condom Programming and Logistics Management Unit

Purpose of the Unit

The Condom Programming and Logistics Management (CPLM) Unit provides technical background and support in assessing the feasibility of introducing condom social marketing programs in AIDSCAP country programs, and in improving logistics management systems for condoms, pharmaceuticals and other essential commodities in AIDS prevention programs. Unit staff provide input into preparation of country Strategic Plans, country Implementation Plans, and sub-project development in collaboration with implementing agencies.

Accomplishments to date

1. Developed the condom programming technical strategy for AIDSCAP. This strategy includes sourcing, logistics management, marketing and distribution.
2. Developed the logistics management technical strategy for AIDSCAP including: essential commodities forecasting and procurement, logistics management information system, logistics management cycle for national-level programs and logistics management training.
3. Assisted in the design and review of condom programming strategies and logistics management for condoms and pharmaceuticals in Brazil, Cameroon, Dominican Republic, Ethiopia, Haiti, India, Jamaica, Nigeria, and Tanzania.
4. Arranged for briefings on condom programming and logistics management to Francophone STD control managers at the Senegal AIDS Conference.
5. Developed the Brazil national strategy for programming and logistics management for a World Bank loan through technical assistance to the Brazil Federal Ministry of Health.
6. Through a site visit to Tanzania, provided the Mission with a plan to improve the existing condom social marketing program.
7. Developed the AIDSCAP Brazil Implementation Plan for Logistics Management and Condom Programming.
8. Organized and conducted commodity strategy meetings between the USAID Office of Health, the USAID Office of Population and AIDSCAP.

Next steps

1. Revise Priority Prevention Indicators (PPIs) for condom programming, in collaboration with AIDSCAP Evaluation Unit and WHO/GPA.
2. Continue to provide input for the condom social marketing and logistics components of Strategic and Implementation Plans and sub-agreements.

Purpose of the Unit

The overall purpose of the Evaluation Unit is to comprehensively assess the outcome and impact of priority country programs and their sub-projects, as well as associate country activities by implementing a systematic approach to evaluation incorporating standardized indicators and methodologies.

Accomplishments to date**Evaluation**

1. Hired and oriented epidemiologist and program assistant.
2. Developed a set of basic questionnaires for a variety of potential AIDSCAP target populations, to facilitate the standardization of data.
3. Finalized the Thailand country evaluation plan and provided technical assistance to the Thailand country office and Asia regional office in the application of qualitative methods to evaluation.
4. Presented the AIDSCAP evaluation strategy at the first TAG meeting and participated in subsequent discussions of priorities and possibilities in this area.
5. Participated in multiple site visits and developed draft evaluation plans for several AIDSCAP priority countries.
6. Continued implementation of follow-up evaluation activities from previous AIDSCOM and AIDSTECH projects that are now part of AIDSCAP.

Management Information Systems

1. Completed initial development phase and initiated use of MIS (see the Special Topics section for details).

Special Analyses and Activities

1. Continued collaboration with WHO/GPA on Priority Prevention Indicators, including participation in the Tanzania field test of the condom and community survey with WHO/GPA.
2. Produced 1991 HIV/AIDS database report, and finalized data collection instruments for FY92 rounds for both FCCIS and HIV/AIDS databases.
3. Continued to monitor progress in multi-country economic, social and political impact of AIDS study.
4. Produced first AIDSCAP semi-annual report.

Next steps

1. Finalize country evaluation plans for Brazil, Malawi, Ethiopia, India, Senegal, Tanzania, Haiti and Jamaica and initiate baseline data collection in all priority countries.
2. Continue to integrate evaluation mechanisms and indicators into country programs and individual sub-project design activities.
3. Establish MIS reporting systems in both headquarters and regional offices.
4. Complete multi-country study and report on results.
5. Initiate secondary analysis of AIDSTECH data, especially for projects that are now included in priority country programs.

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6. Collaborate in the development of standardized AIDS modules for the next round of Demographic and Health Surveys.
 7. Continue development and testing of methodologies for collecting qualitative and quantitative evaluation data.



Information Programs

Purpose of the Unit

The major function of Information Programs is to communicate with the varied publics of the AIDSCAP program. It oversees the development, writing and production of all AIDSCAP materials, conducts an ongoing relationship with the media, provides graphics assistance to AIDSCAP staff, coordinates AIDSCAP conference activities, and sends bimonthly information mailings to the field.

Accomplishments to date

1. Two AIDSCAP brochures were produced: a general brochure in English, Spanish and French, and a program areas brochure in English. The first issue of the newsletter, *AIDSCAPTIONS*, which covered the first six months of the project, went to a mailing list of over 1,000, including Mission personnel, cooperating institutions and the media. The staff also designed and produced an AIDSCAP folder. An *AIDSCAP Briefing Book* was prepared and is about to be published. The staff coordinated, wrote and edited *A World United Against AIDS: A Report on the VIII International Conference on AIDS/III STD World Congress* about the international AIDS conference in Amsterdam.
2. Media outreach accomplished included a broadly distributed pitch letter introducing the AIDSCAP Project, a news release concerning HIV prevention programs, two news releases for the Amsterdam conference media, and news releases announcing a grant given to FHI by Digital equipment corporation and publication of the USAID Report to Congress. The office also helped to arrange two brown bag lunches with staff of National Public Radio. Media coverage included an interview with the director of AIDSCAP in *Africa Report*, an interview with the associate director, Technical Support, AIDSCAP, in the Amsterdam Conference Newspaper, and an interview with the director of AIDSCAP on National Public Radio.
3. Initiated the development of an agency-wide Communications Taskforce, distributed a publications review process, and produced the first in a series of AIDSCAP style guides.
4. Coordinated the first AIDSCAP Technical Advisory Group (TAG) meeting in July, and produced a draft report on the proceedings. Helped to coordinate attendance at the VIII International Conference on AIDS in Amsterdam, and supervised the development of the AIDSCAP/AIDSTECH booth.
5. Sent three information packet mailings to the field.
6. Hired a graphics coordinator in June and an executive secretary in August.

Next steps

1. Publish the Amsterdam Report.
2. Publish the *AIDSCAP Briefing Book*.
3. Publish the second issue of *AIDSCAPTIONS*.
4. Publicize AIDSCAP at the VII International Conference on AIDS in Africa.
5. Develop country profiles.
6. Implement AIDSCAP marketing plan.
7. Develop AIDSCAP monthly updates.
8. Produce country updates.
9. Mail bimonthly information packet.
10. Hire a librarian and develop a working library program.

Purpose for the Unit

The AIDSCAP Policy Unit provides policymakers with the information and motivation necessary so that they will support and develop an environment conducive to reducing the spread and impact of HIV/AIDS. To this end, the unit conducts policy analysis, health and economic impact assessments, and modeling, identifies and educates policy makers, and promotes forums that facilitate the adoption of AIDS prevention strategies.

Policy analysis identifies policies within the political, economic, and social domains that may create obstacles to successful implementation of AIDS prevention interventions. It also facilitates policy reform. Modeling offers policymakers an opportunity to identify the current and projected health impact associated with the spread of HIV/AIDS, as well as the estimated benefits of AIDS prevention activities. Health economics allows policymakers to assess the economic impact of AIDS and to identify the economic benefits of AIDS prevention interventions within existing resource constraints.

Accomplishments to date

1. Hired a health care economist (the acting chief of the unit), a policy analyst, a modeling officer, and a program assistant.
2. Developed an implementation plan for policy activities.
3. Initiated a project in Honduras to measure the health and economic impact of HIV/AIDS in Tegucigalpa and San Pedro Sula.
4. Provided modeling training to a national collaborator from Colombia to initiate a project designed to measure the health and economic impact of AIDS in Colombia.
5. Responded to requests for technical assistance from missions in Cote D'Ivoire, Thailand, Indonesia, Colombia, and Honduras.
6. Developed a scope of work to perform a policy/health/economic assessment in Jamaica.
7. Conducted a workshop that was designed to present the policy unit's plan for an integrated policy program for a group of African health care professionals.

Next steps

1. Organize a workshop at the VII International Conference on AIDS in Africa on policy issues.
2. Hire a permanent chief of the policy unit.
3. Complete policy briefs for Jamaica, Kenya, and Malawi.
4. Initiate projects in Jamaica, Colombia, Cote D'Ivoire, Thailand, and Indonesia.
5. Continue a modeling and economic assessment in Honduras.

Purpose of the Unit

The STD Unit coordinates all STD activities, ensures that all planned activities are implemented, ensures that all STD activities are appropriate, and ensures that STD-related research is appropriate for program implementation.

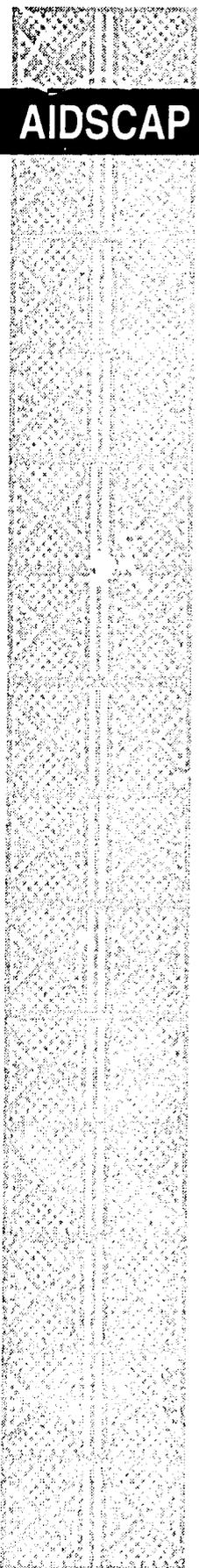
Accomplishments to date

1. Participated in the strategy and implementation planning visits to Brazil, Haiti, Jamaica, Nigeria, Senegal, Ethiopia, and Tanzania. Specific details of activities in these countries can be found under the sections describing AIDSCAP country programs.
2. STD subcontractors hired technical staff with skills in clinical STD management, laboratory diagnosis, public health aspects of STD control, and behavioral intervention to work on the AIDSCAP project.
3. Developed collaborative ties with WHO/GPA, as have the other technical units within AIDSCAP. As AIDSCAP intends to implement the syndrome approach to STD diagnosis and therapy outlined originally by WHO, many of the operations research questions related to STD management are common to both AIDSCAP and WHO/GPA. The STD Unit is now an active participant in the STD Technical Working Group of WHO. The unit was represented at a meeting in July at which operations research questions related to algorithms in women were discussed in detail.
4. Sent representatives to the first WHO/GPA STD Drug Collaboration Meeting. WHO/GPA recognizes that adequate supplies of appropriate antibiotics are critical to effective STD control. This initial meeting was to discuss the interests, opinions and constraints of donors on this issue.
5. In collaboration with the Behavioral Research Unit, designed an ethnographic study to assess STD perceptions and carried it out in Malawi (described in the Special Topics section of this report).
6. Participated in the STD Diagnostics Initiative. This network is attempting to generate interest among researchers and test kit developers in the development of easy to use, inexpensive STD diagnostics for resource poor settings. AIDSCAP realizes that inexpensive, simple diagnostics will greatly enhance STD management in women and syphilis management in adults in general. AIDSCAP can help facilitate the field testing of these diagnostic systems as part of the baseline STD operations research that will be occurring in several countries.
7. Began writing a handbook for STD control directed to STD program managers. The handbook will have as contributors specialists in the various aspects of STD control. The handbook is being written from a developing country perspective and will have sections dealing with unique aspects of each major region.
8. Continued discussions with AID/W on the optimal mechanism for pharmaceutical procurement related to AIDSCAP STD programs. Cost schedules for STD treatment depend on the treatment chosen for a country or region as well as the cost.
9. Implemented an STD drug pilot evaluation study in Malawi. This study is to determine the prevalence of STDs in patients reporting to a clinic with STD complaints and to determine the clinical and therapeutic efficacy of several candidate treatment regimens.

10. Provided technical assistance in the development of an STD diagnosis wall chart being developed for *Population Reports* at The Johns Hopkins University.

Next steps

1. Develop generic STD training modules to be adapted for each country for the training of STD clinical care givers at all levels.
2. Develop a protocol for an operations research project that may be implemented in several countries.
3. Develop in collaboration with the Evaluation Unit the modification of an existing STD clinic assessment instrument to be used for baseline and interim assessment of the quality of clinical care activities.



AIDSCAP

FY 93 Workplan





AIDSCAP Fiscal Year 1993 Program-Related Workplan

Oct Nov Dec Jan Feb Mar Apr May June July Aug Sep

**COUNTRY
PROGRAMS**

**Priority and
Proposed Priority
Countries:
Africa**

Cameroon

Resident Coordinator (hired)
Country Office (established)
Bridging Activities x x x
Strategic Planning x
Implementation Planning x
Subagreement Development x x x x
Initiate New Projects x x x x x x x x x x

Ethiopia

Resident Advisor x
Country Office x x
Strategic Planning (completed)
Subagreement Development x x x x
Initiate Projects x x x x x x x x x

Kenya

Resident Coordinator (hired)
Country Office (established)
Bridging Activities x x x x x x x x x x x x
Strategic Planning (completed) x x
Implementation Planning x x
Subagreement Development x x x x
Initiate Projects x x x x

Malawi

Resident Advisor x
Country Office x x
Bridging Activities x x x x x x
Strategic Planning (completed)
Implementation Planning x x
Subagreement Development x x x x
Initiate New Projects x x x x x x x x

Nigeria

Resident Advisor x
Country Office x x
Bridging Activities x x x x x
Strategic Planning (completed)
Implementation Planning (completed)
Subagreement Development x x x x x
Initiate New Projects x x x x x x x x x

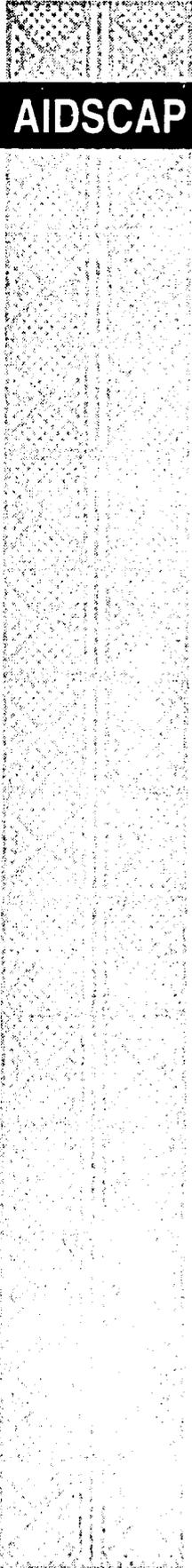
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep
Rwanda	Resident Advisor Country Office											x	x
	Strategic Planning	x	x		x								
	Implementation Planning								x	x			
	Subagreement Development											x	x
	Initiate Projects												x
Senegal	Resident Advisor Country Office			x									
	Subagreement Development			x	x	x							
	Initiate Projects						x	x	x	x	x	x	x
Tanzania	Resident Coordinator (hired) Country Office (established)												
	Bridging Activities	x	x	x	x	x	x	x	x	x	x	x	x
	Strategic Planning (completed)												
	Implementation Planning				x	x							
	Subagreement Development								x	x	x	x	x
	Initiate New Projects												x
Associate Countries: Africa													
Burundi	Initial Site Visit (completed) Subagreement Development				x	x	x						
	Resident Coordinator						x	x					
	Implement Subprojects						x	x	x	x	x	x	x
Côte d'Ivoire	Initial Site Visit Subagreement Development				x	x							
	Implement Subprojects									x	x	x	x
Lesotho	Initial Site Visit (completed) Subagreement Development	x	x										
	Implement Subprojects				x	x	x	x	x	x	x	x	x
Mali	Initial Site Visit (completed) Subagreement Development	x	x										
	Implement Subproject		x	x	x	x	x	x	x	x	x	x	x
Niger	Initial Site Visit (completed) Subagreement Development (completed)												
	Implement Subproject		x	x	x	x	x	x	x	x	x	x	x

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep
Republic of South Africa	Initial site visit (completed)												
	Resident advisor (hired)												
	Country office (established)												
	Continue activities	x	x	x	x	x	x	x	x	x	x	x	x
Uganda	Technical Assistance as Required	x	x	x	x	x	x	x	x	x	x	x	x
Zimbabwe	Subagreement Development		x	x									
	Implement Subproject			x	x	x	x	x	x	x	x	x	x
Priority and Proposed Priority Countries: LA/C													
Brazil	Resident Advisor (hired)												
	Country Office (established)												
	Strategic Planning (completed)												
	Implementation Planning (completed)												
	Subagreement Development	x	x	x	x	x							
	Initiate Projects				x	x	x	x	x	x	x	x	x
Dominican Republic	Resident Advisor (hired)												
	Country Office (established)												
	Bridging Activities	x	x	x	x	x	x	x	x	x	x	x	x
	Strategic Planning (completed)			x	x								
	Implementation Planning (completed)						x	x					
	Subagreement Development									x	x	x	x
Initiate Projects											x	x	
Haiti	Resident Advisor (hired)												
	Country Office (established)												
	Bridging Activities	x	x	x	x								
	Strategic Planning (completed)												
	Implementation Planning (completed)												
	Subagreement Development	x	x	x	x								
Initiate Projects			x	x	x	x	x	x	x	x	x	x	

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep
Honduras	Resident Advisor												
	Country Office												
	Technical Assistance	x	x	x	x	x	x	x	x				
	Strategic Planning				x	x							
	Implementation Planning						x	x					
	Subagreement Development										x	x	x
	Initiate Projects												x
Jamaica	Resident Advisor			x									
	Country Office			x	x								
	Strategic Planning				x	x							
	Implementation Planning (completed)												
	Subagreement Development	x	x	x	x	x							
	Initiate New Projects				x	x	x	x	x	x	x	x	x
Associate Countries: LA/C													
Colombia	Initial Site Visit (completed)												
	Subagreement Development Implement Subproject	x	x		x	x	x	x	x	x	x	x	x
Costa Rica	Initial Site Visit												
	Subagreement Development Implement Subproject		x	x	x	x	x	x	x	x	x	x	x
Ecuador	Initial Site Visit (completed)												
	Subagreement Development (completed) Implement Subprojects	x	x	x	x	x	x						
Priority Countries: Asia													
India	Resident Advisor (hired)												
	Country Office		x	x									
	Strategic Planning (completed)												
	Implementation Planning (completed)			x	x								
	Subagreement Development				x	x	x	x					
	Initiate Projects				x	x	x	x	x	x	x	x	x
Thailand	Resident Advisor (hired)												
	Country Office												
	Strategic Planning (completed)												
	Implementation Planning (completed)												
	Subagreement Development	x	x	x	x	x							
	Initiate Projects	x	x	x	x	x	x	x	x	x	x	x	x

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep
Associate Countries: Asia													
Indonesia	Technical Assistance as Required	x	x	x	x	x	x	x	x	x	x	x	x
	Technical Assistance to All Countries as Required Responding to Missions	x	x	x	x	x	x	x	x	x	x	x	x
BEHAVIORAL RESEARCH PROGRAM													
Country Research Plans	Africa (four)				x	x	x						
	Asia (one)						x						
	LA/C (one)					x							
Thematic Grant Awarded			x										
Rapid Response Program (Thailand)					x								
STD Rapid Assessment Procedures (six countries)					x	x	x	x	x	x	x	x	x
Training	Behavioral Research Training					x							
	CAPS Scholars										x	x	x
Studies and Research	Counseling and Testing Research				x			x	x				
	Social/Sexual Network Research					x							
Behavioral Research Instrument	Library	x	x	x	x	x	x	x	x	x	x	x	x
	NIH and CDC Collaboration						x	x					
AIDSTECH Grants for Interventions													
PVO GRANTS PROGRAM													
PVO Manager Hired			x										
First Round	Proposals Selected			x									
	Projects Initiated				x	x	x						

		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep
Second Round	Announcement				x								
	Review of Proposals						x						
	Proposals Selected							x					
	Projects Initiated									x	x		
Third Round	Announcement								x				
	Review of Proposals						x						
	Proposal Selected										x		
	Projects Initiated											x	x
MANAGEMENT INFORMATION SYSTEM (MIS)													
	Software Development												
	Software Testing												
	Staff Training				x	x	x	x					
	Enter Data in MIS				x	x	x	x	x	x	x	x	x
	Reports via MIS						x	x	x	x	x	x	x
	Continuous Training and Development				x	x	x	x	x	x	x	x	x



AIDSCAP

Special Topics

The Amsterdam Conference

Twenty-six AIDSCAP staff were among the more than 12,000 registrants at the VIII International Conference on AIDS/ III STD World Congress, held in Amsterdam from July 19 through the 24th, 1992. They were at the international conclave to attend and report on most of the 264 sessions on the four major tracks of Clinical Science and Care, Epidemiology, Basic Science, and Social Impact and Response. They also spent time browsing the exhibit hall; studying the posters; coordinating the AIDSCAP/ AIDSTECH/FHI exhibit booth; and meeting with and establishing or reestablishing working relationships with colleagues all over the world.

Key issues of the conference, as gleaned from workshops and plenaries, were:

1. It was generally acknowledged that we know how to slow the pandemic through programs to encourage behavior change.
2. HIV prevention efforts are a long-term strategy, not an interim measure useful only until a vaccine is available.
3. A vaccine breakthrough is not imminent.
4. International funding for HIV/ AIDS prevention and care has declined.
5. The case definition of AIDS developed by the United States Centers for Disease Control should be examined and altered to include opportunistic infections that commonly affect females.
6. More knowledge is required about changing behaviors and mobilizing communities.
7. HIV/ AIDS is not just a health issue; it must be considered within a development context.
8. Issues of the care and treatment of tuberculosis and other HIV related diseases are increasingly demanding attention.
9. The USAID/ AIDSCAP strategies for behavior change, sexually transmitted disease control, and condom accessibility and use are on target and are reaching some of the neediest populations.
10. New cases of AIDS that have not been preceded by HIV infection captured the attention of the media. Most experts felt that the issue required investigation, but that it is not a serious public health concern.

AIDSCAP staff participated in several presentations during the conference. These included "The AIDS Epidemic in Brazil," "AIDS and the Future of Public Health," "Women's Access to Prevention and Care," and "Evaluation of Clinical and Laboratory Markers of Cervicitis in STD Patients in Malawi." The director of AIDSCAP was a presenter in the mini-course, "Creating Effective HIV Prevention Programs: Policy, Planning and Evaluation."

Senior AIDSCAP staff met with their counterparts at WHO/GPA. Others had meetings with the American Medical Association, The Asian Solidarity Against AIDS, Department of Health officials from several countries, and the editorial board of the *AIDS Health Promotion Exchange*.

AIDSCAP staff issued two news releases during the conference week. An interview with the associate director, Technical Support, AIDSCAP, appeared in the conference newspaper; Voice of America interviewed the resident advisor, Thailand, and National Public Radio (NPR) did a piece on AIDS in Africa which featured the director of AIDSCAP.

Staff reported on over 200 sessions and poster presentations on 11 topic areas: Epidemiology, Modeling, Demographic and Economic Impact, Donor Issues, Clinical Management and Care of Persons with HIV/AIDS, Sexually Transmitted Diseases and HIV, HIV-1 Virus and Disease Pathogenesis, Vaccines, Women's Issues, Special Groups, Policy, and Issues in Evaluation. These reports became the basis of a two-hour post conference debriefing presentation made at the State Department on Friday, August 7th.

AIDSCAP is now preparing a report on the conference. *A World United Against AIDS: A Report on the VIII International Conference on AIDS/III STD World Congress* encompasses over 50 pages of reportage covering the 11 topic areas. This report will be distributed widely to USAID Missions and AIDSCAP collaborators worldwide.

Purpose

The AIDSCAP Management Information System (AIDSCAP MIS) is a comprehensive automated system designed to collect, store and report administrative, financial and programmatic information for the AIDSCAP Program. The system is menu driven utilizing graphic user interface technology developed in a format which assures visual and functional consistency.

Two identical versions of the system are available; one is for training and practice, the other for actual, official use. The AIDSCAP MIS is scheduled to start serving the data collection, data retrieval and reporting needs of the AIDSCAP project by October 1, 1992. It is designed to serve the project by providing a tool for project and subagreement definition, design, processing, planning, budgeting, monitoring and evaluation. Moreover, the MIS allows for approval process tracking and electronic communication among users throughout the AIDSCAP headquarters office in Arlington, Virginia; the FHI office in Research Triangle Park, North Carolina; and the AIDSCAP regional office in Bangkok, Thailand. The Africa regional office will also be part of the AIDSCAP electronic network.

Accomplishments to date

During the past six month period the following objectives have been accomplished.

1. Software development progressed as scheduled and 80% of the overall system is developed. Specifically, the Descriptive Information, Subagreement, Project Management, Evaluation, and System Maintenance components are 100% completed. Most of the standard reporting formats are completed as well.
2. A users' manual for the AIDSCAP Management Information System was developed introducing the user to the system. The "MIS Users' Manual" provides definitions and explanations on the content of each completed component as well as detailed step by step instructions on system functions.
3. Two small target groups of users were trained on the MIS during the system testing phase. The system was presented to all AIDSCAP staff during the second program Orientation in September 1992. In addition, 40 AIDSCAP staff (representing 50% of all AIDSCAP staff) were trained in the use of the five completed MIS components.
4. Policies and procedures for system use were prepared and staff was trained accordingly.
5. A demonstration of the MIS was provided for the staff of the AIDS Division of USAID/R&D/Health.

Next Steps

On the basis of the MIS workplan the objectives for the next six months include:

1. Software development for the mainframe version of the MIS will be 100% complete by October 15, 1992. Final system testing will continue through November 1992.
2. The PC version of the AIDSCAP MIS (data entry screens only) will be completed and tested by December 31, 1992.
3. All AIDSCAP headquarters staff will be trained on the MIS by November 30, 1992. New staff will be trained as their need to use the system arises.

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4. Procedures for system management and key data maintenance including routine system updates of base table information will be established and implemented by October 15, 1992.
 5. Presentations of the finalized system for USAID R&D/Health and Bureau staff will be planned in coordination with the AIDS Office of USAID. Similar presentations will be planned for AIDSCAP subcontractors.
 6. The "MIS Users' Manual" will be updated to include information and user instructions on the newly developed components and the updated version will be distributed to all users.
 7. The VAX machine is scheduled for shipment to the Asia regional office for October 19, 1992. It is expected that the hardware will clear customs, get installed and be operational by December 31, 1992.
 8. Regional office staff will be fully trained on the MIS by January 31, 1993.
 9. Comprehensive reports for the AIDSCAP program will be produced by the Headquarters office through the MIS starting February 1, 1993. MIS reporting at the regional office level is planned for the month of May 1993.

It is anticipated that the AIDSCAP MIS will evolve to meet program needs in a manner that will closely reflect the evolution of the AIDSCAP Program. Thus, continuous system development, refinement and enhancement is expected to take place throughout the duration of the program. Subsequently, the processes of documentation updating and continuous user training will follow the development of each new MIS component or the refinement of an existing one.

Study of STD Beliefs and Behaviors in Malawi

One of AIDSCAP's three main strategies is to reduce and prevent the spread of sexually transmitted diseases (STDs). In order to do this, program managers must fully understand the local perception of sexually transmitted diseases, current behaviors and attitudes regarding these illnesses, and the language used to refer to these illnesses. With this information, STD program managers will be able to design more effective interventions and educational material.

The ultimate goal of this study was to develop a set of instruments to enable the collection of this type of ethnographic information systematically and easily by less skilled interviewers. Prior work in diarrhea, acute respiratory infections and malaria has shown that a "focused ethnographic study" (FES) can be used to gather this type of information in an efficient and effective manner. The other major objective of this study was to learn about local perceptions, knowledge, etiology, symptomatology, experience, and the vocabulary of infections felt to be sexually transmitted in two villages in Malawi.

This work was designed in conjunction with the Behavioral Research Unit in AIDSCAP, the Department of International Health of the Johns Hopkins University, and Hubert Allen Associates. It was conducted in Malawi with the Department of Sociology of the University of Malawi. For the study, twelve sets of interview guides and tabulation forms were developed for use with community members, traditional healers, shop-owners and STD clinic workers. In addition, artist's renderings of STD symptoms in males and females were used for one set of interviews with traditional healers.

Over 150 interviews were conducted with male and female respondents. Preliminary analysis of the data revealed that the community members had detailed knowledge about illnesses with signs and symptoms suggestive of STDs. These community members' transmission model for most of these signs and symptoms included, but was not limited to, transmission through sexual intercourse. Additional information elicited on these diseases included sequelae, health seeking behavior, compliance to treatment regimens, potential means of prevention, partner notification, and source of information.

A report summarizing the results of these data in Malawi is currently in preparation. An STD-related illness dictionary for Malawi will also be developed. Finally, the FES instrument for the study of STDs will be further tested in other AIDSCAP countries to obtain information for local programs and to refine the instrument.

PVO/NGO Programming

One of the major lessons of AIDS programs to date has been the success with PVOs and NGOs, which have been able to mobilize rapidly and respond to the current crisis. AIDSCAP has designed several strategies to ensure the active involvement of PVOs and NGOs in AIDS prevention. In addition to involving PVOs and NGOs as implementing agencies under the country-specific implementation plans, AIDSCAP has designed mechanisms to directly support PVO and NGO AIDS prevention activities.

The AIDSCAP PVO Competitive Grants Program

Round One of the AIDSCAP PVO Grants Program will provide grants of \$200-400,000 to U.S.-based PVOs for AIDS prevention work in the following countries: Brazil (Rio de Janeiro and Sao Paulo), Cameroon, Côte d'Ivoire (outside of Abidjan only), Haiti, Jamaica, and Thailand. A maximum of \$400,000 will be available for each country, from AIDSCAP core funds. AIDSCAP and the USAID mission in the respective countries have reserved the right not to fund any projects if no acceptable applications are received. Implementation of projects is expected to begin in the second quarter of FY 93.

Projects supported through this program should complement the AIDSCAP Country Strategic Plan in priority countries, and the strategy of the National AIDS Control Program in associate countries. Under this program, PVOs will collaborate with a local group (governmental or non-governmental or community) in all phases of the project. All grant activities will be cost-shared by the proposing PVO, with AIDSCAP support not to exceed 75% of the estimated costs of the program.

Accomplishments to date

1. The Invitation for Applications was sent on August 12 to all USAID-registered PVOs who have done AIDS, health, or population programming in developing countries. Completed concept papers are due from PVOs on October 16.
2. Review teams for each country have been identified based on country and technical experience and a desire to include both internal and external reviewers.

Immediate next steps

1. The concept paper review process will be coordinated at AIDSCAP headquarters. The AIDSCAP resident advisor (if in place) will provide input from the country level in collaboration with the AIDSCAP regional office and USAID Missions.
2. Selected PVOs will be asked on November 6 to develop a full proposal, which will be due January 15, 1993.

It is imperative between now and January 15, 1993 that AIDSCAP and USAID/Washington provide no information to any representative of a PVO that might give that PVO an unfair advantage in the competitive process. This includes but is not limited to background information from AIDSCAP/AIDSTECH project files, country strategic plans and related documents, names of possible implementing local agencies and NGOs, etc.

	1992			1993			
	Oct	Nov	Dec	Jan	Feb	Mar	Apr May Jun Jul
Review concept papers.....				x	x	x	
Notify selected PVOs.....				x			
Review proposals.....				x	x	x	x
Notify grant recipient(s).....				x			
Identify technical monitors.....				x	x	x	
Draft subagreements.....				x	x	x	
Subagreement approval.....				x	x	x	
Project implementation.....				x	x		(through 1996)

**NGO
rapid response/
seed funds**

AIDSCAP will make funds available each year in selected priority countries to strengthen the role and capacity of NGOs to implement HIV/AIDS activities. This funding is available to any NGO with or without previous funding by AIDSCAP.

Quick provision of small funding allocations will be made in response to short-term requests for financial assistance by NGOs. Grants ranging from \$7,000 to \$20,000 will be available to meet immediate, small project, and institutional development and training needs. These funds will be managed by the AIDSCAP country offices. It is hoped that this rapid response mechanism will instill flexibility into work with NGOs, given that NGOs often need a mechanism to access small amounts of money on short notice.

A simple, abbreviated funding request application form will be developed by headquarters staff to facilitate application and review of these requests. Additionally, a simplified reporting form will also be developed to facilitate financial and programmatic reporting. These forms will be available at the AIDSCAP country offices and will be promoted among the local NGO communities.

**AIDSCAP project
support to NGOs**

AIDSCAP's NGO strategy also includes providing support to NGOs through regional and country level training and consultation for institutional development. These activities will vary according to needs identified by the AIDSCAP resident advisors and regional offices. A comprehensive document describing AIDSCAP's capabilities in NGO capacity-building will be available in the first quarter of FY 93.

Networking

AIDSCAP will support mechanisms for improving information-sharing and collaboration with NGOs at the country and regional levels. AIDSCAP will collaborate with existing efforts, but may also engage in a number of its own efforts including conducting regional workshops/conferences, pre- and post-conference NGO sessions at existing AIDS conferences, and/or providing training opportunities and materials.

**PVO/NGO program
manager**

AIDSCAP has created the position of PVO/NGO program manager to oversee the above activities and to facilitate increased involvement of PVOs in AIDSCAP country planning activities. A candidate has been identified and will be hired in the first quarter of FY93.

Appendices:

AIDSCAP

Management



Reorganization

With increasing operational experience it became apparent that some essential changes were required in AIDSCAP organizational structure. Several important changes were subsequently made.

The project needed a headquarters-level division which could provide leadership and continuity in: (a) ensuring that all country-specific actions required to develop and support programs are taken; (b) preparing and ensuring the use of operational procedures; (c) collecting and analyzing information on all country activities to meet AIDSCAP's reporting requirements; (d) identifying cross cutting policy and operational issues; (e) guiding all aspects of strategic and implementation planning; and (f) supporting the regional offices and resident advisors in developing and monitoring subprojects. In response, the new position of associate director for program management was created in June. Three units (Priority Countries, Associate Countries and Evaluation) previously under the associate director for Technical Support were transferred to program management.

The project's scope grew rapidly and operational demands exceeded earlier expectations. To function effectively, the responsibilities of the deputy director were broadened in September to encompass those normally exercised by a chief operating officer.

Concurrent with the changed role of the deputy director, several other changes were made. They included: (a) merging the former units entitled Priority Countries and Associate Countries into a single Office of Country Programs; (b) creating a new unit concerned with PVO/NGO and Peace Corps coordination; (c) moving Personnel and Information Dissemination from Finance and Administration and Technical Support respectively to the Office of the Director/Deputy Director; and (d) establishing an office manager position which absorbs responsibilities partially carried out by several people.

With these changes in place and all positions described above filled, the organizational structure should support high quality, consistent actions by the AIDSCAP staff. A copy of the current organizational chart and staff list are included in this report.

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The first AIDSCAP Technical Advisory Group (TAG) meeting took place on July 9th and 10th at the Key Bridge Marriott Hotel in Arlington, Virginia. The TAG meeting brought together a prestigious group of professionals to provide expert direction and guidance to the AIDSCAP project. Representatives from the AIDSCAP subcontracting agencies and key USAID and AIDSCAP staff attended the two-day meeting, as well.

Staff presented the AIDSCAP technical strategies to the group, using examples from selected country plans: Behavior Change Communication, Brazil; Condom Programming, Ethiopia; STD Prevention and Control, Malawi; Policy, Malawi; and Behavioral Research, Thailand.

TAG members were responsible for leading discussion on four relevant programmatic issues: Should AIDSCAP focus on partner reduction or more generally on behavior change/risk reduction? What are the relative merits of process and impact indicators in the evaluation of AIDS prevention programs? How can prevention programs most effectively balance the need for strengthening local institutions with the need for a rapid response to the epidemic? In order to be most effective, should programs target defined population sub-groups or the general public in a defined geographical region?

Among the major recommendations made by the TAG were:

1. Institutional strengthening and policy dialogue must be emphasized throughout all strategies.
2. Family planning and STD prevention and control programs should be evaluated; successful interventions from those disciplines should be adopted.
3. Partner reduction and increased condom use are intertwined and should be part of an overall strategy of behavior change and risk reduction.
4. Institutional strengthening requires short and long term training.
5. Assessment of the stage of the epidemic in a given country must determine the groups to be targeted.

AIDSCAP Staff Orientation

The second AIDSCAP staff orientation was held September 21 - 25, 1992. Many sessions were designed for both old and new staff, including introductions to newly developed systems at AIDSCAP such as the Management Information System (MIS) and program operations issues related to AIDSCAP's move to the implementation phase. New staff were introduced to AIDSCAP's mission, structure, and technical strategies, A.I.D. procedures, and unit capabilities.

A highlight of the orientation was the participation of many resident advisors and regional staff. There were country specific presentations from the field which brought a touch of reality to the discussions and provided motivation for the staff by focusing on the real goal of the project, which is the well-being of human beings living in the countries in which AIDSCAP implements projects.

Staffing and Recruitment

The AIDSCAP staff hired during this reporting period include: 22 people who transferred from FHI headquarters in North Carolina, 18 newly-hired personnel, three people seconded from the subcontracting agencies and seven contractors for resident advisor/coordinator in-country office positions. The 83 AIDSCAP staff now on board consist of 12 in management, 42 in program professional positions, 23 in support positions and six in administrative positions. A total of 29 people are located in overseas country offices and in the regional offices in Bangkok, Thailand and in Arlington, Virginia. The number of temporary staff has varied depending on the need for additional support.

The primary means of recruiting prospective candidates are through advertising in the *Washington Post* and other publications and sources such as *Career Network*, the APHA Placement Service and *International Employment Opportunities*. Prospective employees are also located by distributing updated vacancy lists to the Washington metropolitan area employment services, local universities, schools offering M.P.H. programs and FHI's headquarters office. Since the beginning of the project, more than 2,500 resumes and applications have been entered into an applicant database. Database searches are conducted whenever a position is open for recruitment. The database has also been utilized for consultant searches.

AIDSCAP Staff and Title Listing September, 1992

Executive Office

Peter Lamptey, Director
Anthony Schwarzwaldler, Deputy Director
Steven Weiss, Advisor to the Director
Clarence Clotney, Technical Assistant
Patricia Merrill, Administrative Assistant
Kristin Bashore, Administrative Assistant

Linda Rodriguez, Human Resources Coordinator
Angela Dunn, Executive Secretary

Janel Halpern, Information Dissemination Officer
Kirstin Chickering, Program Analyst
Donna Bancroft, Program Assistant
Sandra Paul, Graphics Coordinator
Steve Forsberg, Executive Secretary
Librarian (Vacant)

**Finance and
Administration**

Associate Director (Vacant)
Janet Rabe, Administrative Assistant
Larry Origlio, Contracts & Grants Manager
Steve Vaiciulis, Travel Coordinator
Peaches Joyal, Office Manager
Grant Williams, Mail Room Clerk
LaVern Wade, Receptionist/Clerk
Financial Analyst (Vacant)
Accountant (Vacant)

**Program
Management**

Sheila Mitchell, Associate Director
Administrative Assistant (Vacant)

Gail Goodridge, Chief, Office of Country Programs
Mary Lyn Field, Program Officer
Jessica Price, Program Officer
Jeannie Lorenz, Program Assistant
Karen Sai, Program Assistant
Derick Fay, Program Assistant
Jeff Coleman, Executive Secretary
Donna Chubb, Administrative Services Assistant
Program Officer (Vacant)

Susan Hassig, Chief, Evaluation
Jan Hogle, Social Scientist
Lee-Nah Hsu, Epidemiologist
Angelo Themelis, MIS Specialist

Arabinda Banik, Administrative/Information Coordinator
Katherine Kotellos, Program Assistant
Leslie Young, Executive Secretary
PVO Grants Manager (Vacant)

**Technical
Support**

Neil Brenden, Associate Director
Kari Hartwig, Administrative Assistant
Marc Ostfield, Chief, Behavior Change Communication
Janet Hayman, Mass Media Officer
Jane Begala, Interpersonal Communication Officer*
Jacqueline Dubow, Training Officer
Myrna Hafizi, Bilingual Executive Secretary
Small Media Officer (Vacant)
Chief, Policy (Vacant)
Matthew Roberts, Policy Officer
Steve Forsythe, Health Care Finance Officer
Mike Sweat, Modeling Officer
Tim King, Program Assistant
Carl Kendall, Chief, Behavioral Research*
Paula Hollerbach, Research Associate
Lisa Messersmith, Program Assistant
Corinna Hubert, Program Assistant
Robin White, Executive Secretary
Research Officer (Vacant)
Women and AIDS Officer (Vacant)
Gina Dallabetta, Chief, STD
Chief, Condom Programming and Logistics Management (Vacant)
Phil Hughes, Private Sector Officer*
Glen Wasek, Logistics Officer*

**AIDSCAP
Field Operations
Africa**

Godfrey Sikipa, Regional Director
Debrework Zewdie, Deputy Director
WaNkera Rukarangira, Logistics Officer*
Rose DeBuysscher, Program Officer
Ray C. Garcia, Finance Officer
Peter Clancy, Private Sector Officer*
STD Officer (Vacant)
Program Officer (Vacant)
Communications Officer (Vacant)*

Evaluation Officer (Vacant)

Training Officer (Vacant)*

Lois Lux, Resident Coordinator, Kenya

Alexis Kuate, Resident Coordinator, Cameroon

John David DuPree, Resident Coordinator, South Africa

Anne Outwater, Resident Coordinator, Tanzania

Resident Advisor, Ethiopia (Vacant)

Resident Advisor, Malawi (Vacant)

Resident Advisor, Nigeria (Vacant)

Resident Advisor, Rwanda (Vacant)

Resident Advisor, Senegal (Vacant)

**AIDSCAP
Field Operations
Asia**

Blair Brooke, Program Officer

Regional Director (Vacant)

Robert Hanenberg, Evaluation Officer

Doris Mugrditchian, STD Officer

Pawana Wienrawee, Communications Officer*

Chanuangtong Tanasugarn, Training Officer*

Ted C. Hazard, Finance Officer

Tony Bennett, Resident Advisor, Thailand

Resident Advisor, India (Vacant)

**AIDSCAP
Field Operations
LATIN America/
Caribbean**

Ricardo Calderón, Regional Director Operations

Catherine Brokenshire, Program Officer

Luis Rodriguez, Training Officer*

Steve Mobley, Private Sector Officer*

Amparo Pinzon, Small Media Officer*

Doria Bouril, Bilingual Executive Secretary

Finance Officer (Vacant)

Maria Eugenia Fernandes, Resident Advisor, Brazil

M. Cristina Pimenta de Oliveira, Project Advisor, Brazil

Eddy Genece, Resident Advisor, Haiti

Pierre Millet, Financial Advisor, Haiti

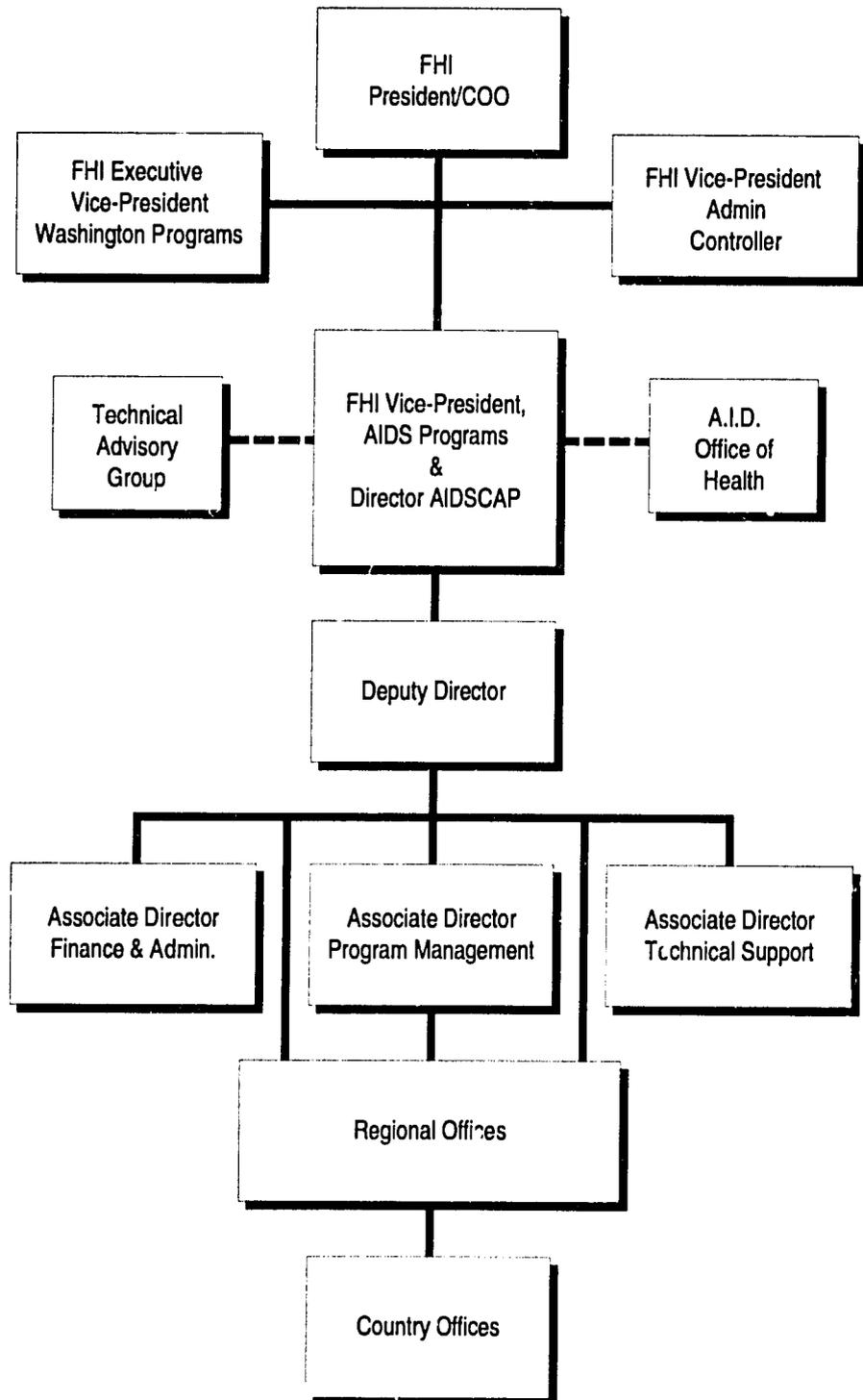
Martha Butler de Lister, Resident Advisor, Dominican Republic

Resident Advisor, Jamaica (Vacant)

Resident Coordinator, Honduras (Vacant)

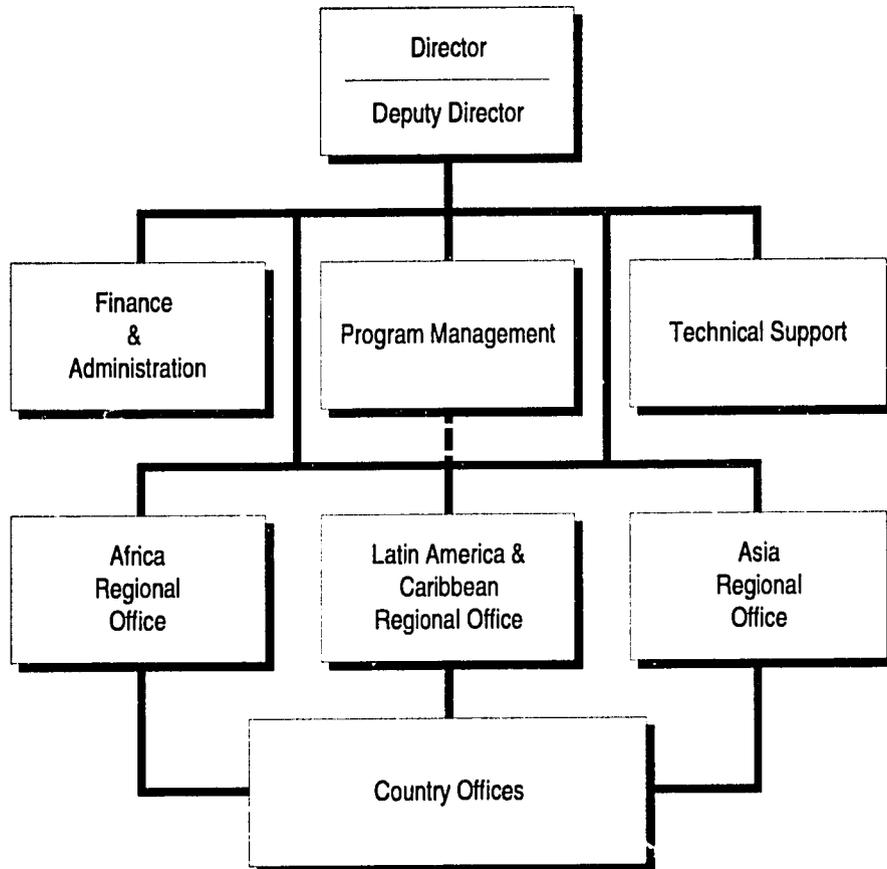
Organizational Charts

FHI/AIDSCAP



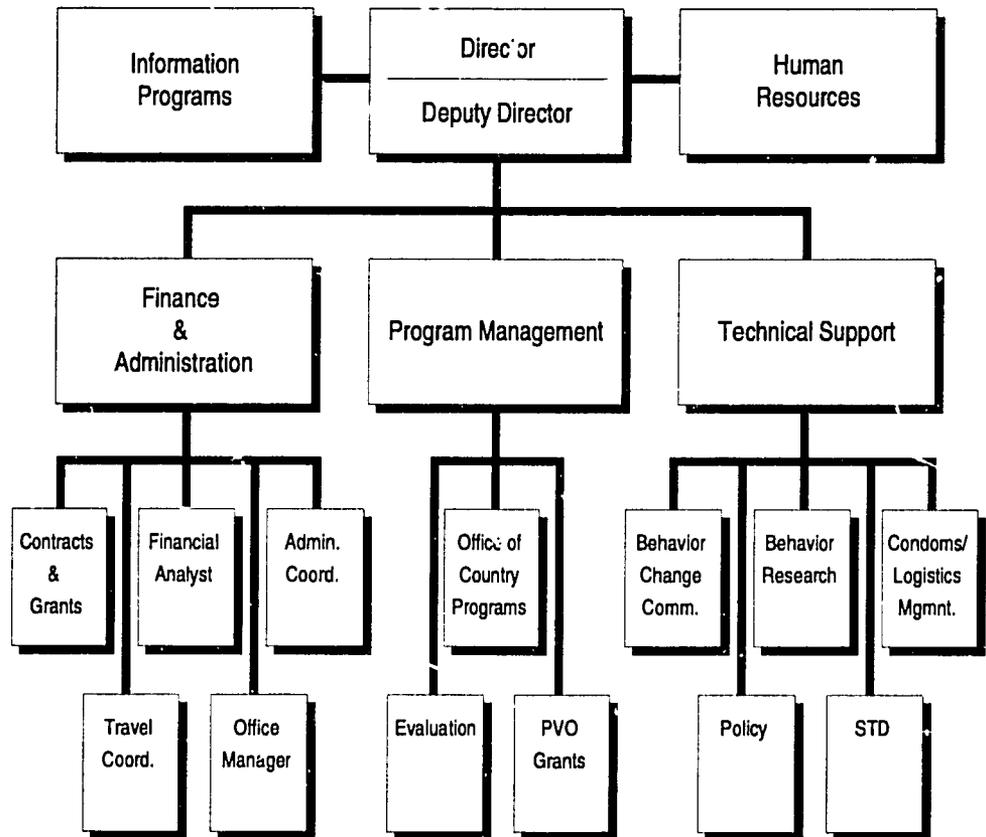
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AIDSCAP PROJECT



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**AIDSCAP
HEADQUARTERS**



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AIDSCAP

AIDSCAP Cooperative Agreement

**Expenditures
by Project Type
(Unaudited)**

**AID/
DPE-5972-A-00-1031-00
1 October 1991 -
30 September 1992**

Country Programs	\$ 721,384
Program Management	2,916,607
Sexually Transmitted Diseases	1,013,289
Condoms	209,601
Behavior Change	401,619
Behavior Research	495,391
Policy	300,288
AIDSCAP General	3,218,439

Total AIDSCAP Project

\$9,276,618 *

* Does not include \$501,866 cost sharing by FHI

**Expenditures by Region
& Country (Unaudited)**

**AID/
DPE-5972-A-00-1031-00
1 October 1991 -
30 September 1992**

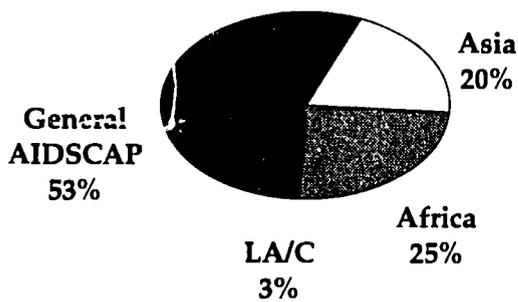
ASIA	India	\$ 90,030	
	Thailand	1,801,884	
	Indonesia	589	
	Asia Regional	293,189	
			\$2,185,692
Latin American/ Caribbean	Brazil	349,218	
	Colombia	21,532	
	Dominican Republic	222,887	
	Ecuador	234,712	
	Haiti	122,655	
	Honduras	9,641	
	Jamaica	82,582	
	Latin American Regional	715,861	
			1,759,087
Africa	Zambia	504,081	
	Malawi	49,359	
	Kenya	2,061	
	Uganda	75,568	
	Nigeria	297,366	
	Tanzania	60,227	
	Cameroon	47,768	
	Ethiopia	56,916	
	South Africa	222,405	
	Senegal	93,270	
	Burundi	75,165	
	Africa Regional	629,216	
			2,113,401
AIDSCAP General		3,218,439	3,218,439
Total AIDSCAP Project			\$9,276,618*

* Does not include \$501,886 cost sharing by FHI.

**Comparison of
Semiannual
Expenditures by
Region**

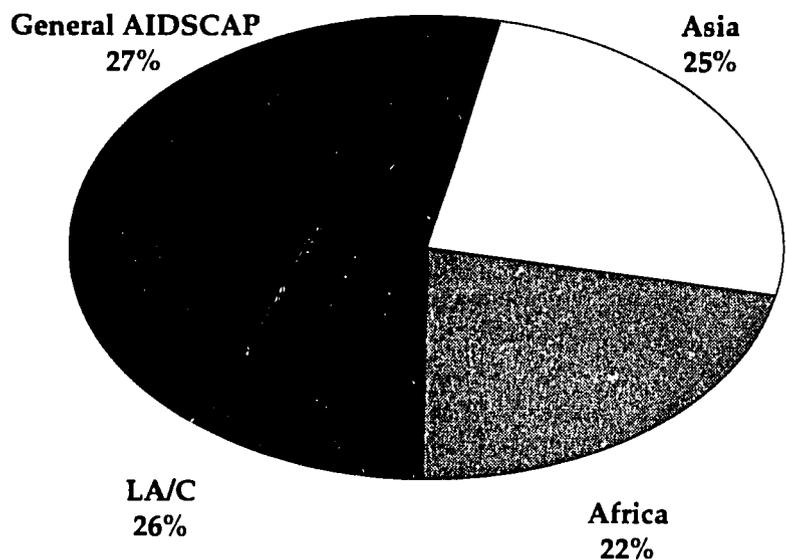
1st Semiannual Period

Total Expenditures: US\$ 2,663,135



2nd Semiannual Period

Total Expenditures: US\$ 6,613,483



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**Add-On's and OYB
Transfers by Region**

AID/
DPE-5972-A-00-1031-00

1 October 1991-
30 September 1992

Fiscal Year
1992

Fiscal Year
1991

		Fiscal Year 1992	Fiscal Year 1991
Africa	Africa Regional	\$ 842,000	
	Burundi		\$ 278,998
	Cameroon	250,000	
	Ethiopia	1,165,000	
	Kenya	400,000	
	Lesotho	200,000	
	Malawi	400,000	
	Mali	225,000	
	Nigeria	3,200,000	
	South Africa	1,500,000	
	Tanzania	1,000,000	96,200
	Uganda		200,000
			\$9,757,198
Asia	India	275,000	45,500
	Indonesia	300,000	
			620,500
Latin America/ Caribbean Region	Latin America Regional		638,000
	Brazil	1,001,000	
	Colombia		75,000
	Dominican Republic	850,000	
	Ecuador		298,000
	Haiti	2,000,000	
	Jamaica	665,000	
			5,527,000
Total			\$15,904,698

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