



**Annual Report Fiscal Year 2007
October 2006 – September 2007
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LIST OF ACRONYMS

APHA	American Public Health Association
BCC	Behavior Change Communication
BTC	Break the Cycle
CSW	Commercial Sex Worker
CT	HIV Counseling and Testing
DFID	Department for International Development
EBB TIDE	Evidence Based Behavior-change Targeting IDUs
EMMUS IV	Enquete de Mortalité et de Morbidité et Utilisation des Services
FHI	Family Health International
GIS	Geographic Information System
G/PHN	Bureau for Global Programs, Center for Population, Health and Nutrition
IDU	Injecting Drug User
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IPC	Interpersonal Communication
IR	Intermediate Result
M&E	Monitoring and Evaluation
MAP	Measuring Access and Performance
MOHSS	Ministry of Health and Social Services
MSM	Men who have Sex with Men
MSPP	Ministry of Health and Population
MVU	Mobile Video Units
NGO	Non-governmental Organization
PEPFAR	President's Emergency Plan For HIV/AIDS Relief
PITC	Provider Initiated Counseling and Testing
PLWHA	People Living with HIV/AIDS
PSI	Population Services International
SO	Strategic Objective
SMA	Social Marketing Association
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats Analysis
TA	Technical Assistance
TRaC	Tracking Results Continuously
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

INTRODUCTION

Summary Project Description

The AIDSMark program is designed to implement HIV/AIDS prevention and mitigation interventions worldwide for USAID, both on a regional and country-specific basis. AIDSMark social markets essential health products and services and also develops and disseminates messages and concepts related to behavior change.

AIDSMark supports the Global Bureau's Population, Health, and Nutrition (G/PHN) six intermediate results (IRs) under USAID's Strategic Objective (SO) 4. The AIDSMark contribution consists of: (1) enhanced and expanded social marketing of barrier methods, (2) social marketing applied to STI management and prevention worldwide, (3) effective advocacy for contextual changes as a result of and in favor of social marketing, (4) strengthened and expanded private sector involvement in STI/HIV social marketing projects, (5) increased availability and use of information on the effectiveness of social marketing for STI/HIV prevention and management, and (6) worldwide leadership in social marketing for STI/HIV prevention and management.

Summary of Activities Carried Out During Reporting Period

During FY2007, AIDSMark implemented five activities in eight countries including: Namibia, Haiti, Burundi, Sudan, Central Asian Republics (Kazakhstan, Uzbekistan, Tajikistan, and Kyrgyzstan).

Population Services International (PSI) now has operating platforms in more than 60 countries. Of these, five PSI platforms are currently funded through AIDSMark.

In order to increase the impact of PSI's HIV prevention activities, PSI's objectives during year ten of AIDSMark were to:

- Summarize and share lessons learned during the AIDSMark project,
- Deepen coverage of TRaC surveys and PSI's MAP project,
- Support the development and improvement of existing HIV counseling and testing (CT) programs, and
- Increase PSI's capacity, globally, to develop and implement high quality behavior change communication (BCC) and interpersonal communications (IPC) programs.

During Year Ten, AIDSMark focused on initiatives meant to evaluate and summarize the project to date. AIDSMark also employed on-going strategies to reach the targets outlined above.

Key Accomplishments and Their Significance

Key accomplishments during FY 2007 include the following activities:

Lessons Learned

At the end of FY07, the lessons learned project was on track for completion. In the last year, PSI and USAID refined the focus areas to emphasize the key lessons learned from 10 years of AIDSMark programming. AIDSMark then worked to identify the lessons for each focus area through additional interviews with field and supporting staff and by reviewing the relevant research, monitoring and evaluation (M&E) data. Drafts of six topical reports and six regional reports were reviewed by USAID and will be completed and printed upon final approval for distribution at the end of project conference. The final reports will include lessons learned from the following areas; condom distribution systems, female condom programming, behavior change communication programs, including PSI/India's Operation Lighthouse, franchising and marketing of HIV counseling and testing services and AIDSMark's impact on the evolution of social marketing research.

The end of project conference showcasing AIDSMark's achievements, challenges and lessons will be held on December 5, 2007 in Washington, DC. In addition to providing an outlet to disseminate these publications, the conference aims to bring together partners, stakeholders and other parties to stimulate dialogue around these key lessons. Following the conference, the next phase of dissemination will focus primarily on distribution of key lessons through our website, email distribution lists, and internal communications and presentations. Also, AIDSMark will discuss the potential for onsite recaps with USAID and will seek USAID's input on dissemination.

Research Support

In 2007, AIDSMark supported the final stages of development and launch of Project FoQus, PSI's qualitative research initiative. Two components of Project FoQus, FoQus on Concept Development and FoQus on Scales have been finalized and training on the methods has begun in earnest. Funds have also been used for technical assistance to bring MAP studies to more PSI platforms. MAP coverage is currently greater than 70%. In 2007 coverage of phase two MAP studies, which employ GIS, increased from 23% to 43%. AIDSMark has also supported the dissemination of PSI's research findings. The Research & Metrics page of the PSI website has been improved considerably and now includes over 80 reports from PSI's Social Marketing Research Series, toolkit chapters, and many other key publications. Several reports to be published in the Working Paper series have also been completed in the last fiscal year.

Address Key Behavioral Constraints on a Regional or Global Basis

A total of 12 countries took part in the regional Delayed Debut campaign: Angola, Benin, Burkina Faso, Burundi, DRC, Guinea, Kenya, Malawi, Nigeria, Togo, Zambia, and Zimbabwe. As of October 2007, three countries (Zimbabwe, Benin, and Burkina Faso) had completed baseline and follow-up surveys to evaluate the campaign. The data from Burkina Faso was unusable, and so in collaboration with PSI's Research Department, AIDSMark's Research and IPC Program Manager progressed in a two-country analysis of the campaign. As of October 2007, this analysis has been completed and writing will commence shortly. A final report will be completed by the end of 2007.

Support HIV counseling and testing scale up including provider initiated testing and counseling through improved service delivery and social marketing

In FY2007, AIDSMark provided technical support to PSI CT programs in 23 countries. This included preparation for the launch of CT activities in Guinea, expansion of the CT franchise in Benin, mobile CT improvement in Cote d'Ivoire, and support of the transition to provider initiated testing and counseling (PITC) in Zimbabwe. AIDSMark also provided technical support to programs through sharing of best practices and lessons learned and improvement of monitoring and evaluation tools. This included the development of the tool "VCT in a Box" that shared best of logframes, operating manuals, M&E tools and other strategic documents to help improve CT programs. The "VCT in a Box" was shared with all PSI and field staff to improve CT programming and expertise. AIDSMark supported the development of quarterly VCT newsletters, VCT in Focus to share programmatic lessons, experiences and materials through PSI and our partners programs.

The AIDSMark Director gave presentations on PSI's CT social franchising approach at the APHA conference and about social marketing at the Toronto AIDS Conference. She also presented at other meetings including at a Horizon's meeting on Expanding and Diversifying HIV counseling and testing (<http://www.popcouncil.org/mediacenter/events/2007HorizonsPanel.html>).

AIDSMark is partnering with FHI and the PEPFAR CT Working group to put on a CT workshop in Lusaka, Zambia in January 2008. AIDSMark has collaborated with PEPFAR and FHI in organizing the agenda and content of the first international CT workshop of its kind.

Interpersonal Communication (IPC)

AIDSMark continued to promote and conduct the five-day participatory IPC training developed in 2006. The training was conducted for SMA/Namibia staff in January 2007. Currently, there are plans to conduct the training for PSI and partner staff in Sudan and for PSI/China, PSI/Thailand, and PSI/Laos staff at a multi-country training to be held in China in January 2008. The IPC toolkit developed by AIDSMark continues to play a central role in this training, and the toolkit continues to be disseminated to PSI programs globally.

AIDSMark also continues to support the implementation of IPC programs that were developed with core funds: the Safe from Harm Parent/Child Communication Program and the Trusted Partner IPC Program. PSI continues to support program implementation on a by-request basis. In FY07 AIDSMark finalized the program materials into PDF documents which will be made available to any interested individual or organization via the PSI and AIDSMark website by the end of 2007. AIDSMark is also currently working with PSI/Zimbabwe to adapt the Trusted Partner IPC Program to provide relevant support for their anti-stigma program.

In terms of IPC technical assistance, AIDSMark continues to provide assistance to countries from DC. AIDSMark's Research & IPC Program Manager worked with PSI/Rwanda to design toolkits of outreach activities for their military, sex worker, migrant worker, and youth IPC programs; with PSI/Caribbean to design and implement a youth peer educator training for an IPC program addressing high risk youth; with PSI/Botswana to improve the IPC strategy and IPC materials for a HIV and alcohol IPC program and an IPC program focused on concurrent partnerships; and with PSI/Russia to review materials and publications. AIDSMark also

continued to work closely with the RESULTS initiative to ensure continuity and synergy of technical assistance strategies and messages. This included collaborating on a research to program decision making session in Botswana and continuing to review training modules from the Evidenced Based Social Marketing training curriculum.

Early in 2007, AIDSMark completed the publication of an IPC Brochure which highlights a diverse selection of PSI's effective IPC programs around the world. The four brief case studies highlighted in the brochure are of PSI/Zimbabwe's Mr. Smart initiative, PSI/Myanmar's work with men who have sex with men (MSM) and commercial sex workers (CSW), PSI/Romania's Popular Opinion Leader Approach to STI prevention among MSM, ensuring safe water in Madagascar, and reaching MSM in Latin America. In June 2007, AIDSMark also launched the fourth edition of the BCC Catalog – a library of PSI's health communication materials, which was initially started in 2001. The fourth edition of the catalog included a series of updates including: the incorporation of health communication materials from other health areas, such as malaria, safe water, and family planning; the inclusion of IPC materials; an update of materials developed in 2006; and an advanced search function which allows users to search for materials by country, theme, target group, and/or channel. The catalog was disseminated to PSI's offices globally and is also provided to new employees during their orientation sessions.

Operation EBB Tide Description

AIDSMark Core funding supported the focused pilot program "Evidence Based Behavior-change Targeting IDUs" (Operation EBB TIDE) in the Central Asian Republics. This intervention will add insight and increase impact to PSI Central Asia's current programs and serve as a learning model for the entire region. By implementing EBB TIDE in the same areas as other Central Asian programs, PSI is working to assure that communities are equipped to address issues related to drug use from primary prevention to risk reduction for those actually using. Such communities will consequently be better equipped at addressing issues that affect vulnerable youth and drug use.

The goal of the program is to reduce HIV incidence among injecting drug users (IDUs) in model sites in Central Asia. The injection of opiates among Central Asian youth is fueling a rapid spread of HIV in the region, which is augmented by sexual HIV transmission. The purpose of the program is to promote safer sexual behavior and risk reduction behaviors among IDUs at model sites using a high coverage social marketing strategy.

Progress in FY 07

As of the end of September 2007, the Break the Cycle (BTC) intervention has transitioned to partners/other funding. Bishkek BTC operations will be continued by the AIDS Center and NGO Sotcium with Global Fund and DFID support. In Osh, the USAID-funded DDR program will continue the BTC component until the end of December 2007. Partners including the Oblast AIDS Center and NGOs Parents Against Drugs and Podruga plan to continue BTC with Global Fund, World Bank, the Soros Foundation, and DFID.

The baseline report is expected to be finalized in by the end of December 2007 as is the field work for the follow-up study (supported with other funding). The report from the follow-up is expected in April 2008.

Successes, lessons learned, and research findings will be shared in April 2008. Preliminary successes, lessons learned, and baseline data was shared at the AIDSMark end of project conference in December 2007.

PUBLICATIONS IN FISCAL YEAR 2007

- IPC Brochure
- Version 4 of Health BCC Catalogue
- VCT Newsletter: VCT in Focus (4)
- VCT in a Box

Project Update for Fiscal Year 2007, By SSO4 IR

Intermediate Result 4.1: Increased quality, availability, and demand for information and services to change sexual risk behavior and cultural norms in order to reduce HIV transmission.

Activity 1: Burundi –HIV/AIDS Prevention

Description

The goal of the project is to improve the reproductive health of the sexually active population, in order to reduce the incidence of transmission and prevalence of HIV/AIDS. The purpose of the project is to increase the correct and consistent use of condoms during high-risk sex, while encouraging abstinence and partner reduction. PSI's project targets three of the groups identified by the PNLs/MST: 1) commercial sex workers (CSWs) and their clients, 2) internally displaced persons (IDP), and 3) youth (15-24 years old). These primary target groups reside in urban, peri-urban and rural areas. PSI, active in Burundi since 1990, is named in the PNLs/MST's strategic plan as a key partner to increase access to and use of condoms by CSWs and their clients. This project supports the strategic plan by aiming to increase the number of sexually active adults reporting that they used a condom during their last "high-risk" sexual act.

Progress in FY 07

During FY07 820,992 Prudence condoms were sold throughout the country. Moreover, PSI/Burundi has implemented a new distribution strategy involving wholesalers; 30 wholesalers have been selected as of September 30, 2007. The network is already structured with wholesalers and outlet points of sales in 10 provinces out of the 17 Burundian provinces; it will be entirely restructured by the end of December 2007.

AIDSMark funding was used to organize awareness raising activities on HIV prevention using Mobile Video Units (MVU) which reached 28,533 persons including general public, youth and commercial sex workers. Further, IEC materials and promotional items were developed and disseminated including 3,300 leaflets, 321 umbrellas, 640 T-shirts, 660 caps, 271 bandanas, 700 senator pens, 286 key rings and 565 loincloths. Mass media campaigns were also implemented: two radio spots including a branded and a non-branded spot radio were broadcasted respectively 552 and 480 times through six local radio stations.

Following an internal crisis that occurred at PSI/Burundi in June 2006, the platform has focused on strengthening the sustainability of the organization to maximize health impact, in part by undertaking a staff restructuring. PSI/Burundi is now more focused on HIV prevention and maternal and child health activities to be more efficient. PSI/Washington continues to provide technical assistance in order to improve capacity building of local staff.

A cross sectional survey associated with a Measuring Access Performance (MAP) study was conducted in April 2007. The survey was carried out to evaluate PSI/Burundi's branded and non-branded BCC and the MAP study was undertaken to measure coverage and quality of coverage of Prudence condoms in the country. The MAP study conducted in June 2005 revealed that coverage of Prudence condoms in the country was 40.6%; in May 2007, the MAP study showed an increase in that coverage up to 46.7%.

Activity 2: Namibia – HIV Counseling and Testing

Description

The goal of this intervention is to support the development of CT services in Namibia over a two year period by providing a technical expert to work at the Ministry of Health and Social Services (MOHSS) who will assist in the development and improvement of CT services offered within the MOHSS health facilities. In addition, support will be given to assist the uptake of CT services in Namibia through mass media and IPC social marketing.

PSI's affiliate in Namibia, Social Marketing Association (SMA), supported CT improvement and scale up activities such as training, monitoring and evaluation. Extra support and additional monitoring visits by SMA staff and an external consultant will be given to new sites to establish quality standards. Further non-branded national CT advertising such as radio, billboards and popular print advertisements are scheduled to take place.

Progress in FY 07

During FY2007 SMA, with AIDSMARK funding, contracted the services of a consultant, Eddington Dzinotyiweyi, to serve as the primary Technical Specialist for CDC/Namibia on CT services. During the course of the year, Mr. Dzinotyiweyi worked closely with the Ministry of Social Services (MoSS) and other with country partners to implement, monitor and evaluate the comprehensive *New Start* HIV counseling and testing program in Namibia. The contracted consultant is a CT expert from Zimbabwe whose main scope of work enabled him to strengthen technical capacity within the Ministry for CT. Additionally, in his position as Technical Specialist, Mr. Dzinotyiweyi used his placement to promote the use of Rapid Testing in Namibia and to enhance the relationship between the MoSS and SMA.

Other

Activity 3: Haiti – Social Marketing of Oral and Injectable Contraceptives

Description

To ensure the continued availability of both contraceptive methods to a population with already limited access to family planning services, even though commodities were available, PSI/Haiti received financial support through AIDSMark for oral and injectable contraceptive product marketing, related education and training sessions for the period of October 2006 to September

2007 to assist the Ministry of Health and Population (MSPP) to increase the rate of contraception use. From the beginning of the project, four priority areas were identified:

- Increased distribution of and access to contraceptives in underserved rural areas through community-based health agents at two pilot sites
- Improved communication and counseling materials for agents working at two pilot sites
- Mass media campaigns targeting women of reproductive age and their partners;
- Project sustainability

Initially, PSI worked nationally. However, at the beginning of 2007 and upon USAID's recommendation, PSI/Haiti revised its family planning strategy in order to concentrate education, promotion and sale of family planning products to the communities around the sites of HS2007. PSI/Haiti had several meetings with HS2007 in order to better coordinate these activities.

Progress in FY 07

From March to September 2007, PSI/Haiti's goal was to visit 6 of the 10 national departments and conduct activities in eight MSPP health centers and 10 health centers supported by NGOs. PSI's team reached 90% of its objectives by visiting seven of the eight MSPP health centers and nine of the 10 NGOs. Educational activities were conducted for patients waiting for their appointments, and were generally held for 40 minutes per session. Topics included brief presentation of PSI, correct definitions of family planning, brief presentation of all available methods in Haiti, emphasis on Pilplan and Confiance and taboos regarding modern methods. In addition, PSI conducted trainings for community leaders and health care staff on issues such as the definition of family planning, advantages of family planning, available methods, presentations of Pilplan and Confiance, and myths/taboo surrounding the use of modern family planning methods. A total of 20 educational events (315 men /1,040 women) and 18 trainings (194 men /163 women + 79 health agents) were held.

During FY07, PSI/Haiti sold 275,945 Pilplan and 161,897 Confiance. PSI added 29 new Pilplan sales point and 12 for Confiance reaching a total of 207 sales points of Pilplan and 212 sales point of Confiance for the year. PSI also conducted two training sessions in 2007 for PSI sales agents in order to improve their ability to explain and promote Confiance and Pilplan. This included discussing responses to myths and taboos about the products.

In May 2006, a branded media campaign was developed which treated themes such as benefits of using a modern family planning method like Pilplan or Confiance, the overall impact of family planning on future plans, economical situation and family stability. One radio spot and one TV spot were produced, along with a variety of printed material. Funding from AIDSMARK allowed PSI to broadcast these branded spots during the life of the project, and this increased product visibility and helped with sales.

In May 2006 PSI, developed a non-branded campaign that addressed the following theme "ak planin nou ka realize rèv nou" You can realize your dreams with family planning. Three sketches were developed and each one targeted a specific group and a specific problem. The youth sketch put the emphasis on goals/friendship/love/unplanned pregnancy; the second one was for couples and their power to decide how many children they would like to have and when; the third one was on side effects of the different family planning methods.

In October 2006 to evaluate PSI/Haiti's field strategy, a MAP (Measure Access and Performance) study funded by another donor was conducted to assess product availability by geographic regions and high risk zones. It targeted six geographic areas totalizing 114 enumeration Areas. All potential sales points in each area were visited. The results of this study were available at the beginning of 2007 and they indicated that most sales points are pharmacies and health centers.

Some of the challenges for PSI included the fact that family planning methods are mostly seen as a prescribed method that are available in pharmacies/health centers; therefore sales points do not generally expose the products for sale as they expect a client to ask for it. This reduces product visibility and highlights the need to target doctors who will be prescribing the product. Based on those findings and with future funding PSI will improve its strategy, working closely with doctors/nurses and pharmacies and will also improve the quality of the promotional material.

A TRaC (Tracking Results Continuously) study funded by AIDSMARK was also conducted in May 2007 in order to determine progress towards objectives. A sample size of 999 women from 15 to 49 years of age was studied. The results show that PSI must continue to increase both knowledge and activities that promote the use of Pilplan and Confiance. In addition, data from the Enquete de Mortalité et de Morbidité et Utilisation des Services (EMMUS IV) showed that 55.2 % of women are not using any type of modern family method due to misconception of the methods themselves. The mentioned issues are: fear of negative health impact (19%), side effects (26.9%); sterility post usage (12.3%) and religious concerns (8%). PSI addressed this by orienting its educational session toward the benefits of modern family planning methods, how each methods works in the human system and how to deal the sides effects.

In all training sessions PSI staff faced issues regarding community beliefs and had to emphasize the benefits of family planning. The taboos had been faced and demystified and by those sessions PSI team realized how much more work needed to be done. In the future PSI wishes to increase interpersonal communication activities to have a greater impact on demystifying beliefs.

Annex to AIDSMark Annual Report Fiscal Year 2007, Award Number: HRN-A-00-97-00021-00

Intermediate Result 4.1: Increased quality, availability, and demand for information and services to change sexual risk behavior and cultural norms in order to reduce HIV transmission.

Activity 4: HIV Prevention Project in Sudan

Description:

The goal of the project was to contribute to a reduction in HIV/AIDS transmission among key target groups who may engage in high-risk sexual activity in Juba town, including truck drivers, bar and guest house patrons, tea sellers and other male and female traders. The purpose of this project was to increase the capacity of the HIV/AIDS program while investing in and enhancing the nascent condom social marketing program in Southern Sudan. PSI/Sudan's project, which lasted from February 2007 to September 2007, trained and educated community leaders, groups and providers on Number One condoms and collaborated with SSAC to distribute Number One condoms and HIV education posters. PSI/Sudan also worked with FHI on peer education activities for condom promotion, education and distribution. An HIV/AIDS technical advisor was also recruited to strengthen technical capacity.

Progress in FY07:

During FY 2007, PSI/Sudan increased the amount of Number One condoms distributed in Juba from 468 in February to 138,528 in August. This increase can be attributed to an improvement of peer education activities under FHI and the work of a Sales and Marketing manager who was recruited in July. PSI/Sudan facilitated 28 HIV/AIDS outreach sessions reaching 6, 328 people. In addition to these activities, PSI/Sudan collaborated with SSAC on an HIV/AIDS Awareness Day in Juba. Peer educators from 50 local organizations were trained, 1,250 people were reached and 5, 616 condoms were distributed.

PSI/Sudan distributed condom promotion products during the project, including 1500 posters, 750 leaflets, 1700 t-shirts, 10 banners and 100 branded Number One Umbrellas. Number One radio scripts have been developed and are currently being tested. However, these radio spots have not been aired due to difficulty in recruiting a local BCC staff member and difficulties coordinating with partner organizations.

PSI/Sudan has continued to work with partner organizations on project implementation and established key partnerships with Right to Play, Mercy Corps, War Child and Goal. PSI/Sudan was an active participant in SSAC's development of a National Strategic Framework.

Pipeline Analysis Fiscal Year 2007

Section I CONTRACT/GRANT/COOPERATIVE AGREEMENT BASELINE REPORT

COTR/CTO: Christian Fung
TA: Kristen Ruchstuhl
 Laura Skolnik
DATE PREPARED: 12/21/2007

Section II PROJECT ACTIVITY LEVEL INFORMATION

NUMBER: 936-3090.03
TITLE: AIDSMark

TOTAL AUHTORIZATION/ APPROVED AMT: 214,981.70 CORE: Fld Support: B/AO:

CUM. OBLIGATION FOR PROJECT: 214,967.85 CORE: B/AO:

DATE (1ST)IFY OBLIGATION: FY97 FFY OBLIG:

Section III CONTRACTOR/GRANTEE INFORMATION

CONTRACTOR/GRANTEE NAME: Population Services International
CONTRACT/GRANT NO: HRN - A - 00 - 97- 00021 -00

CONT/GRANT AGREEMENT START DATE: 09/29/1997
 (Date Signed)
CONT/GRANT AGREEMENT END DATE: 09/29/2007

Section IV EVALUATIONS AND VISITS

CONTRACT/GRANT COOPERATIVE AGREEMENT:

Date Last Evaluation: **Date Last Site visit:**

Section V BUDGET AND FINANCIAL INFORMATION (\$000)

	CORE	Field Support	Core+ FS	BUY-INS OR ADD-ONS	TOTAL ALL
1. Total Estimated Cost:					214,981.70
2. Cumulative Obligations (thru 9/30/07)	26,489.96	173,363.71	199,853.67	15,114.18	214,967.85
3. Cumulative Expenditures (10/01/97- 9/30/07)	25,503.93	172,743.58	198,247.51	15,114.18	213,361.69
4. Expended in Year 10 (10/1/06 - 9/30/07)	889.61	465.46	1,355.07	0.00	1,355.07
5. Pipeline as of 9/30/07	986.03	620.13	1,606.16	0.00	1,606.16
6. Monthly Burn Rate (10/01/06 - 9/30/07)	74.13	38.79	112.92	0.00	112.92
7. Planned Expenditures (10/1/07 - 3/31/08) *	980.29	273.23	1,253.51	0.00	1,253.51
8. Planned Monthly Burn Rate (10/1/07- 3/31/08)	163.38	45.54	208.92	0.00	208.92
9. Months Funding as of 9/30/07	6	6	6	0	6

* Total planned expenditures do not equal the pipeline as of 9/30/07 due to unspent field support balances. We have received approval to sweep these balances where appropriate, and will complete this prior to the end of the global AIDSMark cooperative agreement.

(1) Cumulative Obligations thru 9/30/07		PHN CORE +OYBT	FS	(BUY-INS, ADD-ONS, MAARDS)	TOTAL ALL
	Core	19,149.48			19,149.48
	Africa Regional PPT		80.00		80.00
	Angola	350.00	8,535.00		8,885.00
	Azerbaijan		75.00		75.00
	Benin		6,686.29	800.00	7,486.29
	Bolivia		150.00		150.00
	Botswana	2,131.16			2,131.16
	Brazil		4,695.88		4,695.88
	Burundi		2,797.00		2,797.00
	Central America Regional		3,383.00	1,700.00	5,083.00
	Central Asian Republics		54.00		54.00
	China		385.00		385.00
	Congo	1,700.00	12,520.00		14,220.00
	Corridors of Hope		3,851.83		3,851.83
	Cote d'Ivoire	699.33			699.33
	Cross Gen Study		150.00		150.00
	Dominican Republic		445.00		445.00
	Eastern Europe Regional		1,960.00		1,960.00
	El Salvador		194.04		194.04
	Eritrea		2,905.81	1,676.17	4,581.98
	Georgia		667.50		667.50
	Guyana		1,254.66		1,254.66
	Haiti		2,492.54		2,492.54
	Honduras Study			25.67	25.67
	Honduras		2,899.00		2,899.00
	India		15,400.00		15,400.00
	Kenya	830.00	17,718.00		18,548.00
	Laos		375.00		375.00
	Lesotho		1,617.72		1,617.72
	Lesotho & Swaziland		106.18		106.18
	Madagascar		6,898.55		6,898.55
	Malawi		4,995.00	1,772.42	6,767.42
	Mexico		1,725.00		1,725.00
	Mozambique/CDC		2,264.42	3,250.00	5,514.42
	Myanmar		2,000.00		2,000.00
	Namibia	330.00	2,473.88		2,803.88
	Nepal	500.00	8,960.68	273.67	9,734.35
	Nicaragua		447.51		447.51
	Nigeria	800.00	13,155.00		13,955.00
	REDSO I - Migrants		275.98		275.98
	REDSO II - CSM		284.03		284.03
	REDSO III - CSM		260.95		260.95
	REDSO VI		300.00		300.00
	Romania		999.81		999.81
	Russia		16,764.01		16,764.01
	Rwanda		3,045.70	2,083.49	5,129.20
	South Africa		947.48		947.48
	Africa Bureau - SMASH		408.81		408.81
	Sudan		75.00		75.00
	Thailand		380.76		380.76
	Uganda		12,702.71	148.00	12,850.71
	Vietnam		150.00		150.00
	Zambia		1,400.00		1,400.00
Total		26,489.96	173,363.71	15,114.18	214,967.85

(2) Cumulative expenditures (9/29/97-9/30/07)						
			PHN CORE +OYBT	FS	(BUY-INS, ADD-ONS, MAARDS)	TOTAL ALL
		Core	18,274.67			18,274.67
		Africa Regional PPT		77.52		77.52
		Angola	350.00	8,535.07		8,885.07
		Azerbaijan		75.00		75.00
		Benin		6,686.29	800.00	7,486.29
		Bolivia		150.00		150.00
		Botswana	2,125.41			2,125.41
		Brazil		4,695.88		4,695.88
		Burundi		2,636.95		2,636.95
		Central America Regional		3,372.03	1,700.00	5,072.03
		Central Asia Republics		54.21		54.21
		China		385.00		385.00
		Congo	1,700.00	12,518.95		14,218.95
		Corridors of Hope		3,822.91		3,822.91
		Cote d'Ivoire	699.33			699.33
		Cross Gen Study		138.63		138.63
		Dominican Republic		445.00		445.00
		Eastern Europe Region		1,959.19		1,959.19
		El Salvador		194.04		194.04
		Eritrea		2,905.81	1,676.17	4,581.98
		Georgia		667.50		667.50
		Guyana		1,254.66		1,254.66
		Haiti		2,465.00		2,465.00
		Honduras study			25.66	25.66
		Honduras		2,811.78		2,811.78
		India		15,398.16		15,398.16
		Kenya	830.00	17,717.87		18,547.87
		Laos		362.71		362.71
		Lesotho		1,617.72		1,617.72
		Lesotho and Swaziland		106.18		106.18
		Madagascar		6,900.26		6,900.26
		Malawi		4,983.88	1,772.42	6,756.30
		Mexico		1,724.97		1,724.97
		Mozambique		2,264.51	3,250.00	5,514.51
		Myanmar		1,999.93		1,999.93
		Namibia	224.53	2,467.07		2,691.59
		Nepal	500.00	8,960.68	273.67	9,734.35
		Nicaragua		447.49		447.49
		Nigeria	800.00	13,155.00		13,955.00
		REDSO I -Migrants		275.98		275.98
		REDSO II - CSM		284.03		284.03
		REDSO III - CSM		260.95		260.95
		REDSO IV-Regional Training		300.51		300.51
		Romania		999.81		999.81
		Russia		16,770.61		16,770.61
		Rwanda		3,040.97	2,083.49	5,124.47
		South Africa		852.41		852.41
		SMASH		402.95		402.95
		Sudan		49.05		49.05
		Thailand		380.76		380.76
		Uganda		12,584.25	148.00	12,732.25
		Vietnam		150.00		150.00
		Zambia		1,380.47		1,380.47
		Zimbabwe		1,053.00	3,384.77	4,437.77
Total Expenditures to Date			25,503.93	172,743.58	15,114.18	213,361.69

(3) PLANNED EXPENDITURES (10/1/07-03/31/08)						
			PHN CORE +OYBT	FS	(BUY-INS, ADD-ONS, MAARDS)	TOTAL ALL
	Core		874.81			874.81
	Africa Regional PPT					0.00
	Angola					0.00
	Azerbaijan					0.00
	Benin					0.00
	Bolivia					0.00
	Botswana					0.00
	Brazil					0.00
	Burundi			160.05		160.05
	Central America Regional					0.00
	Central Asian Republics					0.00
	China					0.00
	Congo					0.00
	Corridors of Hope					0.00
	Cote d'Ivoire					0.00
	Cross Gen Study					0.00
	Dominican Republic					0.00
	Eastern Europe Region					0.00
	El Salvador					0.00
	Eritrea					0.00
	Georgia					0.00
	Guyana					0.00
	Haiti					0.00
	Honduras Study					0.00
	Honduras			87.22		87.22
	India					0.00
	Kenya					0.00
	Laos					0.00
	Lesotho					0.00
	Lesotho and Swaziland					0.00
	Madagascar					0.00
	Malawi					0.00
	Mexico					0.00
	Mozambique					0.00
	Myanmar					0.00
	Namibia		105.473			105.47
	Nepal					0.00
	Nicaragua					0.00
	Nigeria					0.00
	REDSO I - Migrants					0.00
	REDSO II - CSM					0.00
	REDSO III - CSM					0.00
	REDSO IV					0.00
	Romania					0.00
	Russia					0.00
	Rwanda					0.00
	South Africa					0.00
	SMASH					0.00
	Sudan			25.95		25.95
	Thailand					0.00
	Uganda					0.00
	Vietnam					0.00
	Zambia					0.00
	Zimbabwe					0.00
Total Planned Expenditures (10/1/07-3/31/08)			980.285	273.23	0.00	1,253.51

PIPELINE ANALYSIS PER COUNTRY

	Total Award	Total Obligation through 9/30/07	Expenditures through 9/30/07	Pipeline as of 9/30/07	Projected expenditures (10/1/07-3/31/08)	Expected FY 2008 funding	Needed FY 2008 obligation to fulfill current commitments
Core	19,267.127	19,149.478	18,274.666	874.81	874.81	0.00	\$0.000
Africa Regional PPT	80.000	80.000	77.520	2.48	0.00	0.00	\$0.000
Angola	8,885.000	8,885.000	8,885.069	-0.07	0.00	0.00	\$0.000
Azerbaijan	75.000	75.000	75.000	0.00	0.00	0.00	\$0.000
Benin	7,500.000	7,486.289	7,486.289	0.00	0.00	0.00	\$0.000
Bolivia	150.000	150.000	150.000	0.00	0.00	0.00	\$0.000
Botswana	2,131.160	2,131.160	2,125.412	5.75	0.00	0.00	\$0.000
Brazil	4,695.882	4,695.882	4,695.882	0.00	0.00	0.00	\$0.000
Burundi	2,700.000	2,797.000	2,636.947	160.05	160.05	0.00	\$0.000
Central America Regional	5,083.000	5,083.000	5,072.029	10.97	0.00	0.00	\$0.000
Central Asian Reps	54.000	54.000	54.208	-0.21	0.00	0.00	\$0.000
China	385.000	385.000	384.999	0.00	0.00	0.00	\$0.000
Congo	14,220.000	14,220.000	14,218.949	1.05	0.00	0.00	\$0.000
Corridors of Hope	3,851.833	3,851.833	3,822.913	28.92	0.00	0.00	\$0.000
Cote d'Ivoire	699.326	699.326	699.326	0.00	0.00	0.00	\$0.000
Cross Gen Study	150.000	150.000	138.628	11.37	0.00	0.00	\$0.000
Dominican Rep.	445.000	445.000	445.000	0.00	0.00	0.00	\$0.000
E/E Region	1,960.000	1,960.000	1,959.193	0.81	0.00	0.00	\$0.000
El Salvador	200.000	194.040	194.040	0.00	0.00	0.00	\$0.000
Eritrea	4,581.975	4,581.975	4,581.975	0.00	0.00	0.00	\$0.000
Georgia	667.500	667.500	667.500	0.00	0.00	0.00	\$0.000
Guyana	1,254.655	1,254.655	1,254.655	0.00	0.00	0.00	\$0.000
Haiti	2,492.535	2,492.535	2,465.003	27.53	0.00	0.00	\$0.000
Honduras Study	25.666	25.666	25.664	0.00	0.00	0.00	\$0.000
Honduras	2,852.077	2,898.996	2,811.777	87.22	87.22	0.00	\$0.000
India	15,400.000	15,400.000	15,398.155	1.84	0.00	0.00	\$0.000
Kenya	18,548.000	18,548.000	18,547.870	0.13	0.00	0.00	\$0.000
Laos	375.000	375.000	362.714	12.29	0.00	0.00	\$0.000
Lesotho	1,617.723	1,617.723	1,617.723	0.00	0.00	0.00	\$0.000
Lesotho/Swaziland	106.968	106.176	106.176	0.00	0.00	0.00	\$0.000
Madagascar	6,898.549	6,898.549	6,900.256	-1.71	0.00	0.00	\$0.000
Malawi	6,767.415	6,767.415	6,756.297	11.12	0.00	0.00	\$0.000
Mexico	1,725.000	1,725.000	1,724.972	0.03	0.00	0.00	\$0.000
Mozambique	5,514.417	5,514.417	5,514.506	-0.09	0.00	0.00	\$0.000
Myanmar	2,000.000	2,000.000	1,999.927	0.07	0.00	0.00	\$0.000
Namibia	2,811.955	2,803.882	2,691.595	112.29	105.47	0.00	\$0.000
Nepal	9,760.000	9,734.353	9,734.353	0.00	0.00	0.00	\$0.000
Nicaragua	447.505	447.505	447.494	0.01	0.00	0.00	\$0.000
Nigeria	13,955.000	13,955.000	13,955.000	0.00	0.00	0.00	\$0.000
REDSO I	300.000	275.982	275.982	0.00	0.00	0.00	\$0.000
REDSO II	284.033	284.033	284.033	0.00	0.00	0.00	\$0.000
REDSO III	260.945	260.945	260.945	0.00	0.00	0.00	\$0.000
REDSO IV	300.000	300.000	300.510	-0.51	0.00	0.00	\$0.000
Romania	999.811	999.811	999.811	0.00	0.00	0.00	\$0.000
Russia	16,773.085	16,764.007	16,770.613	-6.61	0.00	0.00	\$0.000
Rwanda	5,140.855	5,129.195	5,124.466	4.73	0.00	0.00	\$0.000
South Africa	947.480	947.480	852.406	95.07	0.00	0.00	\$0.000
SMASH	408.812	408.812	402.947	5.86	0.00	0.00	\$0.000
Thailand	380.759	380.759	380.759	0.00	0.00	0.00	\$0.000
Uganda	12,850.708	12,850.708	12,732.247	118.46	0.00	0.00	\$0.000
Vietnam	150.000	150.000	150.000	0.00	0.00	0.00	\$0.000
Zambia	1,400.000	1,400.000	1,380.474	19.53	0.00	0.00	\$0.000
Zimbabwe	4,434.767	4,434.767	4,437.771	-3.00	0.00	0.00	\$0.000
TOTALS	214,965.52	214,892.854	213,312.647	1,580.21	1,227.56	0.00	0.000