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LIST OF ACRONYMS	3
INTRODUCTION	5
SUMMARY PROJECT DESCRIPTION.....	5
SUMMARY OF ACTIVITIES CARRIED OUT DURING REPORTING PERIOD.....	5
KEY ACCOMPLISHMENTS AND THEIR SIGNIFICANCE.....	6
<i>Regional Behavior Change Communications Campaign</i>	6
<i>Expansion of Voluntary Counseling and Testing Projects</i>	7
<i>Prevention of Cross Generational Sex Pilot Project in Uganda</i>	7
<i>Faith-Based Organization Partnerships</i>	8
<i>Operation EBB Tide</i>	9
<i>HIV Prevention through Risk Reduction in Thailand and China</i>	9
<i>Haiti Male Circumcision Pilot Project</i>	10
<i>PMTCT and Nevirapine Packaging Study</i>	11
<i>Research Support – Toolkit Development</i>	11
PUBLICATIONS IN FISCAL YEAR 2004	12
PROJECT UPDATE FOR FISCAL YEAR 2004, BY SSO4 IR	13
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.....	13
<i>Activity 1: Angola – HIV/AIDS Prevention</i>	13
<i>Activity 2: Botswana – Enhancing HIV Prevention Programs</i>	13
<i>Activity 3: Burma – HIV/AIDS Prevention and Control in Burma: An Integrated Partnership</i>	15
<i>Activity 4: Burundi –HIV/AIDS Prevention</i>	17
<i>Activity 5: China –HIV/AIDS Prevention Mekong-China</i>	17
<i>Activity 6: Corridors of Hope (COH) – Lesotho, Swaziland, Namibia, South Africa, Zambia, Mozambique, and Zimbabwe</i>	19
<i>Activity 7: Cote D’Ivoire</i>	20
<i>Activity 8: The Democratic Republic of the Congo – Targeted Condom Social Marketing and IEC for AIDS Prevention</i>	21
<i>Activity 9: HIV/ AIDS Prevention in El Salvador</i>	23
<i>Activity 10: Eritrea — HIV/AIDS Prevention Project</i>	23
<i>Activity 11: Guyana – Social Marketing for STI/HIV/AIDS Prevention</i>	24
<i>Activities 12: Haiti – Targeted Social Marketing for STI/HIV/AIDS Prevention</i>	25
<i>Activity 13: Honduras – PASMO’s HIV/AIDS Prevention Social Marketing Program</i>	26
<i>Activity 14: India – Operation Lighthouse: A Port-based STI/HIV/AIDS Intervention</i>	27
<i>Activity 15: Kenya – Behavior Change Communication to Reduce HIV Prevalence among Kenyan Youth, Hormonal Contraceptives to Improve Reproductive Health of Kenyan Women, and Bednets and Re-dipping Services and Other Products to Improve Child Survival</i>	30
<i>Activity 16: Laos: National HIV/AIDS Prevention Project</i>	30
<i>Activity 17: Lesotho – VCT Activities in Lesotho</i>	31
<i>Activity 18: Madagascar – Behavior Change Communication to Reduce HIV Prevalence among Adolescents and Hormonal Contraceptives to Improve Reproductive Health of Women</i>	32
<i>Activity 19: Malawi - Improving Health in Malawi through Social Marketing</i>	33
<i>Activity 20: Mexico – AIDSMARK/PASMO Mexico Targeted HIV/AIDS Prevention Project</i>	34
<i>Activity 21: Mozambique – Mozambique Project for HIV/AIDS Prevention</i>	35
<i>Activity 22: Mozambique – Voluntary Counseling and Testing (VCT)</i>	35
<i>Activity 23: Namibia – Voluntary Counseling and Testing</i>	35
<i>Activity 24: Namibia – Strategic Support for Three Behavioral Change Initiatives in Namibia</i>	37
<i>Activity 25: Nepal – HIV/AIDS and Reproductive Health Social Marketing</i>	38
<i>Activity 26: Nicaragua – Scaling up BCC in Leon/Chinandega</i>	39
<i>Activity 27: Nigeria – Targeted HIV Prevention Campaign and Support for Family Planning</i>	40
<i>Activity 28: PASMO AIDSMARK Regional Central America Project -- Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama</i>	41

<i>Activity 29: Russia – Social Marketing for STI/HIV/AIDS Prevention</i>	42
<i>Activity 30: Russia – Child Survival (Samara)</i>	42
<i>Activity 31: Rwanda – HIV/AIDS Prevention among the Military</i>	43
<i>Activity 32: Rwanda – Trusted Partner Campaign</i>	45
<i>Activity 33: Thailand – Social Marketing for HIV Prevention in Northern Thailand</i>	46
<i>Activity 34: Uganda – Preventing Mother to Child Transmission of HIV</i>	46
<i>Activity 35: Uganda – Project for HIV/AIDS Prevention and Family Planning</i>	47
<i>Activity 36: Vietnam – HIV/AIDS Prevention through Behavior Change</i>	48
<i>Activity 37: Zambia – HIV/AIDS Prevention, Voluntary Counseling and Testing, and High-Risk Support to Corridors of Hope in Zambia</i>	49
INTERMEDIATE RESULT 4.2: ENHANCED QUALITY, AVAILABILITY, AND DEMAND FOR STI MANAGEMENT AND PREVENTION SERVICES.	51
<i>Activity 38: Angola – AIDSMark VCT/STI Project</i>	51
<i>Activity 39: Dominican Republic – Strengthen STI Prevention and Control Capacity of DIGECITSS</i>	51
INTERMEDIATE RESULT 4.4: STRENGTHENED AND EXPANDED PRIVATE SECTOR ORGANIZATIONS’ RESPONSES IN DELIVERING HIV/AIDS INFORMATION AND SERVICES.	53
<i>Activity 40: Russia – Partnerships</i>	53
<i>Activity 41: South Eastern Europe – Social Marketing for HIV Prevention</i>	53
OTHER	55
<i>Activity 42: Angola – Social Marketing of Long Lasting Nets in Angola</i>	55
<i>Activity 43: India – Safe Water Systems</i>	55
<i>Activity 44: Nicaragua – AIDSMark/PASMO Social Marketing Evaluation</i>	57
<i>Activity 45: Nigeria – Pre-packaged Antimalarial Project</i>	57
<i>Activity 46: Rwanda – Phase III of a Malaria Prevention Project</i>	58

LIST OF ACRONYMS

ANARELA	African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS
ARV	Anti-Retro Viral
ASF	Associação Saúde da Família – Brazil
AV	Audio-Visual
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CBD	Community Based Distributor
CDC	Center for Disease Control
COH	Corridors of Hope
CPS	Consumer Profile Study
CRS	Contraceptive Retail Sales
CSHGP	Child Survival and Health Grant Program
CSP	Country Strategic Plan
CSW	Commercial Sex Worker
DFID	Department for International Development (UK)
DHS	Demographic Health Survey
DIC	<i>PSI's Kunming Drop-in Center for IDUs</i>
DKT	DKT International
DR	Dominican Republic
DRC	Democratic Republic of Congo
EMA	Event Impact Assessment
ESMG	Eritrea Social Marketing Group
FBO	Faith Based Organization
FHI	Family Health International
FP	Family Planning
FSW	Female Sex Worker
GOAL	<i>International Humanitarian Organization</i>
GODR	Government of the Dominican Republic
G/PHN	Global Bureau's Population, Health, and Nutrition
GRPA	<i>Local IPPF affiliate in Guyana</i>
IDU	Injecting Drug User
IEC	Information, Education, and Communication
IMPACT	Implementing AIDS Prevention and Care Project
IPC	Interpersonal Communication
IPPF	International Planned Parenthood Federation
IR	Intermediate Result
IRC	International Rescue Committee
ITN	Insecticide Treated Net
IUD	Intrauterine Device
IVDU	IV Drug Users
JICA	Japan International Cooperative Agency
KAP	Knowledge, Attitudes, and Practices

MCH	Maternal and Child Health
MCHP	Maternal and Child Health Products
MDM	Médecins du Monde
MIS	Management Information System
MOH	Ministry of Health
MSM	Men who have Sex with Men
MVU	Mobile Video Unit
NAC	National AIDS Campaign
NACP	National AIDS Coordination Program (Zimbabwe/Mozambique)
NGO	Non-governmental organization
NUEYS	National Union of Eritrean Youth and Students
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PASMO	Pan American Social Marketing Organization
PLWHA	People Living with HIV/AIDS
PMTCT	Preventing Mother to Child Transmission
PNC	Prenatal Consultations
PNLS	Programme National De Lutte Contre le SIDA
PPT	Pre-packaged therapy
PROCETS	Sexually Transmitted Disease Control Program
PSA	Public Service Announcement
RBM	Roll Back Malaria
RFA	Request for Applications
RTI	Reproductive Tract Infection
SESPAS	Secretariat of State of Public Health
SFH	Society for Family Health
SMD	Social Marketing and Distribution
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STP	Technical Secretariat of the Presidency
UNDP	United Nations Development Program
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VNYU	Vietnam Youth Union

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 socially markets essential health products and services and also develops and disseminates messages and concepts relating 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

Since its inception in late 1997, AIDSMark funded a total of 115 projects in 56 countries. AIDSMark program funding is comprised of approximately 92.25% field support money and 7.75% Core funding. As most activities under the AIDSMark agreement are field driven, Core monies are primarily dedicated to providing strategic and technical support to these field projects. Due to the rapid increase in field support monies flowing through AIDSMark over the last few years, Core monies have been stretched to support an increased volume of work. This support is needed to increase the scope and scale of our programs as well as provide enhanced technical oversight dedicated to improving the impact projects have on the HIV/AIDS epidemic.

AIDSMark programs continue to play a critical role in utilizing private sector distribution channels to assure that quality condoms are accessible to high risk populations vulnerable to HIV/AIDS. While access and affordability of condoms remains a major issue in many parts of the world, AIDSMark programs address additional issues including: delay of sexual debut; partner reduction, personal risk perception; voluntary counseling and testing; prevention of mother to child transmission; and STI prevention and treatment. All of these interventions are designed using social marketing strategies to target high-risk groups and to maximize impact in the most cost-effective manner. A combination of market and epidemiological analysis equips AIDSMark programs with a unique approach to effectively reduce transmission of HIV/AIDS.

In addition to providing support to projects in the field, AIDSMark Core monies have driven development of a regional behavior change communication campaign in 20 Sub-Saharan African countries addressing the issue of risk assessment among youth. This campaign grew out of extensive research in the region, which demonstrated "trust of one's partner" results in behaviors that put youth at risk of HIV infection. The purpose of this campaign is to disassociate this sense of "trust" in a person with the risk of HIV infection.

Over the course of fiscal year 2004, PSI developed a regional communications campaign to address barriers to delayed sexual debut. This campaign encourages youth, age 14-19, to embrace gender roles and norms that are inspiring rather than demoralizing. The creative strategy looks at two opposing scenarios to redefine gender roles: the brutal reality that young men and woman in Africa are faced with (peer pressure to fit in and have sex, humiliation of young men who are virgins, sexual violence and transactional sex) compared to the lifestyle they deserve and aspire to have (having the self esteem to make choices that are smart, responsible and essential for a happy and health future). Television, radio, print, and interpersonal communications will engage and involve youth in making these choices for their future.

Core monies have also helped pilot a cross-generational sex prevention project in Uganda, support USAID Global Health Bureau studies on “ABC” and Male Circumcision, explore single-dose packaging of Nevirapine suspension, as well as provided additional research staff to improve monitoring and evaluation of all AIDSMark’s projects.

Key Accomplishments and Their Significance

Key Core accomplishments during FY 2004 include the following activities.

Regional Behavior Change Communications Campaign

Description

In order to develop high-quality evidence based campaigns, AIDSMark provides a service to PSI country programs to facilitate the development of behavior change campaigns on a regional basis. Regional campaigns address common behavioral themes across countries and prevent reinventing the wheel by designing and producing similar campaigns in each country. Benefits of a regional campaign include economies of scale and consistent high-quality campaign materials across countries.

Progress in FY 04

The recent Regional Trusted Partner Campaign, developed for East and Southern Africa and now extended to West Africa, serves as an example of how AIDSMark organizes and manages the regional campaign development process effectively, efficiently, with little burden on country programs and in a participatory fashion.

The Trusted Partner behavior change communication campaign expanded to reach a total of 20 African countries. The campaign is specifically designed to reach older youth/young adults; increasing their personal HIV/AIDS risk perception and knowledge of ABC prevention behaviors.

In addition to the Trusted Partner campaign, AIDSMark developed television, print, and radio spots for a delayed debut campaign to encourage the delaying of sexual debut among youth. The activities over the past 12 months included a review of literature regarding behavioral barriers to delayed debut in Sub-Saharan Africa, including programmatic experience to date, and the implementation of formative research (focus group discussions) in nine countries. This formative research was used to develop a communications strategy for up to 20 countries in Sub-Saharan Africa. AIDSMark managed the development of a creative strategy and prototype materials. These materials were then tested in all countries that expressed interest in developing delayed debut campaigns.

Expansion of Voluntary Counseling and Testing Projects

Description

PSI expanded its portfolio of social marketing Voluntary Counseling and Testing programs since its first flag-ship “New Start” program launched in Zimbabwe in 1999. Since then, AIDSMark facilitated the expansion of VCT services into 19 other PSI country programs – well over the original goal of 10 programs offering VCT services by the end of 2005. Today active VCT programs are operating in 20 PSI countries. AIDSMark, as the HIV/AIDS division within PSI, provides technical support to all of these programs, although some of PSI’s VCT programs are fully funded by other donors.

PSI currently plays a substantial VCT programming role (operational management and/or local capacity building) in 13 of these countries, including Angola, Benin, Haiti, India, Kosovo, Mali, Mozambique, Namibia, Rwanda, Togo, Uganda, Zambia and Zimbabwe. In addition, PSI does VCT promotion and communications in 4 countries, where VCT sites are operated by local or international partners. These countries include Burkina Faso, Botswana, Cote d’Ivoire, and Kenya.

Progress in FY 04

In 2004, PSI added four new VCT programs its portfolio in Guyana, Lesotho, Cambodia, and South Africa. Between October 2003 and September 2004, PSI counseled and tested 356,181 clients at PSI sponsored service centers.

Prevention of Cross Generational Sex Pilot Project in Uganda

Description

PSI/Uganda will work in close collaboration with Government of Uganda and faith based organizations to reduce the dangerous practice of cross generational sex. This campaign aims to move beyond traditional behavior change communication, and will strive to seed a social movement which will change deeply rooted social norms that drive this unhealthy practice.

The first component of this campaign will involve working closely with the Government of Uganda to assure that public officials understand how destructive cross generational relationships are; PSI will provide training that will allow them to speak publicly about cross generational sex at every opportunity. We will also work close with human rights and women’s advocacy groups to explore how statutory rape laws can be better enforced, and how to better support victims of sexual violence.

The project will also develop an innovative network of role models which will allow successful women to reach out to young girls in their community. The primary objective of this work will be to build the young women’s self esteem, and help them plan for more successful and healthy futures.

Collaboration with the faith based community will also figure centrally in this program. PSI staff will start by working closely with religious leaders to assure that cross generational messages are included in liturgical materials. Project staff will also work with church leaders to develop programs which: a) help parents discuss reproductive health with their children, and b)

provide counseling for youth, and in particular young women, to help them build self esteem and greater appreciation for the risks of cross generational sex.

All of the activities described above will be supported by a media campaign which will attempt to diminish social acceptance for cross generational sex, assure that risk of this practice are fully appreciated, and build the self esteem of young women.

Progress in FY 04

This project was approved at the end of fiscal year 2004. Progress and achievements will be summarized in the annual report for fiscal year 2005.

Faith-Based Organization Partnerships

Description

PSI began working with religious leaders and faith-based groups (FBOs) in the mid-1990s. In 2003, with USAID funding through AIDSMark, PSI hired an FBO coordinator, and launched two FBO partnership programs in Malawi and Uganda. A partnership with All Africa Conference of Churches facilitated the development of a HIV/AIDS training program for clergy in 2004.

Progress in FY 04

PSI/Malawi is collaborating with the following institutions: Evangelical Church of Malawi, Anglican Church of Malawi, Revival International Church, Catholic Church, Muslim Association, Presbyterian Church, and ANARELA (African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS).

PSI/Malawi hired two staff to assist with FBO activities, one focuses on FBO leaders and the other concentrates on youth in participating FBOs. Activities led by these staff include seminars to provide youth with skills to delay sexual debut, abstain, understand HIV, and risky behavior. PSI and FBO partners develop IEC materials such as videos and use discussion groups to facilitate dialogue among youth. PSI/Malawi staff facilitate HIV/AIDS training for different denominations in Malawi. They have now conducted 5 training seminars and their services are in high demand.

In 2004, PSI/Uganda hired an FBO coordinator to operate under the BCC program and focuses on HIV prevention education and care, youth programs that emphasize delaying sex debut and abstinence, and a campaign against cross generational sex. During a weekly radio talk show, religious leaders discuss the need for fidelity and partner reduction as a means to reduce the rate of HIV infection.

Partner organizations include: Muslim Association, Religious Council of Uganda, Anglican Church, Seventh Day Adventists, Catholic University Chaplaincy, and ANARELA. PSI also provided technical and financial assistance to ANARELA and the FBO coordinator sits on the board of ANARELA.

PSI/Washington is partnering with the All African Council of Churches (AACC) to train clergy on HIV/AIDS. The AACC is comprised of 140 influential religious leaders representing 39 African countries and 120 million Christians. PSI is assisting the AACC in the implementation

of an HIV/AIDS training program designed to motivate and inspire participating church leaders. These church leaders will then mobilize their congregations to stop the spread of HIV through comprehensive prevention education strategies and support and care for PLWHA.

With AIDSMark's support, the AACCC held a continental summit for heads of churches in Nairobi on June 8-10, 2004. The summit agenda focused on providing the space and opportunity for church leaders to re-examine their critical role in the struggle against HIV/AIDS. Regional training programs and curriculum development are scheduled for fiscal year 2005.

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 during every stage of drug use.

The goal of the program is to reduce HIV incidence among injecting drug users (IDUs) in model sites (tentatively Osh and Chui Oblasts, Kyrgyzstan) 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 (SM) strategy.

Progress in FY 04

In phase one of the project, accomplishments included identifying target sites, obtaining key permission and support from government and community leaders, and identifying local partners who will play a key role in implementation. These organizations include the primary partners of the local NGO Socium in Bishkek, Parents against Drugs in Osh, and secondary partners including the Osh City AIDS center, and local NGOs Padruga and Majician. Quantitative research was completed with CDC, and data is currently being analyzed by PSI's research manager, with results available in November 2004.

HIV Prevention through Risk Reduction in Thailand and China

Description

This regional HIV/AIDS prevention project targeted drug users (opiate and methamphetamine) in the Golden Triangle area, specifically in the Thai provinces of Chiang Mai and Chiang Rai, and in China's Yunnan province. Research was conducted to inform the design and distribution of information, products and services. This data will provide a baseline against which to measure project impact; to increase community support for risk reduction, including law enforcement; and increase PSI affiliates' capacity to implement risk reduction social marketing programs.

Progress in FY 04

Over the past year, the primary target group has shifted from IDUs to former IDUs. The war on drugs and repressive policy towards injecting drug use led to drastic changes in injecting habits. Injecting drug users have either switched to Yaabaa (a methamphetamine) or are going underground, with increased risk practices.

PSI successfully repositioned its drop-in center to former drug users, in order to comply with the new policy. In addition to this, PSI Thailand developed a MIS that tracks behavior change of the members of the drop-in center. PSI Thailand also conducted a series of studies to better understand the target group's risk behaviors.

A total of 300 interviews were conducted with current or recent IDUs between the ages of 15-40 years old, in 4 districts. These interviews produced a map of IDU communities using the Geographical Information Software (GIS) technology. This is an efficient, action-oriented tool that enables informed, disciplined decision-making on where to focus programming efforts. The study identified 72 IDU communities (9 in urban areas, 63 in rural areas). Four different zones with diverse geographical and cultural features emerged from this geographical analysis: a zone in Chiang Mai, a zone of isolated and scattered communities west of Chiang Mai, a zone located along the northern drug route zone of Chiang Mai, and a zone located in the golden Mekong delta.

In addition to community mapping, a series of indicators were developed measuring risk behaviors of IDUs relating to drug use, sexual history, and key motivation, ability, and opportunity factors related to injecting, and use of condoms.

The findings from this study will be used as baseline measurements for logframe indicators and other benchmarks used to assess the impact of future interventions. This research is crucial to the future work of PSI Thailand with the IDU and former IDU communities and will be disseminated among key stakeholders targeting drug users.

Haiti Male Circumcision Pilot Project

Description

In addition to flow through funding to NGOs and consultants for male circumcision studies in Africa, AIDSMark Core funding supports a pilot project, implemented by PSI/Haiti, to test and develop a model for implementation of male circumcision for large-scale replication.

In order to accomplish this, PSI/Haiti will enable up to six health care sites in the Port-au-Prince area to provide high quality male circumcision services, improving access to and utilization of affordable male circumcision. PSI/Haiti hopes to create informed demand for MC services by improving awareness of the importance and availability of MC amongst mothers, men, and adolescents of reproductive age in the project areas. The quality of MC services will improve in the project target areas via extensive training in service delivery protocols, including the increased availability of MC instruments and supplies in 6 facilities. To ensure the development of an accurate model, PSI/Haiti will document experiences and lessons learned throughout the project-funding period and beyond, for sharing with other stakeholders.

The project will reach sexually active Haitians of all ages residing or working near the selected sites; however, the primary target group for the project will be newborns and youth 15-24 years

old. An estimated 1,200 low-income adolescent and adult men in their reproductive years with a particular emphasis on targeting young single men and 600 neonates in targeted centers will directly benefit from this project.

Progress in FY 04

Initially the project has been off to a slow start, primarily due to problems with urologists. The subrecipients had a hard time maintaining trained surgeons on staff to conduct the circumcisions. At this time, three clinics have trained staff members available to perform the surgery.

FOSREF, the one clinic that has been operational since June, has reported 18 circumcisions through September 2004. Both FOSREF and MARCH/CityMed have referred to waiting lists of young men wanting to be circumcised. Counseling sessions continue to be conducted for those interested in the procedure. In this way, young men become fully aware of the implications of the procedure and are given a waiting period in which they can think about their decision to be circumcised.

PMTCT and Nevirapine Packaging Study

Description

AIDSMark supports the testing of single-dose Nevirapine. One important barrier to expansion of pediatric and maternal treatments with Nevirapine is the absence of single dose packaging for the pediatric oral suspension of Nevirapine. Such packaging will be required in rural and other settings characterized by limited clinical capacity and low client load.

Progress in FY 04

Recognizing the absence of single dose Nevirapine, AIDSMark has engaged in a collaborative effort with Boehringer Ingelheim (the manufacturer of Nevirapine), the Program for Appropriate Technology in Health (PATH) and other AIDSMark partners to develop appropriate packaging. In 2004, AIDSMark worked closely with PATH and USAID to select and test viable single-dose packaging devices. A protocol was written to outline the field testing of the acceptability of 2 potential devices and an ethical clearance from The National Institute for Medical Research in Tanzania was obtained.

Research Support – Toolkit Development

Description

AIDSMark works closely with PSI's Research Division to enhance the ability of AIDSMark programs to make evidence-based decisions, and hence increase health impact. The Research Division organizes itself around three primary processes: knowledge management, technical assistance and analysis. The knowledge management function aims to establish the marketing decision support system through a program of documentation, training and statements of best practices set out in the PSI Research Tool Kits. The technical assistance function aims to produce the social marketing research series reports through a program of study design, data collection, and standardized analyses. The analysis function aims to publish findings relevant to stakeholders and relating to each step in the process of social marketing for HIV/AIDS.

Progress in FY 04

During fiscal year 2004, support from AIDSMark enabled the research department to develop AIDSMark's Social Marketing Research Toolkit which outlines an enhanced set of

methodologies and tools for monitoring and evaluation. Version 1.0 of toolkit is now available on CD-ROM.

PUBLICATIONS IN FISCAL YEAR 2004

- Honduras county profile
- Mozambique county profile
- Nigeria county profile
- Russia county profile
- VCT brochure

Project Update for Fiscal Year 2004, 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: Angola – HIV/AIDS Prevention

Description

The overall goal is to reduce HIV transmission by increasing condom use among high-risk groups. The Expansion Program, covering Luanda, Benguela, Cabinda, Huila and Huambo, will continue to target CSWs and youth aged 15-24, with an added focus on other high risk groups such as truck drivers along the border regions and internally displaced people (IDPs).

The Expansion Program will reach target groups in Luanda and the four target provinces with key AIDS prevention messages through national and provincial media, and through collaboration with UNICEF and other international and local NGOs/CBOs, provincial health offices, and companies with workplaces in the provinces. The Expansion Program will also promote delaying sexual intercourse among youth and the reduction in number of sexual partners among all target groups as effective means to protect oneself from HIV infection.

An important component of the program will be providing sub-grants and technical assistance to partner NGOs/CBOs nation-wide who will implement community-level interventions with training and supervision from PSI/Angola. Similarly, PSI/A will collaborate with national level stakeholders, including the PNLs/MOH, donors, multilateral organizations, the military, the church and international and local NGOs working on HIV/AIDS to coordinate activities and build a strong national coalition of support.

Progress in FY 04

In collaboration with Angolan National Radio (RNA), PSI/Angola launched a new weekly radio program aimed at youth called "Bué Vivo." The program is designed and hosted by young people to talk about their vulnerabilities, strengths and strategies to protect themselves from HIV and other STDs in an upbeat and positive manner. PSI/Angola also broadcast, on both radio and TV, the Trusted Partners Campaign; this received a great deal of attention. The number of PSI/Angola beneficiaries continues to grow and PSI/Angola is now going to include IDPs in target populations. PSI/Angola made contact with religious leaders and is now participating as PSI in a weekly catholic church radio program aimed at the general population to talk about HIV prevention and PSI's "Social Marketing" strategies that lead to behavior change.

The VCT database was officially transferred to the National Program for the Fight against AIDS. The transfer is a positive step for Angola and the government as they will be able to take ownership of the VCT program and better utilize the information. Over 9,879 VCT/STI clients were seen and 7,502 were tested for HIV. Youth KAP is in its dissemination phase.

Activity 2: Botswana – Enhancing HIV Prevention Programs

Description

The goal of this intervention is to reduce the prevalence rate of HIV in Botswana. As in previous years, PSI/Botswana will continue to focus on three main areas of HIV prevention: 1) social

marketing of CDC's voluntary counseling and testing (VCT) centers; 2) behavior change communications targeting youth for HIV prevention; and 3) expanding the activities of the current condom social marketing project.

PSI will integrate the *Show You Care* theme into ongoing promotional activities. This concept builds on a successful strategy based on a "take a loved one" theme used in the United States to appeal to minority families to bring someone they love to the doctor for preventative health care.

Progress in FY 04

Clients at the VCT centers increased indicating "The Show You Care" campaign was a success. 7,000 clients tested in the month of March. The local community adopted the campaign and now uses the theme in their VCT programs. For example, the Botswana Defense Force (BDF) is using the theme for their "Mr. BDF" contest, and a famous DJ is taking the campaign on the road to visit rural areas. The "Take Control" campaign will start rolling out in May through radio and press and will reach rural areas through a professional drama group. The Power Show is focusing on one topic per month, such as PMTCT or fear of HIV testing. PSI changed the show to include more experts and testimonials.

The peer education program was revamped. PSI/B has 4 full time interpersonal communicators. PSI/B is in the process of interviewing peer educators who will be based in various regions in the country. Those who are successful in the interviews will be part of a pool of peer educators that will organize youth events and activities. Their incentives will not necessarily be financial, rather, school uniforms, food, blankets etc. The peer education activities segment the age groups from 10-15 and 16-24. A life skills workshop, two days over a four-month period, has been developed for out-of-school youth. The first workshop will take place in May 2004.

During the second half of fiscal year 2004, all proposed social marketing activities were implemented. The planned "Take Control" campaign was renamed to "Because You Care" campaign and will motivate couples planning marriage or pregnancy, mobile men and young women in specific to get tested. The shift helped the campaign to be in sync with US Ambassador's *Show You Care* umbrella campaign. All these initiatives coupled with more official Center openings and outreach activities helped register 15% growth in clientele of Tebelopele over the same period in 2003.

The Lovers Plus condom social marketing program registered a growth in average monthly sales this period. A well-executed consumer promotion targeting high-risk groups also helped boost the level of sales. While the ongoing campaigns addressed issues like condom efficacy, consistent use of condoms and purchase embarrassment, a new campaign was being designed to improve the overall brand image and its appeal to the high risk groups, scheduled to be launched in early 2005. The new pack for Lovers Plus was developed in line with the new campaign.

A series of training of peer educators on participatory approaches helped strengthen the BCC initiatives promoting 'A-B-D' messages among the youth through "Young & Vibrant" and workplace interventions using IPC techniques. This program educated over 20,000 youth educated on safe sex practices with as many as 15,000 coming from rural Botswana.

Activity 3: Burma – HIV/AIDS Prevention and Control in Burma: An Integrated Partnership Description

PSI/Burma will partner with Medecins du Monde (MDM) and Medecins Sans Frontieres/Holland (MSF/H) to expand and improve HIV/AIDS prevention and care in Burma. This one year project is designed to increase behaviors which will prevent infection among most at-risk populations (MARF population) in Burma. Priority groups include sex workers and their clients, men who have sex with men (MSM) and injecting drug users (IDUs).

The project will contribute towards three of the Intermediate results in the “HIV/AIDS Strategic Plan for the Greater Mekong region, 2003 – 2006”, prepared by USAID’s Regional Development Mission/Asia: (i) increased access to prevention interventions for most at-risk populations; (ii) increased access to care, support and treatment for PLWA and their families; and (iii) increased access to strategic information.

Progress in FY 04

AZG

AZG projects continue to proceed as expected. New clinic facilities in Phakant were identified and renovation is underway during the dry season so that the clinic services can be relocated from the hospice building. PSI/Burma started health education for the gold mining camps in Phakant. Clinic attendance remains strong where people receive care and treatment for sexually transmitted infections, HIV/AIDS, and opportunistic infections, e.g., TB. Home-based care to PLWHA continues. Currently, 28 patients receive ARV treatment in Lashio and PSI/Burma is assessing preparedness to start ARV treatment in Myitkyina and Bhamo. The continual focus is to concentrate promotion of services to target groups. Recently, all staff performing counseling (or future counselors) for VCCT and PMTCT attended counseling training in Yangon. PSI/Burma distributed health education materials updated with VCCT, PMTCT, and ART information. The program continues to work in cooperation with government labs for HIV testing as it is still illegal for international NGOs to perform tests. Negotiations are underway to obtain travel permission to Laukai, Kokang region to establish services.

During the second half of FY04, MSFH / AZG projects continue to proceed as planned. Followed by a permission received for starting activities in Kokang region, a new clinic in Laukai was recently set up. Renovation and recruitment of staff are underway. Health education activities started and medical activities are expected to commence in October. The number of patients attending AIDSMark sponsored clinics is steadily rising and we continue to provide care and treatment for both sexually transmitted infections as well as opportunistic infections among PLWHA. Home-based care to PLWHAs maintains. ARV treatment programs started during the last reporting period in Myitkyina and Bhamo are currently running well. Until the end of September, 112 patients are receiving ARV treatment in both Shan and Kachin states. A HIV/AIDS technical advisor based in Yangon was sent to these two states to improve the capacity of our teams in offering HIV/AIDS care and treatment.

We still focus on promoting our services to target groups. For instance, access was permitted to the military in Bhamo and prisons in Bhamo and Phakant to offer HIV/AIDS education. We continue to work in collaboration with government laboratories for HIV testing as it is still illegal for international NGO's to perform it.

MDM

MDM organized a training for Advanced Counseling Skills in Yangon from the 27th Sept-1st Oct 2004 which was attended by health educators from 6 different INGOs and 2 educators from the MDM Kachin project participated for the week. The trainers, from Care Burma, specialize in providing counseling training in Burma and both UNAIDS representatives, MDM and PSI staff provided input.

The evaluation for the training from participants was very good with requests to hold similar courses in the future. MDM in collaboration with UNAIDS will try to do this on topics such as VCCT and ART counseling in adherence.

The project in Kachin continues to expand its services. There are now 3 medical doctors working in Kachin, one female doctor with sex workers in Myitkina, a male doctor working with IDU's in Moegaung and a Senior Project Officer (SPO) based in Myitkyina but making regular visits to Moegaung. The SPO role is to liaise, communicate and provide advocacy for IDU care with the local authorities, and to organize collaborative training between local hospital staff and MDM staff. The clinic in Moegaung now operating full time and a second clinic room has been built to accommodate a nurse-run clinic for the IDU and PLWHA. There will be an additional full time nurse employed to cope with the increased clinical load in Moegaung. There have been in-service training sessions monthly, covering such topics as universal precautions for all the staff and provision and explanation of post exposure prophylaxis (PEP) procedures for staff. Clinical protocols on these topics have been translated into Burmese, management protocols have been updated for care of IDU with HIV/AIDS and clinical supervision has been ongoing with the medical advisor.

In the last 6 months MDM emphasized peer recruitment and education. There are two new peer educators in Kachin. There were altogether 290 health education sessions held in the DIC and DTC (drug treatment center) and 292 new drug users were reached through these sessions. This is an increase on previous reports and is indicative of the increasing capacity of the staff and facilities to introduce risk reduction education and measures to drug users who are new to the project. There is also a steady return of regular IDUs to the DIC for clinical consultations and participation in the activities there. Almost all the education sessions in the DIC are now presented by the IDUs themselves supervised and encouraged by the health educators and the clinical staff. There were 630 people treated for STIs (RTI) and 590 received VCCT in the 6 month time period.

PSI

Male condom sales continue to increase at a steady rate, with almost 13 million male condoms sold during the reporting period. Sales of female condoms increased in the last six months, with almost 45,000 condoms sold directly to sex workers. Small numbers of MSM also report using the female condom. Sales of AphawGel, the sexual lubricant product launched in July 2003, continue to increase; there is a particularly strong demand from MSM.

During the reporting period, PSI continued to intensify targeted outreach activities. This has included the expansion of drop-in-centre services for sex workers and MSM, as well as the opening of specialist STI health services for sex workers and MSM both in Yangon and Mandalay. Meanwhile, PSI *Sun Quality Health* clinic franchise now includes a total of 108 STI-

trained health providers who mainly provide syndromic STI management to low-income SQHC clients. PSI continues to market the female condom directly to sex workers, and sold 29,000 pieces during the last six months. Sales of sexual lubricant, distributed through private sector retailers, were reasonably encouraging at 528,000 sachets. A record 13 million condoms were distributed during the reporting period, and these efforts were supported by the production and distribution of a series of innovative IEC materials and mass media initiatives. The Bothinyo health communication campaign continues to be channeled through billboards, journals.

Activity 4: Burundi –HIV/AIDS Prevention

Description

The goal of the project proposed by PSI 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 will target three of the groups identified by the PNLs/MST: 1) CSWs and their clients, 2) IDPs, 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 strategic plan as a key partner to increase access to and use of condoms by CSWs and their clients. The purpose of the project will support the strategic plan indicator to increase the number of sexually active adults reporting that they used a condom during their last "high-risk" sexual act.

Progress in FY 04

Figures continue to improve for PSI/Burundi and distribution targets were surpassed. Much of this can be attributed to the growing capacity of PSI in Burundi through the increase of staff and replacement of equipment. In terms of personnel a substantial augmentation of administrative and, particularly, IEC staff occurred in the last six months. These additions to staff are made with the goal of increasing PSI's ability to conduct exercises in several parts of the country at the same time.

Instability remains the largest stumbling block to progress in Burundi. However, the political situation seems to be slowly improving giving rise to cautious optimism at PSI. On a more positive note, PSI/Burundi gained two SIPAA grants during the reporting period through Action Aid to enhance its HIV/AIDS intervention in both the central market of Bujumbura and throughout the countryside. Steady progress is assured over the next six months.

Activity 5: China –HIV/AIDS Prevention Mekong-China

Description

This project seeks to increase the contribution of social marketing to HIV/AIDS prevention along the Chinese border of the Mekong sub region. Specifically, PSI/Yunnan intends to:

- increase access to quality HIV risk-reduction products and services;
- increase comprehension and correct knowledge about HIV/AIDS; and,
- increase capacity to implement social marketing interventions for HIV/AIDS prevention.

To achieve these objectives, PSI/Yunnan partnered with the Yunnan Public Security Bureau's Compulsory Anti-Drug Unit for IDU interventions. PSI will also work in close collaboration

with USAID's Cooperating Agencies (Family Health International, International AIDS Alliance, Futures' Policy Project), with DFID's China/UK bilateral project, as well as with Provincial, Prefectoral, County and Township officials.

Progress in FY 04

PSI Yunnan, China spent the past year establishing the program and securing funding for activities. The major programmatic accomplishments for the Sept-03 to March- 04 period include the development of a drop in center (DIC) for former injecting drug users. This center is located in Kunming City and currently has 441 members enrolled. The drop in center provides counseling services and referrals to local detox centers, as well as creative educational sessions on HIV/AIDS/STIs. There have been 6,384 visits to the DIC. The DIC has been visited by US Embassy-Beijing and Consular Office-Chengdu and the USAID-Bangkok Office among others.

CHR trained peer educators and project staff. The peer educators currently staff the DIC and started doing outreach work at the detox centers run by the government. Other accomplishments in this period included formative research into reasons for relapse among injecting drug users which showed the importance of family support and a nurturing environment to prevention of relapse. Work has been started on peer education and outreach training materials and program to support the DIC as well as the social marketing of condoms. Partnerships were secured with the police (PSB), the Yunnan Leading AIDS Bureau (responsible for overall coordination of HIV work in Yunnan), the Daytop (detox), and USAID funded CAs (FHI, Intl. AIDS Alliance, Futures).

In the next 6 months, PSI/Yunnan will begin promotion of products and services under the Xu Xiang Hao brand, which will be an umbrella brand signifying quality. Services such as VCT and STI treatment will be identified and promoted via peer ed/outreach and through the drop in center under this brand. Additional project sites on the border of Burma and Vietnam will be started in the next 6 months.

Hu Xiang Hao will be officially launched at a large event in a public square in Kunming, on October 23. This event also commemorates National Narcotics Day. PSI has translated, adapted and tested a WHO training manual for field workers for IDU peer education and outreach. Numerous IEC materials were developed, tested and printed, with distribution initiated. An innovative taxi driver training has begun in Gejiu. This training is designed to teach taxi drivers about HIV/AIDS and how to communicate about this topic with customers who are using the taxis to go to the entertainment zones.

PSI initiated talks with the Mengzi health department on development of a drop in center for female sex workers. PSI completed the mapping and distribution and BSS surveys. The final reports are in process. The drop in center for IDU in Kunming continues to get new members, with nearly 600 current members, and nearly 11,000 member visits since the opening of the center. Drop in center staff regularly visit the local detox centers and train inmates on HIV prevention, 1,118 to date. Nearly 900 outreach packets have been distributed. PSI participated in a launch in Guangxi, along with the other 3 CAs.

Activity 6: Corridors of Hope (COH) – Lesotho, Swaziland, Namibia, South Africa, Zambia, Mozambique, and Zimbabwe

Description

PSI will enhance the quality and availability of services at project sites through expanded and improved VCT services, improved STI services and expanded and improved condom availability for high risk target groups. Emphasis will be placed both on creating links between interventions to create a consistent and holistic approach – for example by cross referring the target groups and by using the services as additional conduits for BCC messages.

Progress in FY 04

Activities this reporting period included ongoing social marketing of male and female condoms, interpersonal communication with target groups, distribution and placement of IEC materials, and training for target groups. Issues affecting the program include staffing issues (movement of qualified staff, lack of sufficient numbers of staff); transport issues (Namibia); condom leakage in certain countries affecting sales in others; increased demand for services outside project areas and the closure of partner programs (Care Lesotho's *Sharp!* program is likely to close). A meeting for partners was held (March 30, 2004) to develop the BCC strategy for the *Corridors of Hope* program. This strategy will shape the future of the program.

During this reporting period, PSI/Zimbabwe launched the hair salon initiative which trains hair dressers in interpersonal communication techniques for HIV prevention, primarily focusing on the female condom. PSI/Zimbabwe trained 181 hairdressers in 124 salons across 7 COH sites; there was no training in Kazungula since it is a border crossing without a commercial hub. Hair salons are also an outlet for Care, the female condom, and account for approximately 60% of all Care sales. PSI/Zimbabwe participated in RHAP's behavior change communication strategy meeting in March 2004. PSI/Zimbabwe also hosted a team from Management Sciences for Health who assessed the STI services at the RHAP-funded clinics. As of July 2004, PSI/Zimbabwe fully obligated its subawards to its two partners, PSG and DAPP, who fully spent their subawards. The very popular soap opera run by PSI/Zimbabwe which covers important and complex issues around HIV/AIDS, VCT and disclosure was copied and sent to all border sites. Viewer groups watch the show at the drop-in centers and peer educators facilitate group discussions.

Figures provided in the evaluation indicators section demonstrate that Corridors of Hope in Zambia has already met most of the indicators set at the start of the project. Social marketing of male and female condoms reached the target amounts at the seven sites supported by this project. COH distributed 203,495 condoms (male and female) through the centers and high-risk outlets of bars, truck parks, gas stations and hotels. Condoms are sold in 752 total non-traditional outlets surrounding the sites.

The site of Katete started increasing its sale of female condoms after a period of inactivity. This is due to staff changes during the last period leaving a gap in personnel. Since most of the female condoms are sold directly to CSWs, the lack of a staff representative severely impedes sales. In the future, SFH will ensure that pharmacies also have adequate stock to ensure that CSWs can access condoms on a regular basis to mitigate the absence of COH staff.

Interpersonal education and communication outreach efforts increased at all sites. Outdoor advertising to increase awareness of Corridors of Hope facilities was placed at 16 bus shelters, 6 billboards, 42 wall panels and 6 suburban signs. In addition, COH reached approximately 114,000 people through IPC activities, including drama groups conducted in compounds, pool tournaments, concerts, and sport and dance competitions for CSWs, uniformed personnel, truck drivers and money changers. Outreach workers distributed 45,726 pieces of IEC materials, including posters, brochures, and folders at special events to reinforce messages conveyed to the participants.

All sites report that CSWs are easier to reach than the other targeted audiences because they can be followed up in their various residences to reinforce the importance of seeking health care and counseling. Partner notification remains a significant challenge as most CSWs fail to convince their partners to seek health care. The Corridors of Hope management team took site feedback into consideration when designing BCC campaigns for the next reporting cycle.

Activity 7: Cote D'Ivoire

Description

This project proposes to reduce HIV incidence by increasing safe sex practices (partner reduction, consistent condom use) among sexually active adults in Ivory Coast. The project assumes that condom distribution will remain strong and that psychological barriers rather than access will remain the primary constraint to increasing use. A principal focus for achieving this is through the promotion of voluntary counseling and testing (VCT). This strategy also assumes that planned investments in increasing access to VCT will proceed and that increased demand for VCT can be met.

Progress in FY 04

PSI/ Côte d'Ivoire finished BCC capacity building for a group of local NGOs selected by PSI-CI and RETRO-CI. These 11 NGOs are currently under sub-contract to conduct community-based sensitization activities. A total of 141 community outreach workers have been trained, which well exceeds the original objective of 50. To date, these workers conducted 4,086 sensitization sessions for a total of 20,249 people, which exceeds the original objective of 10,000. A BCC kit, consisting of five elements, has been developed and distributed. The kit is used by outreach workers to facilitate interpersonal communications activities and includes interactive games and a flip chart of pictograms. Institutional capacity building activities began for these 11 NGOs that will reinforce their capacity to manage activities and to attract funding. An initial assessment is underway by a management consultant. Training workshops will be developed, based on this assessment, and conducted in May 2004.

The VCT campaign is ready to broadcast. The campaign centers around a logo based on the letters CDV (French version of VCT). The campaign will promote the concept of VCT and encourage people to get tested. It will also serve to harmonize the services provided by approximately 12 existing VCT centers. PSI-CI is organizing an evaluation of existing centers in conjunction with the Ministry of Health. The centers that are at a high enough level of quality will be allowed to display the new generic VCT logo and benefit from the promotional campaign. The campaign includes a television and radio spot, billboards, brochures, promotional items, and signs for the centers. The campaign was pre-tested and produced in March 2004. An official launch ceremony was held to generate interest in the campaign; it received wide press

coverage in local newspapers and a report on local television. Broadcast of the spots and placement of the billboards is scheduled to begin in July 2004, after completion of the clinic assessment.

Production is underway on a documentary film featuring PLWHA, entitled "Des gens comme toi et moi" ("People like You and Me"). Filming has been completed and the film is currently being edited. A booklet version, to be distributed by the local NGOs, will be developed after the first draft of the film has been completed. A film targeted at commercial sex workers, "Djah Foule Fortuna" will begin production in April 2004. This is the sequel to a highly popular film called "Amah Djah Foule". Production of "Djah Foule Fortuna" is expected to be completed by late June and the production of an English version will begin immediately afterwards. The English version is targeted to English-speaking CSWs who come to Cote d'Ivoire from Ghana, Liberia, Sierra Leone and Nigeria. A third film project, the creation of short films on PMTCT, is scheduled to begin in Q2 and finish in Q3. These films will be inspired by "SIDA Dans la Cite 3", a televised soap opera that includes several episodes dedicated to PMTCT.

A generic VCT logo developed by the project has been well received by the Ministry of Health and Population. The logo will be used to identify centers that have been accredited by the MOHP as respecting minimal quality standards and national VCT procedures. The logo is featured prominently in the VCT television spot, on billboards, posters, and brochures. A groundswell of interest in VCT has been felt since launch of the campaign. A free AIDS hotline, appearing on the TV spot, billboards, and printed supports, has seen a marked increase in call volume, which went up 55% in the weeks following broadcast, with 55% of questions related to VCT.

The local NGOs identified over the course of the project have received a variety of types of training to increase their capacity and sustainability. Management employees received training in techniques to improve accountability and transparency. Behavior change communication agents received training that will allow them to make a sustainable contribution to their communities. Each participating NGO produced a sustainability plan, under the supervision of PSI. A workshop will be organized in October in conjunction with CDC to examine sustainability issues and potential avenues for funding.

PSI produced a documentary film on people living with HIV/AIDS. The film features HIV+ individuals who openly discussed their sero status. Broadcast of the film, by PSI, on national television and the distribution of VHS copies are expected to do much to change the prevailing mentality in Côte d'Ivoire that AIDS equals death. In addition, it is expected to increase use of VCT, and subsequently the number of people taking ARVs. As the slogan in the VCT promotion states "Faire le test, ce n'est pas obligatoire. C'est juste vital de savoir" [Taking the test isn't required, but it's vital to know].

Activity 8: The Democratic Republic of the Congo – Targeted Condom Social Marketing and IEC for AIDS Prevention

Description

The goal of this intervention is to contribute to a reduction in HIV prevalence in high-risk populations in the DRC. The purpose of the intervention is to increase the correct and consistent use of condoms and to promote the adoption of safer sexual practices among the target groups of

people in uniform, commercial sex workers (CSWs) and transport workers. The intervention methodology is condom social marketing and targeted peer education, public health strategies that are widely recognized as effective HIV/AIDS prevention interventions.

Progress in FY 04

The project remains strong with internal restructuring permitting an increase in activities, number of persons reached and ultimately an increased impact. New approaches to reaching target groups were developed and implemented during the reporting period, most notably the mobile video activity and workplace-based interventions with transport workers. In addition, the creation of the HIV/AIDS National Manager post permits increased local capacity building and improved knowledge sharing among the project's three sites. The mobile video activity reinforces positive behavior change messages in environments frequented by high-risk groups targeted by the project via the public projection of a series of four behavior change films in local languages. Each film addresses specific issues identified through PSI's work with these high-risk groups in the DRC and is complemented by audience response and participation conducted by PSI's animators. The public projection and animation permits PSI to reach high-risk individuals as well as others who share their environment with crucial targeted messages.

The dialogue and exposure generated by the activity reinforces the acceptance of safe sexual practices in the general environment, positively influencing social norms and working to remove an important barrier to behavior change. PSI/DRC developed a work-based program to target transport workers in an effort to integrate positive behavior change messages into existing structures, therefore increasing the project's impact among the target group. In addition to conducting BCC activities with transport workers in parking lots, the project works with the transport employer to assure the availability of condoms in areas frequented by its workers, to integrate BCC messages into the work environment and to train peer educators to continue HIV/AIDS prevention activities for all workers.

The project continues strongly, with internal re-structuring permitting an increase in activities, number of persons reached and ultimately an increased impact. New partnerships with key organizations were realized, notably the signature of National Protocols with the Congolese National Police and the Armed Forces of the Democratic Republic of the Congo. A partnership with the Congolese Association of Chauffeurs as well as organizations targeting commercial sex workers are also under development. Through these partnerships, PSI transfers knowledge and capacity to local organizations, equipping them to actively engage in the fight against HIV/AIDS within their organization and with specific target groups through the provision of training, supervision of activities, and the provision of targeted educational and behavior change materials.

The HIV/AIDS National Manager continues to assume additional responsibilities in program design and implementation as well as external relations with the National AIDS Program and other key stakeholders. The mobile video activity now reaches literally thousands of persons in high risk environments every week, reinforcing the positive behavior change messaging communicated directly to high risk groups during interpersonal communication activities.

The 2-year family planning project in the DRC continues to grow. Sales of all five products using the Con fiance brand name have been or will be packaged by December 31, 2004. PSI has

doubled the number of sales outlets in all three intervention zones and has seen an increase in sales of more than 200% from the first quarter of FY2004 to the fourth quarter in hormonal contraceptives. PSI won government approval to broadcast the first TV and radio commercials promoting the sale of modern contraceptives. Three TV, print and radio campaigns are under development and scheduled for launch at the end of 2004 and into 2005. More than 160 pharmacists and 75 clinic workers will have been trained in the three intervention cities by December 2004. Finally, PSI conducted a KAP study in Kinshasa in 2003 and will have completed a follow-on study by 2004.

Activity 9: HIV/ AIDS Prevention in El Salvador

Description

Through a partnership with PASMO in El Salvador, AIDSMark will continue the scaled up HIV prevention activities amongst high-risk groups during and initiate the promotion of VCT amongst high risk groups.

To increase safer sexual practices among high risk groups with emphasis on MSM, CSWs and their potential clients, the three main objectives will be to: increase widespread access to affordable condoms in El Salvador, increase motivation for safer sexual practices, and to increase ability to practice safer sexual behavior

Progress in FY 04

As a result of the AIDS MARK project, PASMO-El Salvador contracted two MSM promoters and thus significantly increased the number of activities carried out with this population. In collaboration with the new promoters, PASMO-El Salvador carried out activities in new areas of the country, the Occidente and Oriente, improving the quality of behavioral interventions with MSM and CSWs. PASMO-El Salvador fulfilled its goals in terms of numbers of activities and participants reached. PASMO-El Salvador received a request from the National Police Force to continue implementing educational trainings as a result of a DFID project component on HIV and anti-discrimination training with the police. With USAID funding, PASMO-El Salvador will carry out 3-5 intensive trainings per month with the police force during the 2004 BCC calendar.

Activity 10: Eritrea — HIV/AIDS Prevention Project

Description

PSI initiated social marketing activities in 1996 under a tripartite agreement with the MOH and the National Union of Eritrean Youth and Students (NUEYS), which created the Eritrean Social Marketing Group (ESMG). The objectives of this follow-on program are to scale up distribution activities to a national level, intensify communications campaigns designed to encourage condom use among high risk target groups, and increase local capacity to manage a national social marketing program. The activity will target groups such as CSWs, truck drivers, and Eritrean youth through the NUEYS national network. This activity will contribute to USAID/Eritrea's SO 1: Increased use of sustainable, integrated primary health care services by Eritreans.

Progress in FY 04

ESMG made steady progress in 2004. The IEC department remained more settled and the staff is becoming more focused and aware of their roles. As their confidence grows they are also

interacting more and collaborating with other Ministries, UN, INGOs and other bodies both to enhance and improve the message production and dissemination. Workshops with the Ministry of Health and Ministry of Information have been specifically held to help improve relations with these two key ministries. All departments are now working to improve various management issues including M&E and reporting issues. The research department is also building local connections to improve basic skills and to conduct future surveys within tighter time frames.

Working in Eritrea has been difficult in the past 6 months. Shortages of basic items, including but not limited to foodstuffs (e.g. sugar, tea) and also fuel (gas, petrol and diesel) and basic construction materials (e.g. sheet metal for billboards etc) has meant that staff have been hampered in their monthly and weekly plans. This is especially acute for travel for both the Sales Teams (ESMG does all its own distribution) and also IEC staff - as the travel to rural areas on unpaved roads means that the vehicles incur high diesel consumption.

Activity 11: Guyana – Social Marketing for STI/HIV/AIDS Prevention

Description

PSI's social marketing project is designed to increase safer sexual activity among high risk groups by improving accurate self-risk perception and effective risk management, and ensuring widespread access to affordable VCT services and condoms. Ultimately PSI will encourage healthier behaviors whereby messages promote knowledge of one's HIV serostatus, delay of sexual debut, partner reduction, and, where appropriate, consistent condom use.

PSI/G mass media behavior change communications (BCC) campaigns will address issues such as self-risk perception and effective risk management (including decreased number of partners, delayed sexual debut and correct and consistent condom use), and HIV-related stigma. A civil society initiative will seek to help build capacity of organizations that assist persons living with HIV/AIDS. Peer educators will use interpersonal communications strategies that are entertaining and inviting to build knowledge of HIV. PSI/G will also conduct a condom distribution campaign to distribute low-cost condoms to high-risk groups. Finally, PSI/G will also enhance voluntary counseling and testing services practices by public and private groups around the country.

With USAID support, PSI will also improve the capacity of two existing VCT sites in Georgetown through franchising and develop a mobile VCT unit that will provide VCT services to high risk groups in more rural areas. PSI will develop and launch a radio, print, outdoor media and interpersonal communications campaign to promote the use of VCT services in Guyana.

Progress in FY 04

The PSI/Guyana project is progressing in an acceptable manner. PSI/Guyana coordinated with all NGOs delivering VCT services and has invited and trained counselors from most of these NGOs and public sites. PSI/Guyana developed an excellent relationship with the MOH through the development of the *Me to You: Reach One--Save One* campaign and through its support of the MOH youth clubs. PSI/Guyana also developed marketing and promotional materials in support of all its projects and has begun to air related television and radio spots.

PSI successfully launched six branded voluntary HIV counseling and testing (VCT) sites. Three delivery models are in operation: a mobile unit consisting of a vehicle that transports a VCT

team to communities outside Georgetown and to other regions of the country; a franchise model which enhances the services of NGOs already conducting some VCT or just testing; and a stand alone site operated by the project in Parika. All VCT delivery sites operate under the name New Start and benefit from a mass media campaign promoting New Start and Know Your Status. By September 30, the sites had counseled and tested 2,026 clients. Although the VCT launch was initially held in March, delay in approval of a national algorithm for rapid testing as well as the finalization of the quality assurance document held up the commencement of services.

The project continued airing A and B spots as well as distributing corresponding posters. The peer education promoters (PEPs) conducted 606 IEC activities, reaching 22,500 people. They were very active doing skits (they now have a portfolio of 35), mini-trainings and general outreach and promotion for VCT and, in collaboration with the Ministry of Health, the Me to You Campaign. Thirty thousand pledges were collected by September 30. A goal of 100,000 is set for December 1, World AIDS Day.

The condom VIVE is being sold in 473 outlets across the country and will be in all 10 regions by November. PSI/Guyana sold and/or distributed 145,112 condoms by September 30. Two sales people are focusing on expanding to nontraditional high risk outlets.

Activities 12: Haiti – Targeted Social Marketing for STI/HIV/AIDS Prevention **Description**

Support from USAID/Haiti through AIDSMark assists in implementing innovative social marketing activities targeted at a variety of audiences, with particular emphasis on target groups such as: 1) high-risk groups, including a) commercial sex workers and their clients, b) men who have sex with men, and c) transient populations and their partners; and 2) youth 15-24 years of age. In addition, the general population of reproductive age is considered an important secondary target group, both with the aim to promote safer behavior, and to create an environment that reinforces the impact of HIV/AIDS prevention activities with the primary target groups. The geographic scope of the planned interventions is national, and will include all nine departments. Certain target groups are reached within specific areas.

Progress in FY 04

PSI/Haiti's biggest challenge this year was the diminished sales figures in light of measures taken to halt cross-border sales. A thorough review of retailers and wholesalers allowed PSI to severely restrict any cross-border activity, which greatly reduced our sales figures. With these steps, we are confident that any Pante and Reyalite sold directly impacts Haiti, not elsewhere. To mitigate the drop in sales, we stepped up efforts to create new sales points and increase promotional activities.

A challenge for the AIDSMark program has been to improve rural reach for our target groups. To address this challenge, PSI has worked more intensively with club members, their parents and their communities in remote areas. CSW peer educators have been trained in Artibonite, as well as Port-au-Prince. Plans exist to train more peer educators in the north. Additional outreach activities have been utilized to reach rural areas including Sinema Anba Zetwal, which attracts entire villages in the most remote areas. PSI revised its distribution strategy to be centrally organized with regular trips throughout the country. These trips include both promotional and sales components.

An additional challenge proved to be working with MSM in Haiti. This group is relatively small and highly secluded within the Haitian context. PSI conducted an initial study with this group which resulted in very little usable information. As the study pointed to various organizations that already provided HIV-prevention messages to this group, PSI decided to make the strategic decision to focus on our other target groups to ensure maximum impact.

Despite the difficult political and social environment of the past four months, PSI/Haiti has been able to implement its scheduled activities to varying degrees. Proximity sensitization activities in the Port-au-Prince area, for example, continued throughout the period, but activities in other departments were cancelled for obvious security issues.

Club ABC activities continue despite the tense environment. Training sessions were completed and pair educations activities conducted, although on a modest scale. PSI/Haiti also completed training sessions for CSW who will work as peer educators within their working environment.

To meet the new challenges arising from the events of the past month, PSI/Haiti will implement a contingency plan designed to increase its activities in rural areas. PSI/Haiti is confident that all activities will be implemented before the end of project cycle.

Activity 13: Honduras – PASMO’s HIV/AIDS Prevention Social Marketing Program

Description

USAID/Honduras is currently providing field support for AIDSMark/PASMO to implement a national STI/HIV prevention program that includes condom social marketing in high risk outlets, commercial channels and direct distribution to at-risk groups. In addition, PASMO complements the behavior change and social marketing activities of USAID’s strategy to support NGOs in HIV-prevention behavior change communication programs through the implementation of activities using its state of the art BCC modules for vulnerable groups and supporting social marketing activities for local NGOs.

PASMO proposes to continue implementation of its existing scope of work while further scaling up national prevention efforts in Honduras for a more comprehensive program, through the implementation of several initiatives for the fiscal years 2004-2007. PASMO will adapt its existing materials and, as necessary, develop new materials and modules for vulnerable groups with a targeted approach that disaggregates key populations, including:

- MSM: Materials and modules for gay men who are “out”, closeted MSM, and male sex workers.
- Garifuna: Materials and modules based on the cultural context and traditions of this group.
- CSW: Materials and modules for fixed site and ambulatory CSW.
- Mobile Populations: Materials dedicated specifically for various sub-groups including transport workers, clients at bars, uniformed men and migrant workers.
- PLWHA: Materials and modules for this critical group to promote prevention and rights.

Progress in FY 04

US Ambassador Palmer visited a PASMO activity in the Garifuna community of Sambo Creek and participated in a loteria -- an interactive AIDS prevention educational activity. PASMO

Honduras joined the 2003 PASMO regional training meeting in El Salvador. Specific training sessions were held for administration/finance, BCC and sales/marketing.

The 2004 generic and branded advertising campaign is being completed and will be released pending USAID approval. A market study conducted by A.C. Nielsen demonstrated that VIVE is the market leader in Honduras. In addition, after PASMO opened up non-traditional outlets for condom sales, other brands have followed, increasing accessibility of condoms for target high risk populations. A contract was signed with a new distributor who services non-traditional outlets in the northern zone of the country. This is contributing to increased sales in non-pharmacy outlets.

Along with the new work plan approved in April 2004, PASMO's BCC goals increased -- especially for the Garifuna population. PASMO hired two additional full-time Garifuna promoters to provide additional coverage to communities on the north coast. All PASMO's BCC supervisors, promoters and consultants participated in training in June to instruct new staff on activity implementation and strengthen the skills of existing staff. The new generic mass media campaign was launched which promotes delayed sexual debut and abstinence among youth, risk perception for AIDS transmission, and condom use for sexually active populations. PASMO introduced a new HIV/AIDS information brochure for use in BCC activities which provides up-to-date information about AIDS in the region, prevention, transmission and also other STIs.

The new line of VIVE condoms was introduced into the market in September. The new presentations present a full line of condoms targeted to consumers of different socio-economic and population groups. PASMO is on track to meet the 2004 sales goals. PASMO sales/marketing promoters have new vehicles to facilitate their work. The new branded mass media campaign was launched in coordination with the launch of the new product line. The ads present the entire new line and aim to decrease barriers to condom use. An affordability study funded by KfW demonstrated the need for a lower priced condom in Honduras (priced lower than the current VIVE original presentation). PSI/Honduras launched VIVE Amor into the market, priced to reach lower-income consumers and placed as a condom that offers the same quality and protection as VIVE Original.

Activity 14: India – Operation Lighthouse: A Port-based STI/HIV/AIDS Intervention

Description

With funding from the United States Agency for International Development (USAID), PSI has begun a five-year (2001-2006); port-based STI/HIV/AIDS intervention in India called Operation Lighthouse. This national program will focus on all the major ports in India, namely, Mumbai, Kolkata, Haldia, Chennai, Vishakhapatnam, Kandla, Paradip, New Mangalore, Marmugao, Tuticorn and Kochi, with a core technical team coordinating the activities from Mumbai. This project will build on the momentum, knowledge base, resources, and infrastructure of PSI/India's successful social marketing project. Operation Lighthouse will reach millions of people, specifically vulnerable populations in port communities, with the information, services, and products they need to protect themselves from HIV/AIDS.

Port communities are crucial as they unwillingly serve as a convergence point for many Indians at the highest risk for contracting the disease themselves and transmitting it to others. Port

communities are strategic as they are often located in urban centers, directly and indirectly employ large numbers of men from every walk of life, many of whom spend part of their time living away from their families. Port communities are critical because of need; they are underserved by current interventions.

Through Operation Lighthouse, PSI and USAID will reduce HIV incidence in port communities. This will be realized through aggressive condom social marketing and medical service delivery backed by a powerful and targeted communication strategy that reaches the right people with the right messages in all of India's 12 major port communities.

Progress in FY 04

After an in-depth analysis of last year's 'Output Tracking Survey', PSI/India's iBCC (integrated behavior change communication) strategy was revamped to achieve more impact. Activities are now intensified to ensure that a significantly greater proportion of targeted groups are reached through all three activities – IPCs (inter-personal communicators), mid-media (dramas) and VAT 69 (street-based condom promotion activity). This requires intricate planning and a strong implementation focus at the field level. PSI/India now reaches approximately 250,000 high-risk individuals every month across five target groups in 12 ports.

PSI/India launched the Pulli Raja mass media *Self-Risk Perception* campaign across the states of Tamil Nadu and Andhra Pradesh from Sep - Nov 2003. It is similar to the popular *Balbir Pasha* campaign launched earlier in Mumbai. The first phase of the *Saadhan clinic* mass media campaign was launched in Chennai and Vizag for a period of six months (April-October). The campaign established the Saadhan clinic as a brand and raised awareness regarding the location and functions of the clinic. Based on internal records and media analysis, it is evident that press and outdoor media were the most successful marketing outlets. Until the new campaign is developed and launched in April, the existing campaign will continue through Press and Radio in Chennai, Tuticorin and Vizag.

An attempt is being made to significantly increase client flow into PSI/India VCT clinics this year; fresh targets were set for each VCT and attempts are being made to enhance capacity, as well as generate demand. Meanwhile, all attempts are being made at the ports to increase client flow into the Saadhan clinic. The third and fourth help-lines were launched in Chennai and Kolkata. A mass media campaign to support the help-line is planned for March/April based on research of the Kolkata HIV/AIDS environment. An attempt is being made to build saliency on the issue along with promoting the help-line number. PSI/India held intensive discussions with the West Bengal AIDS Control Society (WBSACS) before the implementation of PSI/India's planned expansion in Kolkata. While supportive of the new VCT and help-line, they had certain reservations on expanding targeted intervention (TI). Expansion of TI activities is on hold.

Significant improvements in the analysis of the Output Tracking Survey (OTS) have been made. The OTS provides valuable information on the reach and impact of our targeted communication activities. Detailed and comprehensive work-plans for 2004 were made for each town as well as for each technical unit. This year is crucial to demonstrate impact of the program, and an even stronger attempt will be made to adhere to each element of the plan with the end-point of meeting all log-frame deliverables cost-effectively. PSI/India recruited new project managers for Goa, Mangalore and Kandla.

PSI/India reached 1,404,000 contacts with people practicing high-risk behavior through targeted communication interventions during the second reporting period. These interventions are through inter-personal communicators (IPCs) and through various mid-media (street theatres, magic shows, ventriloquism, games etc) events. PSI/India continues to focus on the issue of increasing self-risk perception. The IPC team dealt with the theme *Risk with Non-commercial Partners* during the May-July quarter and *Partner Reduction* in the following quarter. The success of the theme is reflected in the attitude indicator, "Proportion who believe that they would be at risk if they have unprotected sex with non-commercial partners," has consistently gone up to 67% in the quarter ended June 2004 from 58% in the quarter ended February 2004.

The clinic promotion team dealt with two messages i.e. *Important to know my HIV status* in May to September 2004 with a break in July to handle *STI-severity*. The challenge here was to try and support the VCT clinics in the months during the STI theme. An innovative mid-media activity called the "video van" was launched as an experiment in Goa, Mangalore and Kochi. A capsule of songs/comedy scenes from popular films interspersed with the Saadhan clinic messages played followed by a wheel game where questions related to 'important to get yourself tested' were asked and winners received small gifts followed by an IPC session. Discount coupons with Rs. 5/- off on testing were also distributed.

PSI/India received permission from all key stakeholders for the second phase of the Balbir Pasha self-risk perception campaign in Mumbai. It is expected to be launched in early November.

Over 28,967 clients accessed VCT services with a positivity rate of 12.6%. The client flow increased considerably due to a couple of reasons: new mass media campaign promoting the clinics, on-ground promotion using a video van for infotainment and increased referrals from clients already availed of VCT services. PSI/India also initiated branding of all the Saadhan VCT clinics with the objective of ensuring a similar look across all clinics. This exercise is currently being initiated for the Vizag clinic and then will transfer to other clinics. Of the total 10,745 outlets that stock condoms presently, 63% are non-traditional outlets created and sustained by PSI/India. Close to 390 of these outlets were added in the last quarter.

The four help-lines in Mumbai, Chennai, Vizag and Kolkata received 29,500 calls in the second reporting period. Repeat callers comprise 18% of the calls, reflecting the quality of the service. The Kolkata help-line, started in February, accounts for 54% of these calls due to intensive promotion where hoardings were the most successful media vehicle.

Hectic work is underway to complete BCIS II, the mid-term survey being done across all ports which reflects the progress made on PSI/India program deliverables. The decentralization/integration process got underway with the Eastern ports increasingly being managed out of Kolkata. Attempts are now being made to integrate the Tamil Nadu operations of OPL and Gates under one roof in Chennai.

Activity 15: Kenya – Behavior Change Communication to Reduce HIV Prevalence among Kenyan Youth, Hormonal Contraceptives to Improve Reproductive Health of Kenyan Women, and Bednets and Re-dipping Services and Other Products to Improve Child Survival

Description

The overall aim of this program is to contribute to the improvement of the health status of Kenyans. To accomplish this, proposed funding will contribute to the continuation of five program components: social marketing of *Trust* condoms, the prevention of mother-to-child HIV transmission (PMCT), reducing HIV risk behaviors, social marketing of *femiplan* oral and injectable contraceptives, and social marketing of Supanet insecticide treated mosquito nets (ITNs) and Power Tab insecticide retreatment. It is envisaged that generic behavior change campaigns will be an integral part of each component.

Progress in FY 04

All PSI/Kenya products recorded successful sales performance over the reporting period with significant increases in volume compared to the same period last year. New campaigns for *Trust* condoms and VCT were implemented, and \$2.0m in PEPFAR funds were received to develop and disseminate abstinence, risk assessment and anti-alcohol BCC campaigns. Femiplan contraceptives recorded significant growth due in part to a public sector stock-out. ITN sales increased as well. A nationwide KAP survey was conducted and most results indicated progress against logframe indicators. Collaboration with local CBOs, FBOs and workplaces increased, especially for Femiplan and HIV BCC prevention messages.

Progress with HIV prevention is being made on all fronts. New BCC campaigns for abstinence, PMTCT, and self-risk assessment have been developed and an HIV focused tracking survey has been fielded.

Activity 16: Laos: National HIV/AIDS Prevention Project

Description

PSI/Laos proposes a narrowly targeted condom social marketing strategy that is designed to draw more people into the *Number One* market using finely tuned, target group-specific behavior change communications. Through the AIDSMark project, PSI/Laos will both expand the scope of existing social marketing activities and develop new ones in an effort to realize maximum appeal among all project target groups.

This project has taken significant steps to encourage sustained behavior change among high-risk groups, increase social support for condom use, and ensure widespread availability of *Number One*. However, barriers to condom use still persist among key vulnerable populations. In particular, mobile groups, men who have sex with men (MSM), female sex workers (FSWs), and clients of FSWs (including government officials, military, police, and businessmen) continue to require extensive exposure to behavior change programming.

Progress in FY 04

PSI/Laos' AIDSMark project continues to have a high impact among key at-risk groups in the Lao PDR. PSI/Laos expanded its behavior change communications programming activities, tested and disseminated new educational and promotional materials, and sponsored several special events. Event impact surveys confirmed that interpersonal communications activities can significantly impact audience recall of key health information and project messages.

In an effort to create a tailored communications strategy for MSM, a high-risk group that is particularly underserved, PSI/Laos held formative FGDs to solicit feedback on the health information needs of MSM and created materials that specifically address the needs and preferences of this group.

The expanded communications reach of this project coincided with an initiative on the part of PSI's marketing department to increase distribution coverage to both hard-to-reach areas and non-traditional outlets (NTOs). PSI/Laos opened over 150 new "high-risk" non-traditional NTOs during this period, and condom distribution levels—particularly to NTOs—continue to rise.

Activity 17: Lesotho – VCT Activities in Lesotho

Description

The proposed project will expand access to and demand for VCT services in Lesotho. Over a three year time frame, the proposed project will establish three model integrated VCT sites within Government of Lesotho health facilities in Maseru, Mafeteng and Maputsoe. If possible we will also establish one model stand-alone site in Maseru. Each site also will provide mobile VCT services and outreach coordination to reach outlying areas and mobilize post-test support. The project will increase demand for VCT services among Basotho by promoting the services offered at these sites through a mix of mass media and interpersonal communications. The network of high quality model VCT sites will share standardized training, operational guidelines, counseling and testing protocols, brand name and logo, marketing and promotion and monitoring & evaluation (M&E) tools.

The proposed project is designed to serve as a focal point for HIV prevention, care and support expansion in Lesotho in two ways. First, the integrated VCT sites within health facilities could assist the government in the expansion of its prevention of mother to child transmission (PMTCT) services. Second, the network of pilot sites sharing standardized training, protocols, marketing and M&E could expand to include other sites within government facilities or run by NGOs or the private sector.

Progress in FY 04

The VCT sites have been selected and prefabricated building materials purchased. PSI hired an engineer who is overseeing the building of the sites as well as ensuring that buildings are outfitted with electricity and plumbing to Lesotho code. The expected completion date of all buildings is mid-April. The VCT Technical Advisor is in the process of completing interviews for all staff positions. Offers have been made to two of the three site managers and to the Network Manager. Counselor interviews have begun and are expected to be completed by mid-April. PSI completed site operations manuals, which have been sent to the Ministry of Health for approval. PSI selected a research agency for formative communications research, which begins in April. A national training curriculum is being developed and PSI will hold staff training from mid-May to mid-June. PSI has developed post-test care and support resource guides for all three sites. These will allow counselors to refer clients to appropriate support resources in their communities. These resource guides did not exist previously. PSI has developed basic VCT center communications materials, which currently are being translated.

At the request of the Ministry of Health, PSI was involved in the development of Lesotho's National VCT Guidelines and Technical Advisor participated in technical reviews of the national guidelines. All activities are on schedule for target launch dates. Two of the three centers will open ahead of schedule. PSI has identified a possible partner for expansion of the network to four centers.

In June, PSI Lesotho, with trainers from PSI Zimbabwe, conducted a two week counselor training for new VCT staff. The intensive training included sessions on pre and post test counseling, use of rapid test kits, couple counseling, grief counseling and youth counseling. Staff participated in role plays to practice their skills and were evaluated by their colleagues.

On July 28, PSI launched the first 3 sites in the Lesotho New Start VCT Network. The launch was very successful with over 200 people in attendance including the Minister of Foreign Affairs, Minister of Health and the heads of numerous donor agencies and NGOs. The event began with a ribbon cutting ceremony led by the Deputy Prime Minister to open the site in Maseru.

In the two months since the launch, the Lesotho New Start network has seen over 1100 clients. Demand for mobile VCT services is extremely high. New Start counselors provided mobile VCT to the Ministry of Agriculture, the Ministry of Education, the Central Bank of Lesotho and many other companies.

The operations procedures manual has been updated and new forms are being translated and implemented. Based on demand from private service providers and clients, Lesotho New Start will begin providing written results for clients to give to medical service providers. Clients will sign a consent form acknowledging that they have agreed to receive written results and that they will use these results only for access to their medical service provider.

Activity 18: Madagascar – Behavior Change Communication to Reduce HIV Prevalence among Adolescents and Hormonal Contraceptives to Improve Reproductive Health of Women

Description

PSI's social marketing project is designed to improve sexual health among high risk groups by increasing self-risk perception and effective risk management while ensuring widespread access to affordable STI/HIV/AIDS prevention products throughout the country. PSI will encourage healthier behaviors whereby messages promote delay of sexual debut, partner reduction, and, where appropriate, consistent and correct condom use

Progress in FY 04

Most notable of achievements for the reporting period included the launch of a new malaria treatment product, *PaluStop* with record sales at twice the projected sales volume. *TOP Reseau* adolescent reproductive health services franchise scaled up to two more of the 20 zones at high risk for HIV, Antananarivo (the country's capital city) and Diego Suarez. The outlets served overall record numbers of clients in the beginning months of program start-up. The ITN program scaled up with the introduction of a reduced price net and increased promotion in rural areas. Net sales quadrupled from the previous year in the first three months of introduction. For the seven PSI products supported by this project, all but one (Sur'Eau) reached their sales/services objectives for the reporting period. As mentioned above, *PaluStop* and ITN sales

were very impressive, but so were sales of PSI/Madagascar's longest standing product, *Protector Plus* with sales at 170% of objective.

The most notable achievements in the second half of FY04 have been the project's ability to surpass all sales and client objectives for condoms, STI kits and adolescent reproductive health (ARH) clients as well as the launch of the first socially marketed prepackaged STI treatment kit for ulcerative STIs in the world. Additionally, PSI scaled up the TOP Réseau ARH franchise to include two new towns at high risk for HIV: Fort Dauphin and Majunga. Successful advocacy work resulted in the release of a ministerial waiver to the Malagasy medical code, freeing private physicians to dispense PSI/Madagascar's hormonal contraceptives and its STI PPT kits directly. PSI continues successful scale up of the ITN and Malaria PPT kit distribution/promotion activities with record sales numbers. PSI/Madagascar launched a new version (new form/bottle/size) of the water treatment product, Sur'Eau.

In terms of the TOP Réseau launch strategy, a large street concert preceded and followed by MVU events resulted in reaching 5 times as many youth in Majunga (a minimum of 25,000 youth reached by the main event alone) with generic and branded message, peer education for youth is now concretely being conducted at night, reaching youth where they gather after school/work hours, and includes one-on-one counseling in the streets. The night-time approach has been expanded to reach young CSWs on the street and in bordellos.

Quantitative research took a big step forward in PSI/Madagascar with the finalization of two multi-product TRaC survey questionnaires and the beginning of data collection, which will be completed by December 15th. Many indicators are new for the June 2004 - May 2005 work plan, of which several indicators are multi-year impact indicators for which results data will not be available until 2006. The results will provide PSI/Madagascar with better tools to evaluate program impact and reach target populations through segmentation analysis. Regarding the KAP studies, some baseline data for the newer indicators is currently being analyzed and will be communicated to PSI/W by the beginning of 2005.

Activity 19: Malawi - Improving Health in Malawi through Social Marketing **Description**

The goal of this project is improvement in the overall health status of Malawians through social marketing. The objective of this project is twofold. The first objective is to mitigate the impact of HIV/AIDS by increasing the use of improved effective and sustainable methods of reducing HIV. Secondly, the program will increase the adoption and appropriate use of quality child survival products (insecticide treated nets (ITNs) and oral rehydration salts (ORS)). To accomplish this, PSI/Malawi will undertake an integrated strategy of social marketing of *Chishango* condoms, *Chitetezo Nets*, *M'bwezera Chitetezo* retreatment, and *Thanzi* ORS.

Progress in FY 04

PSI/Malawi continues to support the range of choices available to prevent HIV transmission, such as abstinence, delayed sexual debut, and condoms. Resources utilized for the *Chishango* relaunch in 2002 have been shifted to promote the growing work of *Youth Alert!* and the production of generic BCC materials addressing topics such as the trusted partner problem and personal risk perception. *Youth Alert!* continues to expand. A new relationship with Johns Hopkins University's (JHU) *BRIDGE* project (USAID funded) ensures expansion of the radio

media through development of radio listeners' clubs and peer education programming. Both the distribution survey (data set 2000 plus) and the condom consumer user profile (data set 2000 plus) completed the data gathering phase and are ready for deep analysis. This will shape market strategies in the coming year for all products. Sales for Chishango remain strong despite some reduction in advertising and promotion.

PSI continues to support the public health sector with consistently strong sales of over 100,000 insecticide treated nets (*Chitetezo* brand) per month through the public health clinics, in addition to making oral rehydration salts (*Thanzi* brand) available to meet demand unfulfilled due to chronic government shortages. In 2003, two new platforms were developed for PSI: the public education system through the secondary school system and the public health system through work with the 460 public health clinics nationally. These platforms for *Youth Alert!* and ITNs respectively promise to expand the range of options that PSI can offer to USAID in its support of meeting public health goals for Malawi.

The period was marked by several notable events, including the blossoming of the new faith based organizations department, the recognition of the video production unit's excellence via the "Outstanding Media Journalist Award in Any Media" from the Malawi chapter of the Southern Africa Media Association, and the production of the first season of the Pakachere development and communications TV talk show, produced in partnership with Soul City. The *Youth Alert!* campaign continues to make progress in the area of life skills and sexual and reproductive health for young people. The *Youth Alert!* field communications teams made presentations on life skills and HIV/AIDS in 208 secondary schools thereby reaching 42,767 students; a total of 1,184 teachers attended briefing sessions on the work of *Youth Alert!* and content of the *Youth Alert!* presentation for secondary schools. *Youth Alert!* trained 136 secondary school teachers in the use of the *Youth Alert!* life skills manual and facilitators guide, values and attitudes related to sex and sexuality issues. *Youth Alert!* continued the production and airing of the *Youth Alert!* Mix radio show.

Activity 20: Mexico – AIDSMark/PASMO Mexico Targeted HIV/AIDS Prevention Project Description

The purpose of the AIDSMark/PASMO program is to contribute to the Government of Mexico's National HIV Strategy, specifically in terms of lowering the incidence of HIV/STI among targeted high risk populations in Southern Mexico, such as men who have sex with men, migrant populations, commercial sex workers and their potential clients. The AIDSMark/PASMO project also aims to increase the affordability and accessibility of condoms throughout Mexico in a sustainable manner.

Progress in FY 04

PSI Mexico has been actively forging relations with the National Center for the Prevention and Control of AIDS (CENSIDA) and State AIDS Programs to coordinate efforts in all regions and insure their support. Brand registration was completed and VIVE brand was recovered after another organization had applied for it. Health registrations continue and are expected to be completed next quarter. VIVE will not be launched into the market until 2005; however, if registrations are timely, VIVE will be launched with NGOs in order to at least have some presence for World AIDS Day.

A total of 3,250 BCC activities have been implemented since the beginning of the project. More Abordajes (interpersonal outreach) have been implemented than any other activities since they are most effective; also Loterías have been better accepted with truckers and men in uniform, however, target groups in general are a little more sophisticated than Central American groups where loterías had better acceptance. Five full-time promoters and 8 part-time promoters are implementing activities along with 4 NGOs; 3 supervisors are monitoring activities.

Activity 21: Mozambique – Mozambique Project for HIV/AIDS Prevention

Description

The goal and purpose of the project remain the same: To reduce the transmission of HIV and other STIs in Mozambique by encouraging the adoption of healthier sexual behavior focusing on those most at risk of transmitting HIV/STIs. The project remains national in scope, and remains integrated with activities funded by other donors (most importantly DFID, which has committed to fund a portion of PSI-M's behavior change activities and all condom procurement through 2006.)

Progress in FY 04

The PSI/Mozambique project continued as scheduled. IPC continued in all ten provinces through 75 community agents and ten theater groups, increasingly targeted to higher risk groups. Condom sales were on target and higher than ever in the project's history at roughly 8 million for the six-month period. PSI/Mozambique continued to adapt the regional *Trusted Partner* campaign to the Mozambique context and will launch in June, a couple of months later than planned. We developed plans to retrain IPC agents in a more participative method.

Activity 22: Mozambique – Voluntary Counseling and Testing (VCT)

Description

The project is designed to provide communications and demand creation for six franchised public sector VCT centers under the brand name “Renascer” in Maputo and Gaza provinces. The project is funded by CDC through USAID and the AIDSMark mechanism.

Progress in FY 04

The project moved forward with a roughly six-week delay on the critical path toward offering PMTCT services at existing VCT sites. The major milestone achieved was finalization of site selection with the MOH, USAID, and other USAID partners. This required more time than anticipated due to delays in the MOH organizing a coordinating meeting. Training in delivery of PMTCT services will also be delayed somewhat to allow time for the MOH to train trainers. PSI/Mozambique also requested authorization from the AIDSMark agreement officer to purchase prefabricated units to house VCT rooms in sites that do not have sufficient space. Nonetheless, PSI/Mozambique is optimistic to achieve the targets for service delivery. Several thousand VCT clients were seen at these sites. Roughly 25% were pregnant women and roughly 25% of those were HIV+. This represents the potential client base for PMTCT services - more or less in the range projected. Formative research for communications was completed, but PSI/Mozambique has decided to delay development and launching of communications activities to coincide with a larger campaign for later in the year using PEPFAR funding.

Activity 23: Namibia – Voluntary Counseling and Testing

Description

The goal of this intervention is to support the development of voluntary counseling and testing (VCT) services in Namibia over a two year period by providing a technical expert to work at the Ministry of Health and Social Services who will assist in the development and improvement of VCT services offered with the MOHSS hospitals. In addition, support will be given to assist the uptake of VCT services in Namibia through social marketing activities, namely the social marketing of a new “HIV Testing Day” in Namibia.

The funds will allow for the establishment of a freestanding New Start Centre in Mariental, in conjunction with ELCAP. Mariental is the site for the regional hospital for Hardap region. The funds will also provide ELCAP with a regional office. A pilot program of distributing EPAP to positive clients at VCT centers will also be initiated.¹ The purpose of the pilot is to observe the potential of integrating nutritional assistance to those PLWHA who are very sick and are living in poverty, without interference of ongoing VCT activities.

In the follow on project, the venture will continue to support existing VCT activities such as training, monitoring and advertising. Training costs have increased due to the number of extra trainees being recruited and the inclusion of PMTCT and ARVs into the curriculum which has lengthened the training period. Extra support and additional monitoring visits by SMA staff and an external consultant will be given to new sites to establish quality standards. Further New Start advertising such as radio, billboards and popular print cartoons will also take place. Promotion and advertising of the centers is crucial in keeping New Start uppermost in the minds of potential clients.

Progress in FY 04

The New Start VCT centre established in Oshikuku St. Martins Hospital opened on March 1, 2004. SMA adapted the VCT protocols to be appropriate with PMTCT hospital requirements. SMA also signed operating agreements with Catholic Health Services which covered Oshikuku, Andara and Nyangana New Start Services. The New Start centre in Rehoboth opened on 15th March and has established links to the PMTCT program at the community hospital.

A major part of SMA's activities for this period has been the training of 59 counselors in New Start's initial training and a further 18 in refresher training from the Walvis Bay. A total of 3774 were counseled and tested in the period Oct-Mar. Of these 30 were HIV positive pregnant women of whom 19 have been referred to PMTCT programs. It should be noted that many of the HIV positive women are from the Oshikuku hospital and may not have returned for there results yet as many are waiting for their next ante-natal appointments. A total of 408 HIV positive people have been referred to support services such as legal advice, home based care and medical services. SMA has also been involved in supervisory and monitoring visits as outlined in the indicators. In addition SMA has actively promoted the New Start brand through high profile openings and press and outdoor media.

Free promotional days were launched for Valentine's and Independence Day. This increased attendance with a noticeable change in client profile (lower income; more HIV positive).

¹ EPAP assistance will be initiated to 180 HIV positive clients at the original six EC funded New Start sites. If it is successful the activity will be extended to other New Start Centres.

Nutritional EPAP has been sourced and ordered but distribution has been put on hold until clarity of recipients has been established with USAID mission

SMA increased internal MIS capacity by the recruitment of a part-time health statistician to assist in data analysis and target SMA service delivery. The New Start Andara and Nyangana centers were opened on 26th May 2004. The ELCAP Mariental Centre opened in rented accommodation in 23rd August 2004, while building renovations are completed at the original designated site. The proposed establishment of VCT services at Onandjokwe has been abandoned as Onandjokwe felt SMA protocols to be too restrictive. However, SMA has offered continuing support as necessary in the form of training etc.

High profile launches took place at the Rehoboth New Start Center in June, with the US ambassador and Deputy Minister of Health in attendance, and also at the Oshikuku Center in September attended by the US Mission Director G. Newton.

Client figures show an encouraging increase particularly for the Oshikuku centre which became the second busiest site for New Start services in June. A total of 8007 clients were counseled and tested in the period April-September at USG funded sites. Of these 120 were HIV positive pregnant women of whom 57 have been referred to PMTCT programs. A total of 997 HIV positive people have been referred to support services. SMA has also been involved in supervisory and monitoring visits as outlined in the indicators as well as overseeing the opening and launches of the new centers.

The EPAP program is now established, with 45 clients currently enrolled.

The VCT training methods have been reviewed during this period to maintain quality assurance. Existing principles have been reinforced and the introduction of additional/specialized trainings is under consideration.

Client increases have been greatly assisted by the large number of media events this period, including three launches, the release of 3 new TV and new radio adverts (TV as a reason for going to New Start increased by 300% between July and August) and the 'freebie' promotion weeks in August and September. The latter was an initiative that combined with the AIDS Law Unit to celebrate their 5th birthday and promote rights for people living with HIV and AIDS.

The New Start brand is growing in recognition alongside the network and SMA has been approached by a number of organizations interested in offering VCT.

Activity 24: Namibia – Strategic Support for Three Behavioral Change Initiatives in Namibia
Description

This project will provide additional support to three behavioral change initiatives being implemented by PSI's affiliate in Namibia, the Social Marketing Association (SMA). These initiatives include supplementary financial assistance to "New Start" voluntary counseling and testing centers, funding for the provision of socially marketed "Maximum Gold" condoms to vulnerable and mobile target groups and support for the airing of a regional communications campaign within Namibia.

Progress in FY 04

An operating agreement was confirmed and operations started in October 2003 at the Walvis Bay Multi Purpose Centre (WBMPC). Despite some challenges with the maintenance of quality nursing staff, resulting in the centre limiting the times tests were available, the centre achieved a good growth in clients during this initial period. Since the recruitment of a full-time nurse in March, the centre has been functioning to full compliment. Two supervisory and support visits by SMA staff were undertaken. Referrals from this center are being made to a local positive support club. Client flows have remained high with 690 counseled and tested during this period despite challenges of loss of full time nurse and subsequent replacement with part-time post. SMA undertook 5 supervisory visits.

The Rundu Centre began operations in October 2003. During this time, there has been a good client uptake. 40% of clients are HIV+ and 48% of female clients are HIV+; this has placed a stress on the counselors and site staff, which is being addressed by extra supervision sessions. A PMTCT expert has been designated to counsel patients and facilitate referrals to PMTCT programs in hospitals. Due to local resistance establishing referral linkages has proved difficult, however efforts are being made with the regional hospital. Marketing, supervisory and a support visits were undertaken during this period. This center was officially launched in August with the Prime Minister officiating. Unfortunately the senior counselor at this centre died placing staff under considerable strain. They were subsequently offered bereavement counseling. Despite these setbacks morale and client flows have remained high, with 398 clients counseled and tested during this period. The center received 2 supervisory and support visits from SMA plus an additional visit to facilitate the launch.

From January, SMA assumed management responsibility for the Catholic Churches of Namibia (CCN) centre. A PMTCT expert has been designated to counsel patients and facilitate referrals to PMTCT programs in hospitals.

Research to establish a baseline in order to measure impact of the Trusted Partner Mass Media Campaign has begun; a media agency, TBWA Hunt Lascaris has been identified, and the tag line 'A trusted partner is a tested partner. Get you HIV test done today' has been agreed. However due to the time required for translations (to Afrikaans and Oshiwambwhich) of the audio tapes for radio and TV, and their need to be sent to the agency producing the materials in Kenya where they will be meshed digitally into the media materials (poster, billboard, TV, audio), the launch of the campaign has been delayed. Final versions were recorded in October and final negotiations with NBC were agreed in November. The launch will now take place in the 3rd week of January 2005. JHU has completed baseline survey to measure impact of campaign.

Sales to the high risk target group of *Maximum Gold* condoms have been higher than anticipated. All 400,000 condoms have now been distributed.

Activity 25: Nepal – HIV/AIDS and Reproductive Health Social Marketing

Description

The focus of activities aims to reduce the incidence of HIV/AIDS, and over two-thirds of USAID's social marketing resources will be invested in HIV/AIDS prevention. Additionally, in line with national policies, an integrated reproductive health response will be employed to address a broad range of reproductive health concerns including, sexually transmitted infections

with a focus on HIV/AIDS, family planning, safe motherhood, maternal child health and adolescent reproductive health.

Progress in FY 04

ABC BCC materials were developed and ABC IPC programming activities were conducted during a series of 15 two-day health fairs. A BCC strategy has been developed for activities directly targeting female sex workers which will be initiated during May/June.

Since PSI arrived in Nepal, PSI achieved a growth of 128% in condom sales compared to an average annual growth of 8% (previous four year average of social marketing programming). An additional 1,924 targeted non-traditional outlets opened since September 2003, bringing the total number of non-traditional outlets opened during the contract period to 10,454.

Operational research, brand testing and planning for the launch of *Number 1 Lube* (a water-based sexual lubricant targeted towards FSW and MSM) was completed and the product is scheduled to launch in May 2004.

A ground breaking Market Research Omnibus Survey was conducted with female sex workers and the results are currently being analyzed. It is hoped that for the first time in Asia these results will enable BCC programmers to only target resources to those behavioral determinants which directly affect the ability of target groups to adopt safer sexual behaviors and statistically measure the impact of BCC interventions.

The *Sun Quality Health* social franchise network expanded to cover four districts and consists of 208 trained health providers which operate from 102 franchised outlets. Expansion into the Siraha District of the Terai and the training of an additional 75 health providers is currently being implemented.

Activity 26: Nicaragua – Scaling up BCC in Leon/Chinandega

Description

The goal of the Leon and Chinandega Expansion Project is to increase safer sexual behavior to prevent HIV infection. Activities to accomplish this goal include four separate components: 1) Increased behavior change communication (BCC) activities with those at risk of HIV infection 2) Beginning a youth education project promoting ABC's of condom use with an emphasis on abstinence 3) Increasing media coverage in the departments and 4) Increasing condom sales in the region

Progress in FY 04

The results through March are: 1) the average number of BCC activities with risk groups increased from 56 per month to 88 per month. 2) A youth internet café was established in Leon and is open for business. The first group of peer educators finished training and began peer education. The second group of peer educators is currently being trained. 3) Media spending in the Leon/Chinandega region increased by approximately \$11,000 through March. 4) Condom sales in the region increased from approximately 15,000 condoms per month to 22,000 per month, an increase of 47%. In 2003 PASMO sold 2.2 million condoms in Nicaragua and sold 681,000 in the period January – March 2004.

PASMO accomplished all four goals in the project proposal submitted in 2003. First, PASMO increased the number of activities with risk groups in Leon and Chinandega from 500 in 2003 to 1023 in 2004. The vast majority of these activities (more than 750) were conducted with MSM and CSWs, groups critical to slowing the HIV epidemic in Nicaragua. Second, a youth education project was added and more than 100 peer educators completed the 12 training sessions required to perform peer education. These peer educators are now involved in training their peers in the ABC methods of HIV prevention. More than 11,000 young people were reached via the youth education project in 2004. Third, PASMO increased sales in the region by approximately 11,000 condoms monthly or 132,000 condoms annually, an increase of 40% over 2003 sales. Finally, the organization has increased advertising in the region, both generic and branded from \$11,000 in 2003 to 20,400 in 2004.

Activity 27: Nigeria – Targeted HIV Prevention Campaign and Support for Family Planning
Description

PSI has a long-standing program in Nigeria with a history of support from USAID, dating back to 1993, when USAID invested in PSI and its Nigerian affiliate, the Society for Family Health (SFH) to create a nation-wide contraceptive social marketing program. Since then the operation has grown with the support of USAID and other donors to become a major national resource in the effort to increase safe sexual practices and promote voluntary family planning in Nigeria.

In the calendar year 2001, the project expanded the scope and impact of HIV prevention activities targeted to high-risk audiences and continued to support voluntary family planning among people at low risk of contracting HIV. Specifically, PSI/Nigeria implemented the following key activities including increased contraceptive (especially condoms) introduction to key audiences through collaboration with USAID implementing partners and local NGOs. PSI/Nigeria expanded the Junction Town drama into all major regions. A new mass media campaign for condom promotion was designed and aired. The use of USAID-supplied injectable, oral hormonal contraceptives, and IUDs among audiences at low-risk of HIV infection was supported.

Progress in FY 04

PSI/Nigeria continued to make progress in achieving project targets and objectives during the reporting period. Live dramas targeting most at-risk persons also continued during the period through Exp. Momentum and Marketing and Promotion Concept (a third party contractor). PSI/Nigeria also developed and aired three high impact multi-media campaigns on abstinence, family planning and repositioning of *Gold Circle*, and made significant progress in developing the second set of campaigns (family planning barriers and HIV/AIDS risk perception). PSI/Nigeria's radio drama continued to air in four Nigeria languages on 56 radio stations nationwide with phone-in programs (following the radio drama to allow the audience to ask questions and make contributions based on the drama). It piloted in four new locations during the period. PSI/Nigeria also conducted surveys and studies as planned to assess and evaluate the impact of various interventions, with results showing that PSI/Nigeria interventions contribute significantly in improving behavior change among target populations.

Distribution of anti-malarial pre-packaged treatment (PPT) commenced in FCT, Nassarawa and Bauchi in July 2004, bringing the total number of PPT distribution locations to eight. During the

period April through September 2004, a total of 550,698 units of *Kid Care* and 62,250 units of *RBM Candida* (a total of 692,948 PPT Kits) were sold. In August 2004, as a result of the indefinite postponement of the PMV training plan, budgeted funds originally intended for PMV training in Lagos and Kano were utilized in executing a multimedia marketing communication campaign. The communication campaign includes billboards, point of sale materials and KidCare jingles on two TV and 17 radio stations in Lagos, Kano, Abia, Enugu, FCT, Nassarawa, Bauchi and Oyo states. The Niger bus survey was carried out in August 2004 to monitor consumers' knowledge and practice with regards to malaria treatment in children under five years of age. Data from the survey is currently being analyzed.

Activity 28: PASMO AIDSMark Regional Central America Project -- Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama

Description

In 1996 Population Services International (PSI) was awarded a regional contract by USAID G-CAP to address the spread of the HIV epidemic in Central America, and to help develop capacity in the region to stage an effective response. In order to achieve this objective PSI established the Pan American Social Marketing Organization (PASMO) in 1997. Over the next three years PASMO initiated an HIV prevention program in all seven countries of the region, creating an effective institutional infrastructure and developing the capacity needed to maximize health impact.

PASMO's strategy for this project period includes establishing the newly launched line extension for *Vive* (scented/flavored and contoured condoms), as well as the launching of lubricants and other feasible health products that will help contribute to improving health in the region. The decentralization strategy will also help reduce certain costs, while retaining the efficiencies of regional campaigns and systems development. PASMO will continue to negotiate media discounts and find other areas in which to achieve greater cost efficiency.

Progress in FY 04

PASMO accomplished much during the reporting period. A regional workshop in November trained field staff in their new responsibilities stemming from the decentralization and trained BCC staff in methodologies based on the stages of change model used to tailor all BCC activities and materials. Additionally, PASMO worked to develop specific activities and materials aimed at sub-groups within the target populations. As a result of the new stages of change and disaggregation methodologies, PASMO decided to expand the scope of the popular postales, which were previously targeted at MSM, CSWs and clients of CSWs to cover a total of five populations, and within those, 14 subpopulations.

PASMO had very strong sales during the reporting period. During the reporting period, the new VIVE brand and condom-promotion generic advertising campaigns were developed, produced and are currently being tested and edited. Their broadcast will coincide with the launch of the new line in June 2004.

PASMO worked with Measure, PSI/W and ESA to finalize the sampling methodologies and questionnaires used in the 2004 KAP with MSM, CSWs and youth. The KAP with MSM and CSWs is being carried out in March and April; the report will be available in May 2004. The RFP for the youth KAP will be sent out in April, with results to be available in September 2004.

PASMO decided to change its distribution survey methodology, switching over to AC Nielsen retail audits to track availability and sales in the non-traditional and pharmacy sectors. A better designed survey for high risk outlets that disaggregates them into bars, nightclubs and brothels/motels, will be launched in FY04.

PASMO successfully launched the new line of VIVE condoms, which includes many more options for customers, including more flavors/colors (mint, chocolate and mango in addition to the pre-existing strawberry, grape and orange), ribbed & dotted condoms, extra thin, extra strong and condoms with delaying action. Lubricants will be launched later this fall, pending sanitary registrations in the countries. A new generic and branded advertising campaign was broadcast to support the launch of the new line.

Activity 29: Russia – Social Marketing for STI/HIV/AIDS Prevention

Description

PSI implements strategic behavior change communications (BCC) on a number of levels to reach youth and high-risk groups and to encourage healthier behaviors protective against HIV infection.

This activity expands generic condom social marketing to reach vulnerable populations. Included in the design are safe sex campaigns using mass media and interpersonal behavior change communications. These campaigns target those groups most likely to transmit HIV/AIDS, including IV drug users (IDUs), commercial sex workers (CSWs), men who have sex with men (MSM) and STI clinic patients. In the fourth quarter of FY2001, this activity received additional funding and an extension through September 2002.

This activity contributes directly to USAID/Russia's Health Strategic Objective: "Improved effectiveness of selected social benefits and services" by supporting IR1: "Improved capacity to deliver services to reduce STI/HIV/AIDS transmission in selected vulnerable populations."

Progress in FY 04

See below

Activity 30: Russia – Child Survival (Samara)

Description

In addition to the social marketing activities outlined above, USAID requested PSI/Russia to develop an action plan for HIV/AIDS prevention interventions in the Samara Oblast during a 13 month period with a potential for follow-on funding. PSI has determined that a branded condom campaign that focuses on increasing awareness among youth about correct condom use, while simultaneously improving their access to affordable and quality condoms in a variety of outlets convenient to them, will most effectively respond to Samara's needs. *Favorite* condom distribution will be Oblast-wide through commercial channels, and promotion will focus on the population centers of Samara and Togliatti cities due to impact potential and the concentration of HIV/STD infections in these urban areas. Within Samara, PSI will determine pilot areas for interpersonal communications activities that will support the branded and generic campaigns through activities such as peer education or in-school trainings, as determined appropriate by local partners.

Progress in FY 04

Overall the project is ahead of schedule having achieved many of the 12 month benchmarks within the first six months of this workplan period (Oct 03 - Sept 04). Key successes include the launch of approximately 20 partnerships and subcontracts with local NGOs and the partnership conference bringing these partners together to share best practices and materials and lessons learnt. Three new IEC materials launched and promoted the A, B and C of HIV prevention to youth. In Samara and Saratov, peer education reached 5500 youth and a similar program launched in St Pete. IEC materials (11) launched for MSM. The success of the three internet campaigns attracted almost 400,000 unique users. Three condom line extensions (XL, strawberry, dotted) launched and Favorite launched in Moscow. TV shows were developed and aired free on MTV to millions of viewers and an additional 4 PSAs aired nationally to an estimated audience of 40 million viewers. We are well into our research plan and having started the following research projects this period: Samara - wave II KAPB, Samara - wave I CSW, St Pete wave I MSM, St Pete wave I CSW, Moscow wave II MSM.

We appear to be behind on our outreach activities, but this is to be expected during this report period (Oct - March) as it is the Russian winter. During this period there is little or no action on the streets as the cold conditions keep people inside. Our outreach activities are now just gearing up with many outreach workers recruited and trained in March to start activities in April.

Activity 31: Rwanda – HIV/AIDS Prevention among the Military

Description

The goal of this program will remain the same in Phase III: to reduce the incidence of HIV/AIDS transmission and the prevalence of other sexually transmitted diseases (STD) among the Rwandan military. Though PSI cannot attempt to measure this directly, and data from the Ministries of Health and Defense remain unavailable, it is presumed that the success of the intermediate results will result in a decreased incidence of HIV transmission among the target audience.

Progress in FY 04

In the first half of FY04 280 interpersonal behavior change communication (IPBCC) sessions were conducted and reached over 6,080 soldiers including repeat sessions through all military camps in Rwanda. With the development of military-specific full-length video and three mobile video unit spots, soldiers are targeted massively through ciné-mobile sessions, with numbers over 16,900 soldiers to date.

Secondly, PSI/Rwanda trained as many as 174 military peer educators in IPBCC and additional four (4) seropositive soldiers were also trained and permanently travel with PSI/Rwanda team to give testimonials to colleagues on how they live "positively" with HIV/AIDS, addressing the myths that HIV infection equals to full-blown AIDS, but more importantly on how to avoid HIV infection in order to stay strong for their family, country and selves.

Thirdly, soldiers who were initially deployed in the DRC were also integrated into BCC campaign and additional materials such as picture codes and flip charts were produced to fit their situations and encourage IPBCC participatory discussions. Picture codes depicted situations very similar to soldiers e.g. a picture of a soldier in a bar/hotel with a CSW, puzzled to seek VCT

services in front of a VCT center, a wife angered by finding a condom in the uniform of her husband, soldier discussing condoms with a rural girl etc. were used to encourage participatory IPBCC discussions to enhance sharing personal experiences and increase their perceptions: that anyone who engages in unprotected sex is at risk of HIV infection no matter who the partner is, that they need to make favorable sexual decisions such as consistent and correct condom use in order to continue to serve their families, country and selves, that seeking VCT services would help them to make decisions to stay healthy for long time while planning for their future or that of their family. Similar messages are also emphasized in a monthly article published in a soldiers' Magazine called "INGABO" meaning "military force or simply soldiers" in Kinyarwanda.

During phase III of military HIV/AIDS prevention program, pre-existing activities were scaled up. Major activities performed during the second half of FY04 include: 115 IPC sessions conducted in 12 brigades of which 28 were repeat sessions in 4 brigades reaching 3, 229 soldiers. 5 cinémobile sessions were conducted and reached at least 1,900 soldiers undergoing refresher training. Since project inception, 392 IPC sessions have been conducted reaching over 9,800 soldiers. Additionally, two radio spots were developed, pretested and revised according to project beneficiaries' comments after which they were aired each 70 times on both national and private radio stations with national coverage at hours convenient (as suggested during pre-test) to soldiers. One of the radio spots promotes self-efficacy through "condom preparedness" in a high risk situation (a soldier engages in transactional sex after drinking) while another describes the lifestyle and links soldiers' responsibilities to safer sexual practices, one of the messages is "I protect my country what protects me? Protect yourself abstaining, being faithful and using condoms correctly and consistently".

PSI published articles addressing major behavior change barriers and promoting advocacy for PLWHA in a popular magazine owned by the Ministry of Defense read by soldiers at all levels. Furthermore, 100 peer educators received training in: HIV/AIDS facts, the impact of HIV/AIDS at national, ministerial, household, and individual levels, peer education techniques, and condoms. Also, issues of stigma and discrimination, reality of the existence of S&D in military settings, major barriers PLWHA face, prevention of S&D through advocacy were tackled.

Eight new picture codes were produced, with 400 copies of each produced and 800 of those disseminated to trained peer educators. Picture codes are images that depict scenes very real to most soldiers' lives such as, prostitution, alcohol abuse, fear of VCT, and lack of condom negotiation skills. Their role is to engage the audience to be as participative as possible in any discussion. 5000 army-green T-shirts were designed, pretested and produced and carry project logo with tagline "A real hero is always prepared" in front and message "I protect my country, what protects me? Condoms protect me against HIV infection," on the back.

During this reporting period, several focus group discussions (FGDs) were conducted and they include: Radio spots pretest - two radio spots were developed and pre-tested in two brigades and 20 officers, 20 enlisted married, 20 enlisted single soldiers gave their views on how to better target the spot to the Rwandan military. Army green T-shirts' message pretest- as identified in Nov 2003 mid-term evaluations, soldiers expressed that white T-shirts were quick to become dirty given that soldiers do not have access to very clean water and do not wash cloths regularly. Therefore army green T-shirts were suggested and a new message "I protect my Country, What

protects me? Condoms protect me against HIV infection" was pretested and the majority believed the message was appropriate because soldiers who abstain were ranked at less than 20% yet over 70% are single hence, favoring the message.

Activity 32: Rwanda – Trusted Partner Campaign

Description

With PEPFAR funding, PSI/Rwanda will pre-test, adapt, and implement a behavior change communications (BCC) campaign called the “Trusted Partner” campaign. The campaign addresses the myth that a “trusted” and/or regular partner is a safe sexual partner, and therefore using means of protection during sex is not necessary, as well as the misperception that a healthy looking person can not be infected with HIV/AIDS.

Progress in FY 04

Since receiving PEPFAR 1.5 funds for the Trusted Partner project, PSI/Rwanda has efficiently and effectively unrolled the campaign. As a first step, PSI/Rwanda conducted focus group discussions with the target group to determine the level of awareness of fidelity as a means of prevention. From there, PSI/Rwanda began to develop the communication materials for this campaign. 12 focus group discussions were conducted in Kigali and Butare to pre-test the different Trusted Partner materials (4 billboards, 4 posters, and 5 radio spots) that were translated into Kinyarwanda and adapted to Rwanda's cultural context. These materials were presented to and approved by the National AIDS Commission's Message Approval Committee (CAM) and campaign steering committee before being disseminated. After discussion with the CAM and the Government of Rwanda, a 5th poster, designed to target the rural sector, was designed, pre-tested, and approved by the CAM.

As for the IEC/peer education aspects of the campaign, several different approaches have been taken. Mobile Vehicle Unit (MVU) films, based on the messages of the campaign, have been shown to approximately 5000 people per week. Peer education sessions of sketches and interactive games were held for over 2000 youth during the campaign launch, and similar sessions took place during the provincial song contest concert last week (October 29th) and are planned to take place during the national song contest concert. And finally, PSI/Rwanda's school outreach component, under this campaign, is planned in collaboration with the Rwandan local NGO Pro-Femme. Pro-Femme has already distributed posters and brochures, and held IEC sessions in secondary schools in 6 of Rwanda's 12 provinces. PSI/Rwanda plans to continue poster distribution and possible IEC sessions in the other remaining 6 provinces before the end of the campaign.

The final benchmark component of this campaign is a song contest. The purpose of the song contest is to encourage the youth of Rwanda to creatively communicate the messages of the Trusted Partner Campaign through song and music written by them. The song contest has already been held at the provincial level (October 29th), where 3 winners were chosen and presented with prizes. The individual or group with the best song from each province has been invited to present the song before a national jury on November 5th. The winning three songs will receive prizes, and the nationally winning song will then be recorded with a professional Rwandan singer and played on the radio. The goal is that, as this song is written by Rwandan youth and performed by a professional, it will catch the attention and ears of other Rwandan youth and effectively disseminate the messages of the campaign.

Activity 33: Thailand – Social Marketing for HIV Prevention in Northern Thailand

Description

This project allowed PSI/Thailand to scale-up its social marketing program for HIV/AIDS prevention among underserved groups. These funds will enable PSI to strengthen and expand the distribution and promotion of its “One Condom” (52 mm and 49 mm flavored) and “One Lube” products in Thailand, and to promote preventive behaviors such as partner reduction among high-risk populations. USAID funds will also support ongoing mobilization and training activities for public, NGO and private sector agencies in the project area(s).

Progress in FY 04

During the life of the project, PSI Thailand has successfully launched a condom and water-based lubricant brand, designed an impactful advertising campaign and reached strong brand awareness. With this brand, PSI Thailand reaches high-risk groups in Thailand and motivates healthier behaviors. PSI Thailand’s products fill the gap on the Thai condom market between expensive, high-quality brands and low quality condoms. PSI has sold over one million condoms and more than 160,000 water-based lubricants since the official launch of the product in April 2003. “One” is now a brand with 3 products: a 52 mm condom, a 49 mm mixed-fruits flavored condom, and a water-based lubricant.

PSI Thailand is now partnering with SmoothE, a cosmetics manufacturer and distributor, to make its brand available nationwide. This successful partnership with the private sector, which is essential to the sustainability of the project, is complemented with alliances with local organizations that help in targeting distribution to most at risk groups (MSM, sex workers, IDUs, uniformed personnel). Now that strong brand awareness has been achieved (in Chiang Mai, “One” is the second brand in prompted and spontaneous awareness over 6 brands, just below Durex, the well established border leader), PSI Thailand's communication is mainly focusing on reaching most at risk groups with targeted BCC.

PSI Thailand has developed a comprehensive BCC campaign to reach most at risk groups, incorporating A&B messages for relevant target groups. PSI Thailand's peer educators visit a variety of venues (bars, detoxification centers, military camps) where they can reach out to high-risk groups. A mobile video unit (MVU) is now operational. It is an essential tool to organize events in specific high-risk areas. Games and specific educational material have been developed to facilitate interaction between the target groups and peer educators.

PSI Thailand uses systematic informed decision-making, and has conducted several studies to better understand target groups and monitor targeting in high-risk areas. A geographical information system (GIS) has been designed to assess the availability of PSI Thailand’s products in high-risk areas, or “hot zones”. This powerful tool allows understanding where to emphasize distribution and BCC efforts to maximize impact among high-risk groups.

Activity 34: Uganda – Preventing Mother to Child Transmission of HIV

Description

For the first time, proven social marketing and franchising techniques will be utilized to expand access to voluntary HIV counseling and testing (VCT) and Nevirapine to prevent mother to child transmission of HIV. At the end of this two-year intervention, 50 providers will be trained and

offering comprehensive prevention of mother to child transmission (PMTCT) services, including VCT, as part of routine antenatal care.

Progress in FY 04

The ProFam program is an innovative way that PMTCT services are provided through 20 private ANC clinics in Uganda. Compared to the previous time period, we have seen continued success with this program. In the past year, great strides have been made toward awareness and accessibility of PMTCT services. Two-thirds (64%) of the ANC attendees knew that MTCT can be prevented, 40% of the ANC attendees have accepted NVP, and the number of infants receiving NVP has increased by 57%. VCT has doubled from 625 clients to 1,428. IEC/BCC work continued to expand reaching three times as many people (3,000 to 15,749). Also during this time period 40 providers were trained and 23 advocacy sessions have been held.

The only downside appears to be a decrease in the number of ANC women attending ProFam clinics (3,860 to 3,000) during this time period. This could be due to any number of reasons, including: a decrease in overall fertility, seasonality, or lack of money for private services.

Activity 35: Uganda – Project for HIV/AIDS Prevention and Family Planning

Description

The overall aim of this program is to contribute to the improvement of the health status of Ugandans. To accomplish this, proposed funding will support the continuation of four program components: social marketing of *Protector* condoms and *Clear Seven* STI treatment kits, social marketing of *Pilplan* and *Injectaplan* hormonal contraceptives, social marketing of *SmartNet* insecticide treated nets (ITNs), and social marketing in support of voluntary counseling and testing (VCT) and prevention of mother to child transmission services (PMTCT).

Progress in FY 04

In shifting from a 5-year CMS project to a long-term PSI program, PSI-Uganda worked for 6 months to create a new image of the organization. The focus moved from that of a launch platform for new CMS products, to a broader social marketing and health program with an emphasis on behavior change communications.

Behavior change communications (BCC) was an area previously neglected under CMS. With the addition of a new BCC Department, PSI-Uganda now focuses on improving health behaviors through generic communications campaigns. One example of successful BCC efforts in the past 6 months is the Trusted Partner campaign. Radio, TV, print, and interpersonal, carry the message “anyone can get HIV; everyone can prevent it.” Another successful BCC effort this past quarter has been the launching of Kikosi Youth Comic, which targets secondary school youth with messages of ABC, stigma, and personal risk perception. This publication is a story about a young girl who breaks her silence about being HIV positive. This behavior change comic was estimated to have reached 75,000 youth between the ages of 15-24 each month. A Kikosi life skills curriculum was developed for teachers to facilitate with students in secondary schools and enhance the messages of the comic.

In sales, we recognized that our direct model of selling our health products to retailers had caused much inefficiency and resulted in poor sales performance; within two months of beginning our AIDSMark-funded activities, we had revamped our distribution network.

Distribution of condoms now takes place via commercial distributors, who sell to wholesalers and retailers. Distribution of ethical, or medically regulated, products is handled by pharmaceutical distributors. Our sales team helps these distributors increase their coverage, and works to promote health products and health behaviors throughout the country. With an improved system of distribution and new warehouse facilities, PSI/Uganda was able to sell 11,644,640 condoms to people at high risk in a sustainable way, using commercial distributors and exercising tight controls over sales.

Both our BCC and sales departments have begun altering our HIV strategy to increase efforts with people engaged in high-risk behaviors. With help from the newly created BCC department, PSI/Uganda worked with FBOs and other partners to reach members of the military, prostitutes, IDPs – all high-risk populations – as well as other target populations such as youth, with messages of behavior change for prevention of HIV and reduction of stigma and discrimination for those infected or affected by HIV. In the sales department, our teams have begun doing promotions and educational events in high-risk outlets such as bars and nightclubs, in order to bring ABC awareness as well as condoms, to people engaging in high-risk behaviors.

Our research team has undertaken a tremendous amount of research this past half year, and will soon have results of our tracking survey (an omnibus survey looking at our products as well as health behaviors, nationwide). In May the department will have results of baseline research with 3 high-risk groups, as well as research results looking at the effectiveness of health providers in providing family planning and STI treatment. In June the department will present research findings in malaria to all interested partners, using results from various malaria studies conducted in recent months. Soon thereafter, we will hold similar research workshops to share results of our studies in family planning and HIV.

Other activity highlights in fiscal year 2004 included an assessment conducted with FBOs led to trainings of religious leaders from the six major denominations on how to deal with stigma and discrimination and how to clarify misconceptions on HIV/AIDS. These religious leaders were then featured on radio talk shows discussing the same topic.

Activity 36: Vietnam – HIV/AIDS Prevention through Behavior Change

Description

This project is a direct and focused effort in HIV/AIDS prevention through increased awareness leading to behavior change. The project is a partnership between the Viet Nam Youth Union (VNYU), Health and Education Volunteers (HealthEd) and Population Services International (PSI).

Progress in FY 04

Key project results include five youth volunteer teams to fight HIV/AIDS established in five project sites. These teams were linked and coordinated with local institutions and agencies responsible for HIV/AIDS activities. At the end of project, focus groups were conducted for teams to share experiences and plans on sustaining the project after funding ended. All teams are committed to continue the project with funding and resources mobilized from local sources.

Activity 37: Zambia – HIV/AIDS Prevention, Voluntary Counseling and Testing, and High-Risk Support to Corridors of Hope in Zambia

Description

Three activities were approved under the supplemental President's Emergency funding: increased HIV/AIDS prevention activities in Western and North-Western Provinces, support to New Start VCT to operate the current center in Lusaka and open a center in Kitwe, and launching of 3 additional Corridors of Hope sites of which SFH was responsible for implementation of CSM and part of the BCC activities.

The role of SFH in the COH project is to decrease the transmission of HIV and STIs through the increased accessibility of condoms and other preventive health measures among high risk groups and the bridging population. SFH creates positive outcomes in communities where there is a need for essential health products or services by ensuring access to the products or services and by promoting them through both branded and generic communications at the individual and community level.

Progress in FY 04

The HEART media campaign was designed to promote abstinence and consistent and correct use of condoms. The multi-round survey among youth in Lusaka in August 2004 found that 51.8% of youth in the past three months said that they had seen an ad about "Virgin Power, Virgin Pride" on the ZNBC national television station. Furthermore, in the March 2004 multi-round survey, viewers of the HEART Campaign were 1.7 times more likely to abstain from sex than non viewers and 1.6 more likely to report condom use during last sex than non viewers.

The "4As" media campaign used influential Zambian personalities to discuss the importance of solidarity among Zambians to win the fight against AIDS. The multi-round survey among youth in August 2004 recorded the following results when asked have you seen or heard in the past three months any "4As" campaigns:

- o Dr. Kaunda, (first President of Zambia), 78%
- o Minister of Health, 48%
- o Chief Mukuni, 60%
- o St. Michael and Sister D, 68.4%

Specific activities conducted in Western and North Western provinces included the reinforcement of both sales and communication staff in the provinces, training of drama groups for community intervention and increasing the number of outlets selling condoms.

The Lusaka VCT Center continued to see a steady increase in the number of clients over the reporting period. This was due to a focused radio and TV campaign and high level press coverage of the visit of the former Vice-President to the center to be tested. Another contributing factor to the increase in clients is the provision of ARVs in many more public health institutions. All New Start counselors are now able to refer those clients who test positive to health facilities where they can be assessed.

In Kitwe the New Start Center was officially launched in July after several months of identifying the building, refurbishing, purchasing furniture, supplies and test kits, and identification and

training of new staff. There has been a slow but steady rise in the number of clients since its opening. Advertisements and promotions specific to Kitwe have been launched.

The August multi-round survey conducted among youth in Lusaka found that 38.6% had seen or heard an ad related to New Start in the past three months.

During this period the following activities were accomplished within the scope of the Corridors of Hope project. The center was identified, staff recruited and trained, and 3 new sites were launched in Lusaka, Chipata and Ndola. 153,116 condoms (male and female) distributed through the centers and high-risk outlets of bars, truck parks, gas stations and hotels. Non-traditional outlets (166) opened for sale of condoms. 130,638 people were reached through a variety of special events including drama groups conducted in compounds, schools, pool tournaments, concerts, and sport and dance competitions for CSWs, uniformed personnel, truck drivers and money changers.

Intermediate Result 4.2: Enhanced quality, availability, and demand for STI management and prevention services.

Activity 38: Angola – AIDSMark VCT/STI Project

Description

Under the proposed follow-on program, the two IPMP-operated VCT/STI centers that were funded under the pilot program will continue to receive financial and technical support. The GOAL-operated VCT/STI centers have obtained separate donor funding to cover their operating costs, but will continue to receive technical support and rapid test kits under the follow-on program.

Building on the achievements of the pilot program, the follow-on program will continue to train clinic staff in HIV counseling, center operations and MIS; and monitor the quality of service at IPMP and GOAL VCT/STI centers. In addition, the program will implement a communications campaign to increase informed demand for VCT/STI services among target groups. An important component of the program is the development and promotion of a unifying logo that denotes quality VCT/STI services, which will be featured by centers that meet the program's quality standards. Also, the program will increase the level of psychosocial support provided to VCT clients who test HIV positive through collaboration with a network of support groups managed by Luta Pela Vida (LPV).

Progress in FY 04

During FY 04, 9879 clients were seen at the four VCT clinics in Luanda. Of these, 7502 were tested for HIV. Protocols have been discussed but are waiting CDC to develop further.

VCT data collection is being handed over to the Ministry of Health, with support from CDC. This is effective as of October 2004. This is an important development for Angola and for the ability of the government to start to take a lead in VCT programming for the country. PSI has worked closely with the CDC and the PNLs to make this happen.

Activity 39: Dominican Republic – Strengthen STI Prevention and Control Capacity of DIGECITSS

Description

AIDSMark is currently providing technical assistance to DIGECITSS, COPRESIDA and AccionSIDA to increase the country's capacity to prevent and control sexually transmitted infections (STI/HIV/AIDS). This addresses USAID/DR Intermediate Results (IRs) 2.1, Increased Risk-Perception of and Access to STI/HIV/AIDS Services and 2.3, Best Practices for Preventive Health Services Adopted.

In April 2003, the project was revised with approval from the Dominican Republic mission director, and during the past year, AIDSMark has made significant progress towards the development of the behavior change communication campaign to increase risk perception and encourage safer sexual practices among sexually active youth in the Dominican Republic.

Progress in FY 04

The Trusted Partner Campaign has been disseminated over the past six months via TV, radio, posters, and billboards. Independent media monitoring reports have shown high visibility via

TV and radio, with an average of 500 TV spots aired and 250 radio spots aired per month. The final monitoring report will cover the month of March, 2004. Billboards were placed in October and November of 2003. Additional print materials (discussion guide and brochure) were also developed and validated through focus groups with youth and people living with HIV/AIDS. These will be printed in April 2004, and disseminated to various government agencies and NGOs working closely with youth. A RFP was released in January to select a local research agency to conduct a media impact survey among youth. Gallup Republica Dominicana was selected, and data collection is underway. Final results should be available late April or early May. The final outstanding activity related to PPT monitoring has been completed by a local consultant, and will be presented to the government in April.

The Trusted Partner Campaign has proven to be a successful campaign in terms of its reach, appeal to the target audience, and efficacy in communicating the central campaign messages. Youth reported extraordinarily high spontaneous recall of the campaign, as well as accurate recall and understanding of campaign slogans and key messages. TV and radio spots were placed free of charge by local stations, and have been so popular that they continue to be seen and heard more than a year after campaign launch and 5 months after the campaign officially "ended". The estimated value of the media air time donated to the campaign over the past year is over \$400,000 USD. Complimentary brochures, discussion guides and posters for youth have been in high demand among NGOs and government agencies working with youth, and materials have already been reprinted to meet demand. Media impact survey results indicate that sexually active youth exposed to the campaign reported significantly higher rates of condom use in last sex act, personal risk perception, and belief that suggesting condom use does not mean that one does not trust his or her partner.

Intermediate Result 4.4: Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services.

Activity 40: Russia – Partnerships

Description

The Partnerships Program matches developing Russian apprentice NGOs working in HIV/AIDS prevention with more experienced mentor NGOs working in the same area. These NGOs predominantly work with core transmitters and vulnerable populations (IDUs, prostitutes, MSM and bridge populations) which local government health services have largely ignored.

Strengthening these NGOs is important not only for HIV/AIDS prevention, but for building sustainable civil society in Russia and encouraging grassroots advocacy for vulnerable minority populations.

PSI conducts needs assessments, identifies potential apprentice and mentor NGOs by issuing requests for applications (RFAs), matches partners and oversees the partner relationships. Once matched, each apprentice NGO receives technical, financial and administrative training from its mentor and PSI, designed to build its institutional capacity and improve its ability to provide quality HIV/AIDS services.

Progress in FY 04

Concurrently PSI launched and managed over 20 partnerships and subcontracts with local NGOs to build their capacity and improve their programs targeting core transmitters. Within this program PSI surpassed all targets for number of outreach contacts made, new IEC materials developed and distributed, and training program held for outreach workers. Results for behavior surveys continue to show measurable changes in target populations' knowledge, attitudes and behaviors as they relate to HIV prevention.

Activity 41: South Eastern Europe – Social Marketing for HIV Prevention

Description

The RiskNet project was launched in September 2002 with the goal of reducing HIV/STI transmission in Southeastern Europe. RiskNet is a group of NGOs that implement risk reduction activities in Bosnia-Herzegovina (BiH), Bulgaria, Croatia, Macedonia, and Romania. All NGOs that are part of this regional network target high-risk behavior groups with information on STI/HIV/AIDS transmission and prevention and STI testing and counseling or referrals to clinics that offer these services.

NGOs use similar implementation strategies that were designed by RiskNet partners during the first RiskNet regional workshop in January 2003. These strategies continue to be improved upon at each subsequent regional workshop. RiskNet members use their experience as experts in the region to help design activities that are appropriate for the entire region. As RiskNet enters into the last half of its second year, the NGO members have established not only professional ties, but personal ones as well. This has resulted in even greater exchanges of information and ideas across the region. This is most evident in almost daily email exchanges, notifying other RiskNet members of upcoming conferences and workshops, interesting news articles, funding ideas and sources, and donor information. Implementation ideas originate within the network. Annual workshops are held to ensure that all RiskNet members have input into implementation

strategies. The effect is reinforcement of HIV/AIDS prevention efforts across-borders and throughout the region.

Progress in FY 04

RiskNet began implementing activities in January 2003 and completed 21 months of operations at the end of September. During this reporting period, RiskNet received approval from USAID to expand and extend the project an additional nine months, from 31 December 2004 through 30 September 2005. With the additional funds provided by USAID, RiskNet was able to assess and ultimately invite three new NGOs into the network and re-install funding to another partner that received funding in 2003 but not in 2004. As a result, the project currently has contracts with a total of 10 NGOs (11 including PSI Romania) in five Balkan countries. The network includes two members that do not receive funding.

Throughout this reporting period RiskNet continued to increase the number of people that benefit from NGO testing, counseling, and distribution services. RiskNet uses the "gatekeeper" model, which involves focusing efforts on people who have access to and influence over the high risk behavior groups that RiskNet strives to reach. These groups, IDUs, MSM, CSW, and ethnic Roma, are often out of the normal range of outreach workers because their actions are either illegal or highly stigmatized. By using gatekeepers, RiskNet partners are able to reach normally inaccessible high-risk groups

RiskNet activities proceeded uninterrupted and according to schedule throughout this reporting period. Continuing with first and second quarter objectives, RiskNet focused attention on standardizing data collection and continued using the Internet for web-based reporting. The third edition of RiskNet News was created, printed and distributed in September. Gatekeepers that were identified and trained in May were administered gatekeeper post-tests in September (analysis of these tests is anticipated in the fourth quarter 2004). Additional activities included VCCT activities or referrals by each NGO, continuation of outreach activities by each NGO, and promotion of correct and consistent condom use. On average, RiskNet assists almost 2,000 individuals each quarter. From July through September over 800 new clients were identified and assisted by RiskNet NGOs. Since January, over 125,000 condoms have been distributed. Each quarter, RiskNet NGOs average over 4,000 client contacts.

A planning and evaluation workshop was held in Bucharest in January. The workshop addressed lessons learned from 2003 and how to use these in designing an improved strategy for continued implementation in 2004. In response to the issues identified, PSI has taken measures to ensure a more direct flow of information to the key implementers, trained the NGOs on the importance of standardization, monitoring and evaluation, standardization of the recruitment and training of gatekeepers as well as of the incentive systems to retain them. Furthermore, the pre- and post tests will be redesigned with assistance from Dr. Dhaval Patel. The stakeholders also agreed on a common implementation plan for the gatekeeper model in 2004, including a common timeline for the recruitment, training, testing and evaluation of gatekeepers.

Other

Activity 42: Angola – Social Marketing of Long Lasting Nets in Angola

Description

The project purpose is to increase the use of ITNs among children under five and pregnant women in Luanda, leading to the goal of reducing malaria-related morbidity and mortality. The objectives are to increase informed demand for ITNs; to increase equitable access to ITNs; and to increase local capacity to sustain demand creation and delivery of ITNs. The projects expected results are to socially market 20,000 nets at full cost recovery prices into the commercial sector and to sell 10,000 nets at subsidized prices using highly targeted distribution strategies.

The proposed project will develop innovative strategies to increase ITN use across socio-economic strata, specifically targeting poor women of reproductive age (WRA) with targeted subsidies, while creating an enabling environment for the unsubsidized commercial sector to serve the overall population. This unique approach will include:

- Launching two distinct nets, one cost-recovery and one highly subsidized.
- Targeted communications and distribution to a market segmented according to need.
- Generic mass media campaigns to grow the overall ITN market and facilitate commercial sector market development.
- Delivery of subsidized nets through partnerships with health clinics, NGOs and other outlets.
- Facilitate commercial sector delivery of unsubsidized nets.

Progress in FY 04

Much of the initial research has been completed - consumer preferences, pricing, brand name, image and positioning. Marketing plans completed. Nets have been ordered. Meetings took place with directors of health clinics and a provisional selection of participating clinics for distribution of the subsidized has been made. The launch of both nets has been delayed until September as Vestergaard are unable to produce the nets until May 2004. A manager is expected to be recruited shortly. A no cost extension will be requested.

The first order of both subsidized and commercial nets has shipped and is due to arrive in Angola in October, prior to launch in November. New warehousing has been found and investments made in improving security at the warehouse. The brand names have been finalized and marketing plans and strategies developed for each brand. Marketing agencies have been approached to design the marketing campaigns. LPA approval has been sought. The campaigns will be finalized and pretested in October. Additional sales staff will be recruited in October.

Activity 43: India – Safe Water Systems

Description

Over the next year (April 2004 to March 2005), PSI proposes to implement a social marketing project aimed at the reduction of the incidence of diarrhea, hence the reduction of under-five mortality in 5 coastal districts of Orissa, frequently affected by cyclones and floods: Jagatsinghpure, Cuttack, Kendrapara, Puri and Khorda. The project will cover the entire

population of these five districts, currently estimated at 8.1 million², with a focus on rural areas (83% of the population) and urban slums.

Progress in FY 04

The project has recruited the management team comprising of Project officer (1) and Project supervisors (2) who are responsible for the overall supervision of the project. As part of the Saadhan Health Provider's Network, 96 health providers received one full day training on counseling skills for prevention and management of diarrhea in children. 107 community based change agents have been identified and trained on issues related to diarrhea prevention and management, hygiene & sanitation, food hygiene and Safewat in a three day intensive training program. New Safewat has been developed with higher concentration (2.5% sodium hypochlorite) with a reduced pack size of 100ml and reduced price of 10Rs. Some of the project activities got delayed due to the new product development. New communication materials have been developed to support the new product and to help change agents in their field visits. BCC strategy has been developed. To begin with, local media communication activities through interactive stalls, magic/mimic shows and audio visual screen shows have started to communicate the linkage of contaminated water with diarrhea and to promote its management through ORS. A total of 679 events have been conducted till date. One round of inter-personal communication (8300 IPC sessions) has also been undertaken. First round of water testing has been carried on for 270 water sources, a total of 71 samples were found to be contaminated. The community volunteers have collected household information as part of the rapport building exercise with the community. Monitoring tools have been developed. One meeting with key govt. officials has been held to orient them on the project.

This pilot project demonstrates two approaches to improve safe water practices in households. In the slums of Dehradun and Haridwar, where PSI operates the "Saadhan" franchised network of private sector health providers, behavior change messages relating to safe water and diarrhea control are disseminated to households by 153 community-based change agents and 77 health providers (Indian System of Medicine and Rural Practitioners) who are trained on issues related to diarrhea prevention and management, hygiene, sanitation and safe water. This approach is very IPC-intensive, relying mainly on the one-to-one or small group discussions conducted by change agents and the one-to-one interaction between health provider and child caregiver. In the state of Orissa, the approach is to create demand for Safewat through a mix of mass media and local folk media, establish Safewat among the trade as a product that enjoys significant demand during the rainy season, and build a cost-effective and sustainable distribution model for Safewat.

Communication material - including a flip book for interpersonal communication on diarrhea prevention and management, leaflets and posters on Safewat and hand washing - have been developed. In Uttaranchal, approximately 32,000 households are regularly visited by change agents. 1,335 IEC events have been conducted to date, including street theatre, magic shows, interactive games, women's group meetings and product demonstrations. In Orissa, the new Safewat was launched in October. 15 mobile field agents are visiting retailers and linking them to local wholesalers, and 5 IPCs are conducting IEC activities to create demand for Safewat. Mela shows are scheduled to begin in Nov 04; a wall painting campaign is planned in Dec 04; a

² 2001 census

school campaign is scheduled for January 05; and a training session for NGOs on diarrhea prevention and control is planned in Feb 05.

Activity 44: Nicaragua – AIDSMark/PASMO Social Marketing Evaluation

Description

AIDSMark will request services of three independent consultants for USAID/Nicaragua to review and analyze social marketing as it has been implemented to date and assess the future potential of social marketing in Nicaragua. AIDSMark will work closely with the mission and the two Social Marketing Organizations (SMOs) in Nicaragua – Profamilia and PASMO to finalize a Terms of Reference. The consultants will also work closely with the two SMOs during their assessment and the draft report will be submitted to USAID, and shared with the two SMOs, for comments before finalization. This consultancy will assist USAID/Nicaragua in making strategic decisions about its future support in this area.

Progress in FY 04

The consultancy assisted USAID/Nicaragua in making strategic decisions about its future support in this area. The consultants examined all elements surrounding current and potential product social marketing, including market segmentation, products, prices, promotions and distribution methods. This analysis included an examination of the capacity and expertise of both Profamilia and PASMO to strategize and implement product social marketing, and an examination of finances to determine potential sustainability in the Nicaraguan context, efficiency of the organizations in implementation, financial transparency and revenue collection.

Activity 45: Nigeria – Pre-packaged Antimalarial Project

Description

Society for Family Health (SFH), in collaboration with Population Services International (PSI), the Nigerian Federal Ministry of Health (FMOH), BASICS, and Johns Hopkins University/Health Communication Partnership (JHU/HCP), proposes to improve early home based malaria case management for children under five years of age through increasing awareness and availability of quality pre-packaged antimalarial products.

SFH proposes to use social marketing techniques and build on private/public partnerships to conduct the following activities: 1) distribution of pre-packaged anti-malarial products through private channels; 2) pre-packaged drug demand creation and home management of malaria information, education and communication (IEC) activities; and 3) collaboration with other stakeholders to ensure adequate distribution and utilization of pre-packaged antimalarial products.

Progress in FY 04

In Abia State, on July 31, 2003, SFH launched two different pre-packaged antimalarial kits, chloroquine (CQ) kit and sulphadoxine/pyrimethamine (SP) kit available for two age categories for children under five. The RBM communications campaign accompanied the launch of the products, promoting all RBM pre-packaged products carrying the RBM Nigeria logo. The launch was also accompanied by a training program for patent medicine vendors (PMV) conducted by project partners, BASICS and Johns Hopkins University/Health Communication Partnerships (JHU/HCP). To date, approximately 700 PMVs have been trained in home based malaria case management.

Also in Quarter 3 2003, SFH developed the packaging and inserts for KidCare, the SFH brand CQ pre-packaged antimalarial product for children under five. In Quarter 4 2003, SFH launched KidCare in Lagos. In Q1 2004, SFH collaborated with BASICS to conduct training for PMVs in two select rural Lagos LGAs. Also in Q1 2004, SFH launched KidCare in Kano State. Product sales as of March 25, 2004 totaled 533,709.

Distribution of antimalarial pre-packaged treatment (PPT) commenced in FCT, Nassarawa and Bauchi in July 2004, bringing the total number of PPT distribution locations to eight. For the period April through September 2004, a total of 550,698 units of KidCare and 62,250 units of RBM Fansidar (a total of 692,948 PPT Kits) were sold. In August 2004, as a result of the indefinite postponement of the PMV training plan, budgeted funds originally intended for PMV training in Lagos and Kano was utilized in executing a multimedia marketing communication campaign. The communication campaign includes billboards, point of sale materials and KidCare jingles on two TV & seventeen radio stations in Lagos, Kano, Abia, Enugu, FCT, Nassarawa, Bauchi and Oyo states. The Nigerbus survey was carried out in August 2004 to monitor consumers' knowledge and practice with regards to malaria treatment in children under five years of age. Data from the survey is currently being analyzed.

The development work on a generic Sulphadoxine/Pyrimethamine (SP) brand was terminated in July in line with the outcome of the Drug Therapy Efficacy Testing (DTET) which confirmed wide spread resistance to Chloroquine (CQ) and SP in parts of the country. The project has since then focused on supporting the FMOH transition plan towards development and ratification of an artemisinin- based combination therapy (ACT) policy by end of 2004.

SFH continues to support the RBM partnership through active participation in advocacy projects including the Africa Malaria Day celebrations and RBM partnership meetings. Nigeria's country coordinating mechanism (CCM) was awarded \$20million by the Global Fund for HIV/AIDS, Malaria and TB in June 2004 to support the change of malaria drug policy from chloroquine and Sulphadoxine/Pyrimethamine to an artemisinin based combination therapy. This was a major coup for the FMOH and highlighted the importance of the SFH/FMOH collaboration. SFH hosted the week long proposal development and writing session and benefited from PSI's experience in developing successful global fund proposals. In August 2004, all eight SFH detailers attended a malaria training program facilitated by the PSI Senior Technical Advisor to ensure effective representation of RBM objectives in their respect states.

Activity 46: Rwanda – Phase III of a Malaria Prevention Project

Description

The overall goal of the program is to reduce the incidence of malaria-related morbidity and mortality in children under five and pregnant women in Rwanda. To that end, the specific goal is to increase the use of ITNs among the most vulnerable groups by ensuring their availability in the commercial and public sectors. This change is reliant upon an intermediate result (IR) produced during the course of the program.

Progress in FY 04

A short evaluation was made in the districts of Kabgayi, Bugesera, and Byumba on the cases of paludism, the usage rate of the CPN (frequency of visits of the pregnant women to the antenatal

consultation) and the adequate rate cover: a number of women who have made four standard visits to the antenatal consultation in the 1st quarter, 2nd quarter, 3rd quarter.

The great majority of the population accepted this program due to the fact that the number of the members of « mutuelles de sante » increased appreciably comparatively with the increase carried out over the other years, and the number of the pregnant women going to the antenatal consultations early, knew an appreciable increase.

Some beneficiaries resold the mosquito net due to its low cost and a variation rose comparatively with that of the commercial sector. PSI/Rwanda reinforced its communication campaign and informed all recipients that a PSI official will come to their home to verify that the net is in place and is well-installed.

Project distribution goals were achieved well before the end of project, with a total of 45,000 heavily subsidized insecticide treatment mosquito nets (packaged with retreatment kits) and an additional 6000 retreatment kits were distributed in project pre-natal clinics and mutuelles. Demand is greater than supply, due to increased awareness of the importance of using ITNs as well as the highly subsidized prices, and distribution has therefore been strictly limited for the past three months.

PSI communicated with pregnant women attending pre-natal consultations and/or bringing their children under five for childhood vaccinations, and explained 1) the importance and demonstrated how to retreat a net every six months, and 2) the importance of consistently sleeping under a treated net, for all family members but especially pregnant women and children under the age of five. 671 IPC sessions were held with 5,891 participants. Main behavior change messages were also emphasized through the playing of radio spots (216 times) and cinemobile (36 sessions with 10,120 participants). Two refresher trainings with health center nurses, managers, and mutuelle managers, with a total of 102 participants. At the request of the government of Rwanda, and in collaboration with program partners, three additional health centers in Byumba (Cyondo, Ruhunda et Humure) were added, and mutuelles in Bugesera (Mareba et Kamabuye).

A mini survey among program beneficiaries consisted of conducting surprise visits at 300 households having reported the purchase of a subsidized net in order to verify if nets were correctly installed and in regular use. Results are being analyzed. The end of project survey is underway to measure the overall impact of the program.

Section I CONTRACT/GRANT/COOPERATIVE AGREEMENT BASELINE REPORT

COTR/CTO: Nancy Lowenthal
TA:

DATE PREPARED: 01-Nov-04

Section II PROJECT ACTIVITY LEVEL INFORMATION

NUMBER: 936-3090.03

TITLE: HIV/AIDS Results Package (AIDSMark)

TOTAL AUHTORIZATION/APPROVED AMT: CORE:

Fid Support:

BI/AO:

CUM. OBLIGATION FOR PROJECT: CORE:

BI/AO:

DATE (1ST)IFY OBI^{FY97}

FFY OBLIG: FY02

PACD: 09/29/2003

Section III CONTRACTOR/GRANTEE INFORMATION

CONTRACTOR/GRANTEE NAME:
Population Services International

CONTRACT/GRANT NO:
HRN - A - 00 - 97- 00021 -00

CONT/GRANT AGR^{09/29/1997}
(Date Signed)

CONT/GRANT AGREEMENT END DATE: 29-Sep-07

Section IV EVALUATIONS AND VISITS

CONTRACT/GRANT COOPERATIVE AGREEMENT:

Date Last Evaluation: NA

Date Last Site visit: NA

Section V BUDGET AND FINANCIAL INFORMATION (\$000)

PHN CORE+OYB Transfer	PHN FS POP+NON POP	PHN Core+FS	BUY-INS OR ADD- ONS	TOTAL ALL
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	Notes		(MAARDS)			
	(core, managed orgs)					
1. Total Estimated Cost:						214,981.70
2. Cumulative Obligations (thru 9/30/04)		16,618.00	180,330.92	196,948.92	14,640.46	211,589.37
3. Cumulative Expenditures (10/01/97- 9/30/04)		13,117.91	138,956.32	152,074.23	13,044.36	165,118.59
4. Expended in Year 7 (10/1/03 - 9/30/04)		4,248.04	54,798.79	59,046.84	0.00	59,046.84
5. Pipeline as of 9/30/04		3,500.09	41,374.60	44,874.69	1,596.10	46,470.79
6. Monthly Burn Rate (10/01/03 - 9/30/04)		354.00	4,566.57	4,920.57	0.00	4,920.57
7. Planned Expenditures (10/01/04 - 9/30/05)		2,797.98	32,583.34	35,381.32	1,446.37	36,827.69
8. Planned Monthly Burn Rate (10/01/04- 9/30/05)		233.17	2,715.28	2,948.44	120.53	3,068.97
9. Months Funding as of 10/01/04		15.01	15.24	15.22	13.24	15.14

(1) Cumulative Obligations thru 9/30/04		PHN CORE +OYBT	FS		(BUY-INS, ADD- ONS, MAARDS)	TOTAL ALL
	Core	16,618.00				16,618.00
	Angola		8,885.00			8,885.00
	Azerbaijan		75.00			75.00
	Benin		6,700.00		800.00	7,500.00
	Bolivia		150.00			150.00
	Botswana		2,132.73			2,132.73
	Brazil		4,705.00			4,705.00
	Burundi		2,700.00			2,700.00
	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		14,220.00			14,220.00
	Corridors of Hope		4,665.23			4,665.23
	Cote d'Ivoire		700.00			700.00
	Dominican Republic		445.00			445.00
	Eastern Europe Regional		1,960.00			1,960.00
	El Salvador		200.00			200.00
	Eritrea		2,925.00		1,676.17	4,601.17
	Georgia		667.50			667.50
	Guyana		1,395.00			1,395.00
	Haiti		2,278.13			2,278.13
	Honduras Study				25.67	25.67
	Honduras		2,899.00			2,899.00
	India		15,400.00			15,400.00
	Kenya		18,548.00			18,548.00
	Laos		375.00			375.00
	Lesotho		817.79			817.79
	Lesotho & Swaziland		106.97			106.97
	Madagascar		6,900.00			6,900.00
	Malawi		4,995.00		1,322.42	6,317.42
	Mexico		1,725.00			1,725.00
	Mozambique/CDC		2,276.11		3,250.00	5,526.11
	Myanmar		2,000.00			2,000.00
	Namibia		2,811.96			2,811.96
	Nepal		9,760.00		273.67	10,033.67
	Nicaragua		450.00			450.00
	Nigeria		13,955.00			13,955.00
	REDSO I - Migrants		300.00			300.00
	REDSO II - CSM		285.00			285.00
	REDSO III - CSM		250.00			250.00
	REDSO VI		300.00			300.00
	Romania		1,000.00			1,000.00
	Russia		16,740.00			16,740.00
	Rwanda		3,059.00		2,083.49	5,142.49
	South Africa		650.00			650.00
	Africa Bureau - SMASH		410.00			410.00
	Thailand		389.00			389.00
	Uganda		12,702.50		148.00	12,850.50
	Vietnam		150.00			150.00
	Zambia		1,400.00			1,400.00
	Zimbabwe		1,050.00		3,361.04	4,411.04
Total		16,618.00	180,330.92		14,640.46	211,589.37

(2) Cumulative expenditures (9/29/97-9/30/04)							
			PHN CORE +OYBT	FS		(BUY-INS OR ADD- ONS)	TOTAL ALL
	Core		13,117.91				13,117.91
	Angola			8,061.10			8,061.10
	Azerbaijan			74.99			74.99
	Benin			6,685.54		800.00	7,485.54
	Bolivia			150.01			150.01
	Botswana			2,115.21			2,115.21
	Brazil			4,695.84			4,695.84
	Burundi			1,163.42			1,163.42
	Central America Regional			2,702.06		1,700.00	4,402.06
	Central Asia Republics			54.00			54.00
	China			360.75			360.75
	Congo			12,061.63			12,061.63
	Corridors of Hope			2,726.09			2,726.09
	Cote d'Ivoire			431.29			431.29
	Dominican Republic			445.00			445.00
	Eastern Europe Region			1,167.07			1,167.07
	El Salvador			194.04			194.04
	Eritrea			2,005.81		1,676.17	3,681.98
	Georgia			667.50			667.50
	Guyana			1,062.71			1,062.71
	Haiti			1,506.49			1,506.49
	Honduras study			0.00		25.66	25.66
	Honduras CSM			1,812.96			1,812.96
	India			11,754.46			11,754.46
	Kenya			14,321.76			14,321.76
	Laos			361.18			361.18
	Lesotho			558.06			558.06
	Lesotho and Swaziland			106.18			106.18
	Madagascar			5,838.88			5,838.88
	Malawi			4,995.00		0.00	4,995.00
	Mexico			656.14			656.14
	Mozambique			1,870.85		3,250.00	5,120.85
	Myanmar			1,318.78			1,318.78
	Namibia			599.47			599.47
	Nepal			7,460.00		0.00	7,460.00
	Nicaragua			201.53			201.53
	Nigeria			11,256.42			11,256.42
	REDSO I -Migrants			275.98			275.98
	REDSO II - CSM			283.63			283.63
	REDSO III - CSM			260.14			260.14
	REDSO IV-Regional Training			300.00			300.00
	Romania			999.81			999.81
	Russia			13,629.39			13,629.39
	Rwanda			1,398.37		2,083.49	3,481.86
	South Africa			647.48			647.48
	SMASH			399.45			399.45
	Thailand			280.17			280.17
	Uganda			6,554.12		148.00	6,702.12
	Vietnam			150.00			150.00
	Zambia			1,286.57			1,286.57
	Zimbabwe			1,049.00		3,361.04	4,410.04
Total Expenditures to Date			13,117.91	138,956.32		13,044.36	165,118.59

(3) PLANNED EXPENDITURES (10/01/04-09/30/05)						
			PHN CORE +OYBT	FS	(BUY-INS OR ADD- ONS)	TOTAL ALL
	Core		2,797,980			2,797,980
	Angola			671,050		671,050
	Azerbaijan			0,000		0,000
	Benin			0,000		0,000
	Bolivia			0,000		0,000
	Botswana			77,120		77,120
	Brazil			0,000		0,000
	Burundi			352,530		352,530
	Central America Regional			694,420		694,420
	Central Asian Republics			0,000		0,000
	China			0,000		0,000
	Congo			2,162,130		2,162,130
	Corridors of Hope			1,147,470		1,147,470
	Cote d'Ivoire			281,870		281,870
	Dominican Republic			0,000		0,000
	Eastern Europe Region			531,670		531,670
	El Salvador			0,000		0,000
	Eritrea			883,350		883,350
	Georgia			0,000		0,000
	Guyana			312,180		312,180
	Haiti			328,480		328,480
	Honduras Study			0,000		0,000
	Honduras			478,420		478,420
	India			3,180,810		3,180,810
	Kenya			3,964,350		3,964,350
	Laos			19,380		19,380
	Lesotho			349,210		349,210
	Lesotho and Swaziland			0,000		0,000
	Madagascar			1,012,070		1,012,070
	Malawi			0,000	1,172,700	1,172,700
	Mexico			579,080		579,080
	Mozambique			520,600		520,600
	Myanmar			495,090		495,090
	Namibia			529,450		529,450
	Nepal			2,666,100	273,670	2,939,770
	Nicaragua			157,940		157,940
	Nigeria			2,402,070		2,402,070
	REDSO I - Migrants			0,000		0,000
	REDSO II - CSM			0,000		0,000
	REDSO III - CSM			0,000		0,000
	REDSO IV			0,000		0,000
	Romania			0,000		0,000
	Russia			2,144,350		2,144,350
	Rwanda			235,430		235,430
	South Africa			0,000		0,000
	SMASH			0,000		0,000
	Thailand			46,240		46,240
	Uganda			5,962,200		5,962,200
	Vietnam			0,000		0,000
	Zambia			398,280		398,280
	Zimbabwe			0,000		0,000
Total Planned Expenditures (10/01/04-9/30/05)			2,797,980	32,583,340	1,446,370	36,827,690

PIPELINE ANALYSIS PER COUNTRY

	Total Award	Total Obligation through 9/30/04	Expenditures through 9/30/04	Pipeline as of 10/01/04	Projected expenditures (10/01/04 - 9/30/05)	Projected pipeline as of 10/01/04	Expected FY 2005 funding	Needed FY 2005 obligation to fulfill current commitments
Core	17,978.820	16,618.000	13,117.910	3,500.090	2,797.980	702.110	\$1,400.00	-\$39.180
Angola	8,885.070	8,885.000	8,061.100	823.900	671.050	152.850	\$0.00	\$0.070
Azerbaijan	75.000	75.000	74.990	0.010	0.000	0.010	\$0.00	\$0.000
Benin	7,500.000	7,500.000	7,485.540	14.460	0.000	14.460	\$0.00	\$0.000
Bolivia	150.000	150.000	150.006	-0.006	0.000	-0.006	\$0.00	\$0.000
Botswana	2,132.730	2,132.729	2,115.210	17.519	77.120	-59.601	\$0.00	\$0.001
Brazil	4,705.000	4,705.000	4,695.840	9.160	0.000	9.160	\$0.00	\$0.000
Burundi	2,700.180	2,700.000	1,163.420	1,536.580	352.530	1,184.050	\$0.00	\$0.180
Central America Regional	8,898.522	5,083.000	4,402.060	680.940	694.420	-13.480	\$0.00	\$3,815.522
Central Asian Reps	51.042	54.000	54.000	0.000	0.000	0.000	\$0.00	-\$2.958
China	385.000	385.000	360.750	24.250	0.000	24.250	\$0.00	\$0.000
Congo	14,220.000	14,220.000	12,061.630	2,158.370	2,162.130	-3.760	\$0.00	\$0.000
Corridors of Hope	4,665.230	4,665.230	2,726.090	1,939.140	1,147.470	791.670	\$0.00	\$0.000
Cote d'Ivoire	700.000	700.000	431.290	268.710	281.870	-13.160	\$0.00	\$0.000
Dominican Rep.	445.000	445.000	445.000	0.000	0.000	0.000	\$0.00	\$0.000
E/E Region	1,960.000	1,960.000	1,167.070	792.930	531.670	261.260	\$0.00	\$0.000
El Salvador	200.000	200.000	194.040	5.960	0.000	5.960	\$0.00	\$0.000
Eritrea	4,601.169	4,601.169	3,681.980	919.189	883.350	35.839	\$0.00	\$0.000
Georgia	667.500	667.500	667.500	0.000	0.000	0.000	\$0.00	\$0.000
Guyana	1,395.870	1,395.000	1,062.710	332.290	312.180	20.110	\$0.00	\$0.870
Haiti	2,278.133	2,278.133	1,506.490	771.643	328.480	443.163	\$0.00	\$0.000
Honduras Study	25.670	25.666	25.666	0.000	0.000	0.000	\$0.00	\$0.004
Honduras	2,913.260	2,899.000	1,812.960	1,086.040	478.420	607.620	\$0.00	\$14.260
India	15,400.000	15,400.000	11,754.460	3,645.540	3,180.810	464.730	\$0.00	\$0.000
Kenya	20,636.770	18,548.000	14,321.760	4,226.240	3,964.350	261.890	\$0.00	\$2,088.770
Laos	375.000	375.000	361.180	13.820	19.380	-5.560	\$0.00	\$0.000
Lesotho	817.790	817.790	558.060	259.730	349.210	-89.480	\$0.00	\$0.000
Lesotho/Swaziland	106.970	106.970	106.176	0.794	0.000	0.794	\$0.00	\$0.000
Madagascar	6,901.320	6,900.000	5,838.880	1,061.120	1,012.070	49.050	\$0.00	\$1.320
Malawi	11,499.940	6,317.415	4,995.000	1,322.415	1,172.700	149.715	\$0.00	\$5,182.525
Mexico	1,725.000	1,725.000	656.140	1,068.860	579.080	489.780	\$0.00	\$0.000
Mozambique	5,526.070	5,526.110	5,120.850	405.260	520.600	-115.340	\$0.00	-\$0.040
Myanmar	2,000.000	2,000.000	1,318.780	681.220	495.090	186.130	\$0.00	\$0.000
Namibia	2,811.960	2,811.955	599.470	2,212.485	529.450	1,683.035	\$0.00	\$0.005
Nepal	10,033.674	10,033.674	7,460.000	2,573.674	2,939.770	-366.096	\$0.00	\$0.000
Nicaragua	450.000	450.000	201.530	248.470	157.940	90.530	\$0.00	\$0.000
Nigeria	13,955.000	13,955.000	11,256.420	2,698.580	2,402.070	296.510	\$0.00	\$0.000
REDSO I	287.260	300.000	275.982	24.018	0.000	24.018	\$0.00	-\$12.740
REDSO II	286.440	285.000	283.633	1.367	0.000	1.367	\$0.00	\$1.440
REDSO III	260.950	250.000	260.138	-10.138	0.000	-10.138	\$0.00	\$10.950
REDSO IV	300.510	300.000	300.000	0.000	0.000	0.000	\$0.00	\$0.510
Romania	1,000.020	1,000.000	999.811	0.189	0.000	0.189	\$0.00	\$0.020
Russia	16,740.000	16,740.000	13,629.390	3,110.610	2,144.350	966.260	\$0.00	\$0.000
Rwanda	5,142.493	5,142.493	3,481.860	1,660.633	235.430	1,425.203	\$0.00	\$0.000
South Africa	882.640	650.000	647.480	2.520	0.000	2.520	\$0.00	\$232.640
SMASH	410.000	410.000	399.445	10.555	0.000	10.555	\$0.00	\$0.000
Thailand	388.120	389.000	280.170	108.830	46.240	62.590	\$0.00	-\$0.880
Uganda	12,850.710	12,850.500	6,702.120	6,148.380	5,962.200	186.180	\$0.00	\$0.210
Vietnam	150.000	150.000	150.000	0.000	0.000	0.000	\$0.00	\$0.000
Zambia	1,400.000	1,400.000	1,286.570	113.430	398.280	-284.850	\$0.00	\$0.000
Zimbabwe	4,410.540	4,411.040	4,410.040	1.000	0.000	1.000	\$0.00	-\$0.500
TOTALS	224,282.37	211,589.374	165,118.591	46,470.783	36,827.690	9,643.093	1,400.000	11,292.999