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Population Services International/AIDSMark
1120 19th Street NW
Suite 600
Washington, D.C. 20036
(202) 785-0072



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LIST OF ACRONYMS

ARV	Antiretroviral Medication
BCC	Behavior Change Communication
BTC	Break the Cycle
CCM	Country Coordinating Mechanism
CD	Centre Dushishoze
CDC	Centers for Disease Control and Prevention
CPC	Centre for Positive Care
CoH	Corridors of Hope
CSW	Commercial Sex Worker
EBB TIDE	Evidence Based Behavior-change Targeting IDUs
ELCAP	Evangelical Lutheran Church AIDS Program
G/PHN	Bureau for Global Programs, Center for Population, Health and Nutrition
HTA	Health Technology Assessment
IDPs	Internally Displaced Peoples
IDU	Injecting Drug User
IEC	Information, Education and Communication
IPC	Interpersonal Communication
IR	Intermediate Result
IYF	International Youth Foundation
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MAP	Measuring Access and Performance
MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MSM	Men who have Sex with Men
NDOH	National Department of Health
NGO	Non-governmental Organization
NIP	National Institute of Pathology
ORS	Oral Rehydration Salts
PASMO	Pan American Social Marketing Organization
PE	Peer Education
PEPFAR	President's Emergency Plan For HIV/AIDS Relief
PLWHA	People Living with HIV/AIDS
PMTCT	Preventing Mother to Child Transmission
PNH	Police National d'Haiti
PNLS/MST	Programme National De Lutte Contre le SIDA et MST
PPMV	Proprietary Patient Medicine Vendors
PSI	Population Services International
RDF	Rwandan Defense Forces
SFH	Society for Family Health
SHARP	Sexual Health and Rights Promotion Program
SMA	Social Marketing Association
SO	Strategic Objective
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats Analysis
SWS	Safe Water System
TA	Technical Assistance
TRaC	Tracking Results Continuously
TRaC-M	Tracking Results Continuously – Monitoring Only
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

INTRODUCTION

Summary Project Description

The AIDSMark program is designed to implement HIV/AIDS prevention and mitigation interventions worldwide for USAID, both on a regional and country-specific basis. AIDSMark 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

During FY2006, AIDSMark implemented 10 activities in 10 countries.

Population Services International (PSI) now has operating platforms in 57 countries. Of these, ten programs are currently funded through AIDSMark. Fifty-one of PSI's programs include social marketing of branded condoms, while twenty-one deliver VCT services, twelve offer STI services or products, and two provide PMTCT services. All 57 of the countries where PSI is working incorporate behavior change communications (BCC).

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

- Summarize lessons learned during the AIDSMark project,
- Expand coverage of PSI's research including TRaC surveys and PSI's MAP project,
- Launch additional Delayed Debut campaigns,
- Support the development of new VCT programs, and
- Increase PSI's capacity, globally, to develop and implement high quality IPC programs.

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

Key Accomplishments and Their Significance

Key accomplishments during the FY 2006 include the following activities:

Lessons Learned

The first steps in the AIDSMark lessons learned project entailed conducting a stakeholder analysis survey among PSI and USAID staff to identify programmatic areas of interest for inclusion. While this will be an evolving project, with room to include new topics, several broad areas have been identified as the focus of lessons learned documents including social marketing and franchising of VCT, HIV prevention product research, behavior change communications, including targeting of high risk groups, developing regional campaigns, and the role of AIDSMark supported research in improving overall capacity to identify and segment target groups, and monitor and evaluate programs.

AIDSMark staff, in collaboration with field staff, has begun background interviews and research and have prepared preliminary outlines and report drafts for HIV service delivery programs, HIV prevention product research, behavior change communication programs, high-risk group targeting and partnerships and capacity building. In addition to the lessons learned outlines and drafts, a series of best practices documents and a VCT brochure were produced for local and international stakeholders and PSI country programs to highlight PSI's social marketing approaches to VCT. AIDSMark staff has begun prioritizing draft documents and is in the process of delegating drafts to appropriate staff for completion. In addition to focusing on the achievement of the original intermediate results, closeout activities will also attempt to convey AIDSMark's innovation, expansion and learning in relevant program areas. AIDSMark staff has met with USAID staff and will continuously seek input from USAID as closeout activities continue.

Research Support

The Research Division continued working towards increasing evidence-based decision making across PSI platforms. PSI Research results are produced according to standardized analytical methods, and presented in terms of a "Dashboard," a set of summary tables or outcomes for which decisions about the intervention can be immediately made. Capacity building activities took a major step forward in FY 2006, in part through the establishment of the Results Initiative (funded by the Dutch government), which supports capacity building in 10 countries in Southern and Eastern Africa. PSI Research piloted two large training programs through the Results Initiative, one on study designs for TRaC (Tracking Results Continuously) and MAP (Measuring Access and Performance) surveys, and another on dashboard analysis. TRaC surveys are conducted with target populations specifically designed to segment, monitor and evaluate social marketing and communications interventions. MAP surveys are used to monitor the coverage and quality of the social marketing delivery system. These training programs were then replicated in Southeast Asia, Eastern Europe, West and Central Africa and Mexico.

Regional research capacity was increased by three full time equivalents in West and Central Africa, Eastern Africa and Southern Africa (using funds from multiple donors), permitting improved monitoring of the delayed debut campaign, and continued expansion of TRaC (80+% of PSI countries have one round, and 30% have two rounds of surveys) and MAP (approaching 50% of one round coverage). A working paper is under preparation using the formative research from delayed debut, and another using service delivery statistics from VCT centers. Expanding the PSI Research website has been a major focus over the past year as part of disseminating AIDSMark lessons learned. That activity will continue to be a priority in 2007.

Address Key Behavioral Constraints on a Regional or Global Basis

As of July 2006, one additional country has launched the Delayed Debut campaign: Kenya. Participating countries continue to conduct evaluative research and AIDSMark's Research and IPC Program Manager will compile and analyse that information in conjunction with the Research Division in preparation for a final report to be finished by the end of 2007.

Regarding additional campaigns, PSI/Russia has conducted baseline research related to IDU with AIDSMark's support. While no regional campaign is planned with significant CORE resources, AIDSMark supported this initial research because the issue has shown up in other countries in the Eastern Europe region and the sharing of knowledge and materials is likely.

The other regional BCC effort considered in 2006 was a follow-on to AIDSMark's Trusted Partner campaign. Unfortunately, there was not sufficient country interest to support a full mass media campaign; however, PSI/Haiti is currently implementing the IPC portion of the program (more details can be found in the IPC section of this report).

Develop and Replicate Voluntary Counseling and Testing Social Marketing Models

In 2006, AIDSMark provided technical and managerial support and supervision to PSI VCT programs in 21 countries. This included preparation for the launch of VCT activities in Madagascar (in the adolescent reproductive health franchise, *Top Réseau*), Central America (Guatemala, Nicaragua, and El Salvador), Cote D'Ivoire (military and rural VCT) and Nigeria. The HIV/AIDS Service Delivery Manager provided technical assistance to VCT programs in Madagascar, Mozambique, Cambodia, Haiti, Cote D'Ivoire, Togo, Nigeria, Central America (El Salvador and Guatemala) and Rwanda, including assistance in standardizing VCT tools, guidelines and procedures. AIDSMark developed PSI's VCT Strategy (2007-2009) with the purpose of strengthening PSI's HIV service delivery programs and making a formal statement about PSI's position on moving into provider initiated testing and counseling. The strategy was a result of an internal SWOT analysis and discussion. All PSI programs currently implementing VCT or seeking to implement VCT will use this strategy in order to focus efforts on PSI's strengths and to address possible weaknesses, ultimately resulting in increased measurable impact of the intervention. The document will also be used to increase internal and external stakeholder understanding of PSI's role and strength in VCT program implementation.

AIDSMark has helped build VCT local capacity by training local staff in three regions (Southern Africa, West Africa and Asia) to increase their capacity to provide regional VCT technical assistance, in order to develop a more sustainable and economical model of VCT technical assistance. Southern Africa's Regional VCT Expert from Swaziland, Victoria Masuku, provided VCT TA to Lesotho to assist them in launching their workplace VCT program and to improve their post-test referrals to care and support. AIDSMark continues to develop VCT technical tools such as the quarterly "VCT in Focus" newsletter that facilitates internal information sharing between country programs. The HIV/AIDS Service Delivery Manager presented two posters at the International AIDS Conference in Toronto in August. The posters shared data on mobile VCT programs in India and Rwanda and data from a multivariate study on VCT uptake in Kenya. For more information on the abstracts the links are:

http://www.iasociety.org/abstract/show.asp?abstract_id=2199382

http://www.iasociety.org/abstract/show.asp?abstract_id=2199372

Interpersonal Communication (IPC)

AIDSMark has developed a 5-day participatory IPC training that aims to build the IPC capacity of PSI's local offices through skills-building activities that will help participants better understand the principles of IPC program development and how to design new IPC programs and/or problem-solve existing ones. In order to draw on the rich experiences of PSI, the workshop is designed for an audience of diverse staff from multiple countries, and is specifically geared to address country representatives, research staff, and/or implementing program staff who want to improve IPC program implementation. The training content was based on a needs assessment conducted among a selection of PSI countries with varying levels of IPC program implementation experience and includes:

- An overview of behavioral theory underlying IPC
- Understanding the P-Process steps to guide IPC program development (as part of the IPC toolkit)
- Case studies of good/bad IPC programs
- An IPC program field visit
- Activities focused on the process of designing an IPC program from scratch
- Opportunities to address actual individual IPC program challenges

The training was pilot tested in Rwanda and Zimbabwe in late July/early August 2006 by AIDSMark's Research and IPC Program Manager. Feedback was overwhelmingly positive, and AIDSMark is currently awaiting results from an additional follow-up survey aimed to measure the long-term effectiveness of the training. The training was also conducted a second time for staff in Zambia, and three staff from PSI/Swaziland. This joined effort added a positive dynamic to the training and allowed for staff from each country to share ideas and IPC strategies. PSI offices in Namibia also expressed interest in the training for 2007. Namibia's training is currently scheduled for the end of January 2007.

The Trusted Partner IPC program is currently running in Haiti. AIDSMark's Research and IPC Program Manager spent a week in Port-au-Prince training program facilitators. The program is being integrated so that it is part of a school-based peer education program. Safe from Harm was also adapted for the Rwandan context, and a training-of-trainers was conducted in Rwanda in July 2006. AIDSMark is also continuing to work with the International Youth Foundation to implement the Safe from Harm program in Zambia, Uganda, and Tanzania. AIDSMark's Research & IPC Program Manager has planned a training of trainers for the Safe from Harm program for International Youth Foundation (IYF) partner staff in each country in October-November 2006, and will work with them to iron out M&E logistics.

In terms of IPC technical assistance, AIDSMark continues to provide assistance to countries from DC. This includes finding and disseminating IPC materials, reviewing technical papers, and working on funding proposals. AIDSMark's Research & IPC Program Manager also worked with PSI/Rwanda to redesign their peer education training program and conducted a training-of-trainers for peer educators while there in July. In addition, AIDSMark developed a French version of the IPC toolkit which was launched in July 2006. To accompany the IPC toolkits, AIDSMark is putting together a library of PSI's IPC materials to make available to field offices. These materials will be added to the BCC catalog which is being redesigned to include a

more advanced search function and more detailed programmatic information. The new BCC catalog should launch in February 2007.

Provide Enhanced Operational Support

Operational support includes a gamut of activities including providing support and guidance to programs that buy into the AIDSMark mechanism, synthesizing, maintaining and reporting information about these projects to USAID, and facilitating consulting agreements. During the past year, the majority of operational work has focused on close-out activities including collecting final narrative reports and asset lists.

Operation EBB Tide

Description

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

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

Progress in FY 06

In FY 06, PSI continued its successful work with four major NGOs and governmental agencies in Bishkek City and Osh City working on HIV prevention and drug demand reduction. PSI has trained their outreach workers and staff on EBB Tide's BCC program, "Break the Cycle" (BTC), an innovative approach to reducing initiation of injecting drug use by working with current IDUs to prevent their participation in the initiation of others, reducing the HIV risk behavior of those most-at-risk. To date, PSI has trained over 100 outreach workers on BTC. PSI also works directly through a national team of 31 outreach workers (13 in Bishkek, 18 in Osh) to conduct motivational interviews with IDUs to discourage them from participating in the initiation of others. During the reporting period, a training-of-trainers for the BTC program was conducted in Bishkek for 10 outreach workers. PSI has also developed a BTC mini-training program where outreach workers can refresh their knowledge, learn new approaches, and improve their motivational interviewing skills. BTC trainers in Osh conducted 15 mini-trainings with 138 IDU peer leaders to give them the tools they need to conduct BTC trainings in their injecting social networks. In all, 7,432 contacts have been made by the EBB Tide partnership to date, of which 4,520 were made by PSI's direct outreach team with 1,167 IDUs in Bishkek and 3,353 in Osh.

All PSI partners under the EBB Tide project use the unique identifier code (UIC) developed by PSI and plan to use PSI's electronic database to better monitor their work. All of these partners currently receive the bulk of their funding from Global Fund in Kyrgyzstan, under which they

implement EBB Tide activities. While the Global Fund in Kyrgyzstan has adopted PSI's UIC as the standard code for all of its operations, it has not yet made a decision on which database to require partners to use. PSI has been actively advocating for a rapid decision and has offered its database as an option. Until that decision by the Global Fund is made, EBB Tide partners will not be able to use a database to monitor or report their work. This has made reporting for EBB Tide difficult to date, but partners expect a decision in 2007. The United Nations Office on Drugs and Crime (UNODC) has conducted a study to estimate the total populations of IDUs in Kyrgyzstan and is expected in early 2007 to publish its results. Until that time, PSI estimates that there are 20,000 IDUs in Bishkek and 10,000 IDUs in Osh to generate its own coverage goals for EBB Tide.

In July 2006, the EBBTide project in Osh was presented to the US Ambassador to Kyrgyzstan and a delegation from USAID headquarters. PSI is continuing its advocacy work with representatives of city police departments, known by the Russian acronym "GOMs" in rayons (districts) of Bishkek City and Osh City. These advocacy activities are conducted in cooperation with the National Narcological Centers and the National and City AIDS Centers in both cities. PSI also conducts EBB Tide activities in the Osh City Jail with 55 IDUs, one of the few organizations granted this access.

PUBLICATIONS IN FISCAL YEAR 2006

- IPC Toolkit: English and French versions
- Version 3 of BCC Catalogue
- VCT Newsletter: VCT in Focus (4)
- Social Marketing of VCT PSI Profile

Project Update for Fiscal Year 2006, By SSO4 IR

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

Activity 1: Burundi –HIV/AIDS Prevention

Description

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

Progress in FY 06

PSI Burundi continues to improve access to condoms through the sale of *Prudence* in 1,994 outlets nationwide, 95.3% of which are in rural areas. In FY06 1,220,732 condoms were sold, and PSI has focused on identifying wholesalers for PSI products. In addition, PSI reinforced the community based distribution network and improved follow up. BCC campaigns (branded and generic) were aired for the general public with a special focus on youth to increase informed demand for condoms. Interpersonal communications reached 180 CSWs with HIV prevention and risk reduction messages. PSI/Burundi has focused more on CSWs and youth in FY 2006 due to the improvement of the security situation which has allowed some internally displaced persons (IDPs) to return to their villages.

Information, education and communication (IEC) materials were developed and disseminated, including 1,179 traditional fabrics (pagnes) with messages on how to prevent HIV in the family. This promotional material has been highly appreciated by rural women. IEC events reached about 3,600 people during concerts, 81,365 people through IPC, 50 employees for USAID through a health fair organized by USAID, 57 youth through the AJOS association, 12 community leaders, 40 military nurses, and 211 teachers for Norwegian Council for Refugees. The AIDSMark regional Delayed Debut campaign ran from November 2005 to April 2006, with spots in both French and Kirundi, reaching 19,535 youth in secondary school and youth centers.

During the year, PSI Burundi's sustainability was strengthened and health impact was maximized. The technical staff prepared an integrated strategic plan with contributions based on research results, and marketing plans were completed and then reviewed by technical advisors from Washington. In addition, PSI Burundi has sought to minimize financial vulnerability and strengthen institutional capacity. During the reporting period, PSI Burundi mobilized other funding sources to continue its work, and new staff members were hired, including a new operations manager, an administrative director and a procurement director. PSI/Washington continues to provide technical assistance to train and to improve capacity building among the

local staff. The research team attended training in Rwanda, and two members of the PSI regional research team have visited Burundi to provide training in the methodology of the TRaC-M survey, which measures the impact of messages.

PSI has also been conducting monitoring, evaluation and research: five studies were conducted during the reporting period. These include Knowledge, Attitude and Practices (KAP) surveys on family planning, VCT with the Burundi military (funded by the US Department of Defense), and a general KAP focused on youth age 15-24 years old and commercial sex workers. In addition a nationwide tracking survey on HIV/AIDS was completed. Two qualitative studies were conducted during the reporting period. These include a focus group addressing definitions of a reliable sexual partner and focus groups on the appreciation of the old vs. newly designed Prudence logo and packaging. All reports are available upon request.

Activity 2: Corridors of Hope South Africa

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 on creating links between interventions to create a consistent and holistic approach – for example by cross referring target groups and using services as additional conduits for BCC messages. The Corridors of Hope (CoH) project is implemented at Musina near the South Africa/Zimbabwe border, Ficksburg and Ladybrand, both near the South Africa/Lesotho border.

Progress in FY 06

In Musina the implementing partner is Centre for Positive Care (CPC). All activities in Musina are collaborative, and the site coordinator works very closely with the CPC volunteers on a daily basis. Musina is a busy border post and through CPC volunteers PSI is able to conduct a variety of IPC activities, targeting truckers and CSWs. Volunteers also generate income for themselves by promoting project condom sales at outlets in high risk areas.

Ficksburg and Ladybrand are not as busy as Musina, and SHARP (the implementing partner) is no longer in existence. PSI's local affiliate Society for Family Health (SFH) has adopted eight of SHARP's peer educators, for use in interpersonal communication activities in Ficksburg and Ladybrand. They also ensure that all non-traditional outlets, especially the ones in high risk areas always have sufficient condom stocks, both social marketing and public sector.

This project is carried out in remote rural areas, which has shown the need for collaboration with other NGOs. In addition, it is important to work with the provincial governments. The provincial governments must be kept informed about all activities carried out by COH, because both project sites are part of the National Department of Health's (NDOH) targeted HTAs (Health Technology Assessment). Keeping provincial health officials and the NDOH well informed about PSI's work, improves the chances of future sustainability of the project through government funding.

Some challenges CoH has faced in FY06 include the following:

- No clear policy on how to deal with cross-border sales by PSI/Lesotho,
- Sustaining the activities when funding ends,

- Building good relationships with all relevant stakeholders, especially the provincial departments of health,
- Mitigating the adverse effects of poverty and unemployment in the site areas, which has been driving young women to engage in transactional sex.
- Mitigating the effects of increased alcohol use among youth, which is putting them at higher risk for HIV/AIDS.

However, NDOH has been impressed by the work done through CoH. During the Quarterly STI meetings SFH updates NDOH and the provincial governments on all the activities carried out by CoH. The interest shown thus far is a good indication that they are a potential source of funding in the future.

While condom sales have not been very high, especially in Ficksburg and Ladybrand where CoH sales are affected by cross-border sales by PSI/Lesotho, outlet targets have been exceeded at all sites. In addition, these outlets are well serviced by peer educators (CPC and ex-SHARP). For the life of the project, SFH has accomplished 54% of its target in Musina, and 38% and 37% for Ladybrand and Ficksburg respectively. At all sites, public sector condoms are easily accessible through all non-traditional outlets, with an emphasis on outlets that are open later.

Activity 3: 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 target group for messages promoting safer behavior and creating 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 06

Through the VCT workplace project with the National Police (PNH), PSI/Haiti trained four counselors, two laboratory technicians, and 22 peer educators (PEs), and conducted refresher training for another 13 peer educators. All are members of the PNH.

The enthusiastic peer educators did not wait for the official PE award ceremony during the project inauguration in October to start working. They began by conducting three sensitization sessions for 60 police officers in three different Commissariats. They invited them to get tested for HIV at the PNH dispensary or at any of the PEPFAR accredited VCT sites located throughout the country. They also conducted male and female condom use demonstrations. Participants were grateful for the demonstration and the samples, indicating that they had not all been sure of how to use the condoms correctly. Some admitted that they had not used condoms consistently. They were eager to learn and asked many questions.

The most recurrent question voiced by participants concerned the confidentiality of services offered. Preliminary work with the PNH has shown that members of the police force are afraid

that the PNH leadership will learn about their HIV status. To alleviate these fears, the PNH Inspector-General assured the police officers publicly during the inauguration ceremony that the detection of an HIV-positive status among police officers in no way would lead to expulsion from the force.

PSI/Haiti will continue supporting the peer educators through their important task to make this project a true success, and to replicate the model in other police sites for a healthier police force in Haiti.

Activity 4: Honduras – PASMO’s HIV/AIDS Prevention Social Marketing Program

Description

USAID/Honduras provided 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 scaled up national prevention efforts in Honduras for a more comprehensive program, through the implementation of several initiatives for the fiscal years 2004-2007. PASMO adapted its existing materials and developed 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 06

PASMO developed three new media concepts targeting at-risk men to encourage social support for partner reduction, which were validated with NGOs and target groups. There were two winning concepts/story boards: "Gente" and "Regalo". Both were submitted and approved by USAID (Honduras Bilateral and G-Cap). These path-breaking spots target men, communicate the increased HIV/STI risk that comes with multiple partners, and use humor to motivate viewers to reduce partners. The message is “The fewer partners I have, the less my risk for HIV and other STIs.” Plans are to produce both spots in January and to start airing the campaign in February 2007.

Activity 5: Lesotho – VCT Activities in Lesotho

Description

The project goal was to expand access to and demand for VCT services in Lesotho. Over a three year time frame, the project aimed to establish three model integrated VCT sites within Government of Lesotho health facilities in Maseru, Mafeteng and Maputsoe and, if possible,

establish one model stand-alone site in Maseru. Each site also planned to provide mobile VCT services and outreach coordination to reach outlying areas and mobilize post-test support. The goal was to promote the services offered at these sites through a mix of mass media and interpersonal communications in order to increase demand for VCT services among Basotho. The network of high quality model VCT sites share standardized training, operational guidelines, counseling and testing protocols, brand name and logo, marketing and promotion and monitoring & evaluation (M&E) tools.

The project was 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 06

PSI has developed post-test care and support resource guides which are used in all sites. Guides are scheduled to be used at other health care facilities around the country. Post-test Clubs are now operating at all three sites and meetings are held twice a month for club members, including negative and positive persons who have gone through the counseling and testing process at a New Start Center. In addition, PSI/Lesotho has provided regular mobile VCT services to the Lesotho College of Education in an attempt to build the capacity of the clinic to become a franchised member of New Start.

Over the course of two years, PSI Lesotho has become the most successful independent provider of VCT services in the country. This success has made PSI into one of the most respected HIV/AIDS organizations in the country. PSI sits on the National HIV/AIDS steering committee, the Global Fund CCM, and participates regularly in stakeholder forums. The Ministry of Health in Lesotho has utilized PSI/Lesotho's lab and counseling protocols in their national guidelines, and PSI/Lesotho has used its expertise and experience in VCT to help the MOH and the World Health Organization develop their national "Know Your Status" campaign. PSI/Lesotho has played a key role in implementing the "Know Your Status" campaign in which the government of Lesotho hopes to make testing and counseling available on a national scale. Through this campaign, the government will train 3,500 health care workers and 3,500 community care givers in the provision of VCT services and will involve communities in the promotion and education around counseling and testing to spark demand for services.

Activity 6: 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. These high-risk populations include men who have sex with men, migrant populations, and CSWs 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 06

PSI/Mexico had a strong presence during the IX National HIV/AIDS Conference in Oaxaca, December 1 to 4. Although there was a need to scale down on implementation due to the delay in the confirmation of funding, 1,539 BCC interventions were implemented reaching all target groups. VIVE condoms started being sold in November, for a total of 107,118 condoms distributed, with a value of \$188,014 pesos (approx. US\$12,966).

Activity 7: Namibia – Voluntary Counseling and Testing

Description

The goal of this intervention is to support the development of VCT services in Namibia over a two year period by providing a technical expert to work at the Ministry of Health and Social Services (MOHSS) who will assist in the development and improvement of 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.

The funds will allow for the establishment of a further 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– a nutritional supplement– to positive clients at VCT centers was also planned 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 06

The main highlight for FY06 was the roll out of more VCT services within health facilities. While only 11 facilities were certified for rapid testing in FY05, in FY06 a total of 52 facilities were certified by the National Institute of Pathology (NIP). However, this roll-out stretched the capacity of the VCT program, because there were more activities to be carried out. In addition, appropriate infrastructure for counseling was lacking in some facilities and there were inadequate human resource to provide VCT services, particularly for rapid testing, as some testers had not been certified.

The program also experienced turn-over among community counselors mainly because of remuneration. This challenge was compounded by low capacity of the program to carry out trainings. Therefore, it was decided to contact a training agency, and an agency has been identified and will start implementation in 2007. Furthermore, because of the rapid roll out the program was not able to carry out appropriate supervision, which may have compromised the quality of services. Currently NIP carries out the rapid test supervision visits, but providing

counseling services requires more supervision to ensure quality. There is also a need to develop quality assurance tools.

According to the work plan only 48 counselors were to be trained; however, a total of 224 community counselors were trained and deployed in the hospital facilities. In addition, 108 health workers from the government health units were trained in rapid testing, while 151 were trained in VCT. This was done through ITECH and the National Health Training Centre. Another important training that was carried out was couples counseling. This training, conducted in collaboration with CDC, drew participants from many institutions in the country including PSI's local affiliate, Namibia Social Marketing Association (SMA).

Material for more than 40,000 VCT leaflets were designed and pre-tested. The content focused on explaining what VCT is and the benefits of the service, and materials were distributed to all facilities. A VCT service provider training curriculum was also developed and piloted in FY06. This curriculum was then used to train the last two groups of community counselors.

Since the program was experiencing trouble collecting data from the service delivery points, SMA reviewed all forms. Guidelines to fill out the forms were developed and distributed to all facilities. It is hoped that this will improve the reporting system from the facilities to the program at the central level. The VCT program also embarked on the exercise of developing the VCT National Guidelines. These were developed and printed, and distribution to stakeholders will start next year.

Activity 8: Rwanda – HIV/AIDS Prevention among High Risk Groups

Description

The goal of this program was to reduce the incidence of HIV/AIDS transmission and the prevalence of other STIs 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 06

PSI/Rwanda's Integrated High Risk Program targets military, prisoners, policemen, local defense forces and CSWs. During the first quarter of FY06, the Military and Prisoners Programs saw an increase in number of people who received VCT services with 1,326 soldiers (males) and 656 prisoners (of whom 47 were females) respectively. The mobile VCT programs also reinforced the referrals from mobile VCT sites. For prisoners, PSI/Rwanda strengthened referrals by facilitating transportation of HIV+ prisoners for CD4 count at the nearest hospital, and now works with the prison administration and the hospital for a long-term sustainable referral system. Rwandan Defense Force (RDF) soldiers are referred to the Kanombe military hospital through the Medical Brigade Doctors for follow-on services. Trained peer educators continued to conduct IPC sessions and mobile video shows to targeted brigades and prisoners. Face-to-face ABC messages reached 16,817 prisoners and 3,304 soldiers. More than 2,000 illustrated brochures targeting soldiers with VCT promotion messages were distributed and three radio spots also promoting VCT were developed and aired on radio. Picture codes to be used as an education tool were distributed to peer educators in prisons.

As part of the integrated BCC project, PSI/Rwanda organized a 5-day intensive training-of-trainers program in Kigali for 25 policemen and 5 policewomen. Trainers came from the RDF, under the directorate of medical services, who have been trained by PSI/Rwanda in BCC techniques and consistently worked with the PSI team for over four years. With this experience, they not only trained the police trainers but were also able to share lessons learned in prevention of HIV/AIDS in RDF. Note that the current Rwandan Police Force was built by former soldiers and integrated civilian population. Participants represented 12 Police Units (Police Medical Officers, Gishari Police Training School and Ruhengeri Police Training Academy). Members of the national police trained expressed the desire to produce IEC materials that differentiate male and female counterparts but also involving community members since they interact from day-to-day. Through a sub-grant mechanism between PSI/Rwanda and the National Police, these “trainers of trainers” will use the knowledge and skills acquired to train peer educators in their respective police units and the RDF.

Supervision of CSWs trained as peer educators by PSI/Rwanda in 2005 continued in the provinces of Kibuye, Gitarama, Kigali rural, Cyangugu, Butare, Gisenyi and Ruhengeri. Supervision reports showed that a total of 4,474 CSWs were reached through peer education activities. In addition, 22 CSW associations initially composed of over 1600 members doubled their membership during FY06 mainly because (a) members had access to medical care through health insurance supplied by PSI/Rwanda; (b) income-generating activities contributed to empowering CSW members of these associations both financially and morally. The CSW associations aim to prevent HIV/AIDS transmission among their members to improve the overall health status of members and to find ways to get away from prostitution, mainly through peer education and income generating activities. Therefore, the associations slowly start gaining trust and receiving support from the local leaders and authorities, including the CPLS, to facilitate HIV/AIDS awareness campaigns among other community members.

Other

Activity 9: India – Safe Water Systems

Description

Since April 2004, PSI has been implementing 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: Jagatsinghpur, Cuttack, Kendrapara, Puri and Khorda. The project covers the entire population of these five districts, currently estimated at 8.1 million (2001 Census), with a focus on rural areas (83% of the population) and urban slums.

Progress in FY 06

PSI established a social franchise called “Saadhan Network” as a part of a broader Maternal and Child health project in the same project area in Uttaranchal. The Saadhan Network is part of overall behavior change communication strategy and covered specific maternal and child health issues including prevention and management of diarrheal diseases, maternal and newborn care, birth spacing, child nutrition and immunization. As part of the Saadhan Network, 96 Indigenous System of Medicine Practitioners who deliver general medical care to the target populations were trained on counseling skills for prevention and management of diarrhea in children. These trainings were based on the Integrated Management of Childhood Illness guidelines of the World

Health Organization. These health providers became a link between the target community and project personnel to reinforce messages on water handling and disinfection, hand washing with soap, and appropriate diarrhea management leading to healthy behaviors.

IPC was carried out by 138 community volunteers through monthly visits to the target community to communicate messages on water-handling, household water treatment, safe water storage and hand washing with soap. The community volunteers also tracked behavior/practices in a monitoring format which was reviewed every month, and the data was used to determine the appropriate focus of communication

Safewat water disinfectant and oral rehydration salts (ORS) were placed at the franchised health providers clinic, chemists, and grocery shops in the vicinity of the target community. Community depots were opened which served as places where community based volunteers could make *Safewat* water disinfectant available to the target community. Point of purchase print material, billboards and newspaper advertisements have also been used to promote the product in the area. Since *Safewat* water disinfectant was launched, 31,300 bottles (May'04 to Dec'05) have been sold, with 24.4% of target households having ever used it.

Activity 10: Nigeria – Safe Water Systems

Description

Diarrheal diseases are a leading cause of infant and childhood mortality, second only to malaria in Nigeria as the country's foremost cause of death in children (MICS survey, 1999). In response to this critical and often overlooked health concern, in 2004, the Society for Family Health (SFH) received start-up funds of \$500,000 from PSI, later supplemented by \$495,000 from USAID via AIDSMark, for SWS programming. Support provided to SFH through the AIDSMark funding mechanism was utilized to implement SWS amongst People Living with HIV/AIDS (PLWHAs) and promote PMTCT. In this respect, AIDSMark supported the launch and promotion of the affordable, point of use water disinfectant product, *WaterGuard*, in Lagos and Kano states, while also assisting in the creation of general IEC materials regarding appropriate hygiene practices for HIV/AIDS and non-HIV/AIDS communities

Progress in FY 06

PSI/SFH, with the support of the Center for Disease Control and Prevention (CDC), provided technical assistance to test water samples from various sources in Lagos and Kano States. These testing exercises helped to determine the appropriate product bleach dilution (1.0%) and dosage (4ml) for a typical 25L jerry-can – the most commonly used storage vessel in Lagos, Kano and nationwide.

Following the successful launch of *WaterGuard* in Lagos and Kano, a comprehensive marketing communication program involving TV/radio promotion, billboards, posters, consumer leaflets and advocacy brochures commenced. At the end of the project in December 2005, 547,853 bottles of *WaterGuard* had been sold since the launch in November 2004, and 52% of this total was distributed between June and December 2005.

In August 2005, SFH in collaboration with CDC, successfully completed a SWS effectiveness study among PLWHAs in Lagos. The 22-week study was conducted among HIV-positive mothers and children under five in 248 households. The survey evaluation indicated an upward

trend in WaterGuard usage and associated 57% reduction in diarrhea incidence among PLWHA participants who consistently used the product.

SFH also developed a PMTCT research protocol with CDC and facilitated weekly SWS and hygiene peer education at PMTCT health facilities run by Hope Worldwide, an NGO supporting PLWHA. SFH then created and disseminated radio campaigns promoting hygiene and sanitation, with particular emphasis to the benefits of using WaterGuard with baby formula.

As part of our efforts to increase knowledge regarding hygienic practices, PSI also trained and conducted awareness creation activities for 822 Proprietary Patient Medicine Vendors (PPMV), 62 health workers, 500 community members, and 31 PLWHA and antenatal clinic employees.

Pipeline Analysis Fiscal Year 2006

Section I CONTRACT/GRANT/COOPERATIVE AGREEMENT BASELINE REPORT

COTR/CTO: Janet Paz-Castillo
 TA: Kristen Ruchstuhl
 Laura Skolnik
 DATE PREPARED: 01/30/2007

Section II PROJECT ACTIVITY LEVEL INFORMATION

NUMBER: 936-3090.03
 TITLE: AIDSMark

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

CUM. OBLIGATION FOR PROJECT: 214,967.92 CORE: B/AO:

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

Section III CONTRACTOR/GRANTEE INFORMATION

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

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

Section IV EVALUATIONS AND VISITS

CONTRACT/GRANT COOPERATIVE
 AGREEMENT:

Date Last Evaluation: Date Last Site visit:

Section V BUDGET AND FINANCIAL INFORMATION (\$000)

	CORE	FS	Core+FS	BUY-INS OR ADD-ONS	TOTAL ALL
1. Total Estimated Cost:					214,981.70
2. Cumulative Obligations (thru 9/30/06)	26,607.61	173,246.12	199,853.73	15,114.18	214,967.92
3. Cumulative Expenditures (10/01/97- 9/30/06)	24,614.32	172,278.12	196,892.44	15,114.18	212,006.62
4. Expended in Year 9 (10/1/05 - 9/30/06)	1,537.77	3,043.41	4,581.18	46.10	4,627.28
5. Pipeline as of 9/30/06	1,993.29	968.00	2,961.29	0.00	2,961.29
6. Monthly Burn Rate (10/01/05 - 9/30/06)	128.15	253.62	381.77	3.84	385.61
7. Planned Expenditures (10/1/06 - 9/30/07) *	1,987.55	845.23	2,832.78	0.00	2,832.78
8. Planned Monthly Burn Rate (10/1/06- 9/30/07)	165.63	70.44	236.06	0.00	236.06
9. Months Funding as of 9/30/06	12	12	12	0	12

* Total planned expenditures do not equal the pipeline as of 9/30/06 due to unspent field support balances. We are in the process of receiving approval to sweep these balances where appropriate, and will complete this prior to the end of the global AIDSMark cooperative agreement.

(1) Cumulative Obligations thru 9/30/06		PHN CORE +OYBT	FS	(BUY-INS, ADD-ONS, MAARDS)	TOTAL ALL
	Core	19,267.13			19,267.13
	Africa Regional PPT		80.00		80.00
	Angola	350.00	8,535.00		8,885.00
	Azerbaijan		75.00		75.00
	Benin		6,700.00	800.00	7,500.00
	Bolivia		150.00		150.00
	Botswana	2,131.16			2,131.16
	Brazil		4,695.88		4,695.88
	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	1,700.00	12,520.00		14,220.00
	Corridors of Hope		3,851.83		3,851.83
	Cote d'Ivoire	699.33			699.33
	Cross Gen Study		150.00		150.00
	Dominican Republic		445.00		445.00
	Eastern Europe Regional		1,960.00		1,960.00
	El Salvador		200.00		200.00
	Eritrea		2,905.81	1,676.17	4,581.98
	Georgia		667.50		667.50
	Guyana		1,254.66		1,254.66
	Haiti		2,492.54		2,492.54
	Honduras Study			25.67	25.67
	Honduras		2,839.15		2,839.15
	India		15,400.00		15,400.00
	Kenya	830.00	17,718.00		18,548.00
	Laos		375.00		375.00
	Lesotho		1,617.72		1,617.72
	Lesotho & Swaziland		106.18		106.18
	Madagascar		6,898.55		6,898.55
	Malawi		4,995.00	1,772.42	6,767.42
	Mexico		1,725.00		1,725.00
	Mozambique/CDC		2,273.23	3,250.00	5,523.23
	Myanmar		2,000.00		2,000.00
	Namibia	330.00	2,481.96		2,811.96
	Nepal	500.00	8,986.33	273.67	9,760.00
	Nicaragua		447.51		447.51
	Nigeria	800.00	13,155.00		13,955.00
	REDSO I - Migrants		300.00		300.00
	REDSO II - CSM		284.03		284.03
	REDSO III - CSM		260.95		260.95
	REDSO VI		300.00		300.00
	Romania		999.81		999.81
	Russia		16,773.08		16,773.08
	Rwanda		3,057.30	2,083.49	5,140.79
	South Africa		947.48		947.48
	Africa Bureau - SMASH		408.81		408.81
	Thailand		388.12		388.12
	Uganda		12,702.71	148.00	12,850.71
	Vietnam		150.00		150.00
	Zambia		1,400.00		1,400.00
Total		26,607.61	173,246.12	15,114.18	214,967.92

(2) Cumulative expenditures (9/29/97-9/30/06)						
			PHN CORE +OYBT	FS	(BUY-INS, ADD-ONS, MAARDS)	TOTAL ALL
		Core	17,501.76			17,501.76
		Africa Regional PPT		77.52		77.52
		Angola	350.00	8,535.07		8,885.07
		Azerbaijan		75.00		75.00
		Benin		6,686.29	800.00	7,486.29
		Bolivia		150.00		150.00
		Botswana	2,125.41			2,125.41
		Brazil		4,695.88		4,695.88
		Burundi		2,464.29		2,464.29
		Central America Regional		3,372.03	1,700.00	5,072.03
		Central Asia Republics		54.21		54.21
		China		385.00		385.00
		Congo	1,700.00	12,518.95		14,218.95
		Corridors of Hope		3,822.91		3,822.91
		Cote d'Ivoire	699.33			699.33
		Cross Gen Study		138.63		138.63
		Dominican Republic		445.00		445.00
		Eastern Europe Region		1,959.19		1,959.19
		El Salvador		194.04		194.04
		Eritrea		2,905.81	1,676.17	4,581.98
		Georgia		667.50		667.50
		Guyana		1,254.66		1,254.66
		Haiti		2,241.50		2,241.50
		Honduras study			25.66	25.66
		Honduras CSM		2,781.40		2,781.40
		India		15,398.16		15,398.16
		Kenya	830.00	17,717.87		18,547.87
		Laos		362.71		362.71
		Lesotho		1,617.72		1,617.72
		Lesotho and Swaziland		106.18		106.18
		Madagascar		6,900.26		6,900.26
		Malawi		4,994.01	1,772.42	6,766.42
		Mexico		1,724.97		1,724.97
		Mozambique		2,264.51	3,250.00	5,514.51
		Myanmar		1,999.93		1,999.93
		Namibia	107.82	2,467.07		2,574.88
		Nepal	500.00	8,960.68	273.67	9,734.35
		Nicaragua		447.49		447.49
		Nigeria	800.00	13,155.00		13,955.00
		REDSO I -Migrants		275.98		275.98
		REDSO II - CSM		284.03		284.03
		REDSO III - CSM		260.95		260.95
		REDSO IV-Regional Training		300.51		300.51
		Romania		999.81		999.81
		Russia		16,770.61		16,770.61
		Rwanda		3,040.97	2,083.49	5,124.47
		South Africa		852.41		852.41
		SMASH		402.95		402.95
		Thailand		380.76		380.76
		Uganda		12,584.25	148.00	12,732.25
		Vietnam		150.00		150.00
		Zambia		1,380.47		1,380.47
		Zimbabwe		1,053.00	3,384.77	4,437.77
Total Expenditures to Date			24,614.32	172,278.12	15,114.18	212,006.62

(3) PLANNED EXPENDITURES (10/1/06-09/30/07)						
			PHN CORE +OYBT	FS	(BUY-INS, ADD-ONS, MAARDS)	TOTAL ALL
	Core		1,765.36	206.70		1,972.06
	Africa Regional PPT					0.00
	Angola					0.00
	Azerbaijan					0.00
	Benin					0.00
	Bolivia					0.00
	Botswana					0.00
	Brazil					0.00
	Burundi			235.71		235.71
	Central America Regional					0.00
	Central Asian Republics					0.00
	China					0.00
	Congo					0.00
	Corridors of Hope					0.00
	Cote d'Ivoire					0.00
	Cross Gen Study					0.00
	Dominican Republic					0.00
	Eastern Europe Region					0.00
	El Salvador					0.00
	Eritrea					0.00
	Georgia					0.00
	Guyana					0.00
	Haiti			250.00		250.00
	Honduras Study					0.00
	Honduras			57.75		57.75
	India					0.00
	Kenya					0.00
	Laos					0.00
	Lesotho					0.00
	Lesotho and Swaziland					0.00
	Madagascar					0.00
	Malawi					0.00
	Mexico					0.00
	Mozambique					0.00
	Myanmar					0.00
	Namibia		222.184			222.18
	Nepal					0.00
	Nicaragua					0.00
	Nigeria					0.00
	REDSO I - Migrants					0.00
	REDSO II - CSM					0.00
	REDSO III - CSM					0.00
	REDSO IV					0.00
	Romania					0.00
	Russia					0.00
	Rwanda					0.00
	South Africa			95.07		95.07
	SMASH					0.00
	Thailand					0.00
	Uganda					0.00
	Vietnam					0.00
	Zambia					0.00
	Zimbabwe					0.00
Total Planned Expenditures (10/1/06-9/30/07)			1,987.547	845.23	0.00	2,832.78

PIPELINE ANALYSIS PER COUNTRY

	Total Award	Total Obligation through 9/30/06	Expenditures through 9/30/06	Pipeline as of 9/30/06	Projected expenditures (10/1/06-9/30/07)	Expected FY 2007 funding	Needed FY 2007 obligation to fulfill current commitments
Core	19,267.127	19,267.127	17,501.764	1,765.36	1,972.06	0.00	\$0.000
Africa Regional PPT	80.000	80.000	77.520	2.48	0.00	0.00	\$0.000
Angola	8,885.000	8,885.000	8,885.069	-0.07	0.00	0.00	\$0.000
Azerbaijan	75.000	75.000	75.000	0.00	0.00	0.00	\$0.000
Benin	7,500.000	7,500.000	7,486.289	13.71	0.00	0.00	\$0.000
Bolivia	150.000	150.000	150.000	0.00	0.00	0.00	\$0.000
Botswana	2,131.160	2,131.160	2,125.412	5.75	0.00	0.00	\$0.000
Brazil	4,695.882	4,695.882	4,695.882	0.00	0.00	0.00	\$0.000
Burundi	2,700.000	2,700.000	2,464.290	235.71	235.71	0.00	\$0.000
Central America Regional	5,083.000	5,083.000	5,072.029	10.97	0.00	0.00	\$0.000
Central Asian Reps	54.000	54.000	54.208	-0.21	0.00	0.00	\$0.000
China	385.000	385.000	384.999	0.00	0.00	0.00	\$0.000
Congo	14,220.000	14,220.000	14,218.949	1.05	0.00	0.00	\$0.000
Corridors of Hope	3,851.833	3,851.833	3,822.913	28.92	0.00	0.00	\$0.000
Cote d'Ivoire	699.326	699.326	699.326	0.00	0.00	0.00	\$0.000
Cross Gen Study	150.000	150.000	138.628	11.37	0.00	0.00	\$0.000
Dominican Rep.	445.000	445.000	445.000	0.00	0.00	0.00	\$0.000
E/E Region	1,960.000	1,960.000	1,959.193	0.81	0.00	0.00	\$0.000
El Salvador	200.000	200.000	194.040	5.96	0.00	0.00	\$0.000
Eritrea	4,581.975	4,581.975	4,581.975	0.00	0.00	0.00	\$0.000
Georgia	667.500	667.500	667.500	0.00	0.00	0.00	\$0.000
Guyana	1,254.655	1,254.655	1,254.655	0.00	0.00	0.00	\$0.000
Haiti	2,492.535	2,492.535	2,241.503	251.03	250.00	0.00	\$0.000
Honduras Study	25.666	25.666	25.664	0.00	0.00	0.00	\$0.000
Honduras	2,852.077	2,839.149	2,781.400	57.75	57.75	0.00	\$0.000
India	15,400.000	15,400.000	15,398.155	1.84	0.00	0.00	\$0.000
Kenya	18,548.000	18,548.000	18,547.870	0.13	0.00	0.00	\$0.000
Laos	375.000	375.000	362.714	12.29	0.00	0.00	\$0.000
Lesotho	1,617.723	1,617.723	1,617.723	0.00	0.00	0.00	\$0.000
Lesotho/Swaziland	106.968	106.176	106.176	0.00	0.00	0.00	\$0.000
Madagascar	6,898.549	6,898.549	6,900.256	-1.71	0.00	0.00	\$0.000
Malawi	6,767.415	6,767.415	6,766.421	0.99	0.00	0.00	\$0.000
Mexico	1,725.000	1,725.000	1,724.972	0.03	0.00	0.00	\$0.000
Mozambique	5,523.232	5,523.232	5,514.506	8.73	0.00	0.00	\$0.000
Myanmar	2,000.000	2,000.000	1,999.927	0.07	0.00	0.00	\$0.000
Namibia	2,811.955	2,811.955	2,574.884	237.07	222.18	0.00	\$0.000
Nepal	9,760.000	9,760.000	9,734.353	25.65	0.00	0.00	\$0.000
Nicaragua	447.505	447.505	447.494	0.01	0.00	0.00	\$0.000
Nigeria	13,955.000	13,955.000	13,955.000	0.00	0.00	0.00	\$0.000
REDSO I	300.000	300.000	275.982	24.02	0.00	0.00	\$0.000
REDSO II	284.033	284.033	284.033	0.00	0.00	0.00	\$0.000
REDSO III	260.945	260.945	260.945	0.00	0.00	0.00	\$0.000
REDSO IV	300.000	300.000	300.510	-0.51	0.00	0.00	\$0.000
Romania	999.811	999.811	999.811	0.00	0.00	0.00	\$0.000
Russia	16,773.085	16,773.085	16,770.613	2.47	0.00	0.00	\$0.000
Rwanda	5,140.855	5,140.793	5,124.466	16.33	0.00	0.00	\$0.000
South Africa	947.480	947.480	852.406	95.07	95.07	0.00	\$0.000
SMASH	408.812	408.812	402.947	5.86	0.00	0.00	\$0.000
Thailand	388.119	388.119	380.759	7.36	0.00	0.00	\$0.000
Uganda	12,850.708	12,850.708	12,732.247	118.46	0.00	0.00	\$0.000
Vietnam	150.000	150.000	150.000	0.00	0.00	0.00	\$0.000
Zambia	1,400.000	1,400.000	1,380.474	19.53	0.00	0.00	\$0.000
Zimbabwe	4,434.767	4,434.767	4,437.771	-3.00	0.00	0.00	\$0.000
TOTALS	214,981.70	214,967.917	212,006.623	2,961.29	2,832.78	0.00	0.000