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To: Sandra Thurman/OPD/EOP@EOP

cc: Matthew Murguia/OPD/EOP@EOP, Cheryl S. Bauerle/OPD/EOP@EOP

Subject: Worldspace Corporation

I went to a luncheon hosted by Worldspace Corporation today at its headquarters. Minority Speaker Gephardt, USTR Barshefsky, Treasury Secretary Summers, and Congressman Ford and Jefferson spoke at the event. Congressman Rangel, Bacchus, and Meeks, and Congresswoman Eddie Bernice Johnson attended the event.

At the onset of the meeting, Noah Samara, its chair approached me and asked if I would get in touch with you and your office for a meeting. He stated that he is already working with Ron Dellums on some HIV/AIDS issues and other Africa related initiatives. But, he felt its critical to meet with the President's Special Envoy and Senior Director on HIV/AIDS Policy. He would like Ron Dellums also to be at the meeting, if possible.

Noah indicated that he has interacted with you on several occasions and most recently at CFA's Roundtable on HIV/AIDS during the CBC Week at the Worldspace Headquarters. He would like to provide a VIP Tour of the Worldspace Facilities so you could get a better understanding of the technology that they provide in Africa, Asia, and soon the Americas as a tools to broadcast information on HIV/AIDS. He said the objective of the tour would be to provide a through understanding of how their technology tool is used to educate people about the HIV/AIDS epidemic. They see themselves as a prevention solution to the HIV/AIDS Epidemic.

His Senior Aide, Mr. Ufo Eric- Atuanya again contacted our office regarding Mr. Samara's request. Is it possible for your office to follow - up with Worldspace about this request or should I direct him to contact your office? Here is his information:

Mr. Ufo Eric- Atuanya, Esquire
Vice President for Global Government Affairs
Worldspace Corporation
2400 N Street, NW
Washington, DC 20037
202-969-6343 (direct line)
202-969-6000 (general line to the Chair's Office)
email: uatuanya@worldspace.com
www.worldspace.com

To: Sandy Thurman

From: Erica 

Subject: WorldSpace Foundation Grant application

Sandy –

After you spoke at the CCA Forum at WorldSpace Corp, William Walker, who was there, asked me to pass along the attached information to you. WorldSpace Foundation is a 501(c) non-profit that has received a grant of band-width from WorldSpace Corp. The foundation hopes to use the bandwidth to broadcast HIV/AIDS educational and prevention messages and programs via digital radio. They also plan to eventually broadcast digital web content over radio signals. They are planning to start with receiver sites in Africa by the end of next fiscal year and hope to increase that to 1,000 sites in short order. They are now working on getting funding so that they can provide the receivers free of charge (otherwise they are fairly expensive). They have also been consulting with the BBC and with some of the local African stations about providing content and translation into multiple languages.

WorldSpace Foundation, in partnership with Africare for \$6 million next year to get the first 500 sites up and running and to get the content sorted out. They are hoping that they can get corporate sponsorship to fund the second 500 sites.

When he gave me this information William Walker pushed very hard to have you host a meeting between the foundation and prospective business partners. I gave him all sorts of warnings about U.S. government employees (and White House employees in particular) having restrictions about endorsing programs and soliciting for funds. I left no doubt in his mind that he and his partners should be looking at other ways to attract business support. Nonetheless, he asked me to pass this information on to you and to let you know that he is interested in your thoughts and ideas and anything you can do to help.

I am happy to get back to Walker with whatever reply you would like me to give. While this program appears worthwhile and could potentially help bring anti-AIDS messages to rural audiences and remote areas throughout Africa, it has not yet received the USAID funds for which they have applied, and does not appear to have the kind of broad backing they will need to sustain the supply, set up and maintenance of sensitive receivers and equipment, and they have not yet sorted out their content suppliers either. That said, Noah Samora is a big supporter of this effort and I am sure that he will help ensure its eventual success.

Let me know if/how you want me to respond to Walker.

FROM: WALKER WILLIAMS

Dr. Clinwe - Africare

\$6 million - proposal
to USAID
800 sites
(1,000 = \$10 million)
World AIDS Day 12/1/00
launch
12 million → NGOs efforts



**Beyond Breaking the Silence:
Africare/WorldSpace HIV/AIDS Initiative**

in Collaboration

CEDPA and Casals & Associates

Proposal to:

**Ms. Nancy McKay, Chief
Project and Food Policy Division
Bureau for Africa
1300 Pennsylvania Ave., N.W.
Washington, DC 20503**

Submitted by:

**Africare
440 R Street, N.W.
Washington, D.C. 20001**

September 8, 2000

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Africare

Africare helps Africa, with programs in food, water, the environment, health and emergency humanitarian aid as well as private-sector development and governance.

September 8, 2000

Ms. Nancy McKay, Chief
Project and Food Policy Division
Bureau for Africa
1300 Pennsylvania Avenue, N.W.
RRB 4.08-041
Washington, DC 20503

Dear Ms. McKay:

I am very pleased to forward to you the enclosed unsolicited proposal – **Beyond Breaking the Silence: Africare/WorldSpace HIV/AIDS Initiative**. Africare in collaboration with WorldSpace Corp, WorldSpace Foundation, CEDPA, and Casals & Associates proposes to initiate and document a synergistic relationship between traditional mass media, digital satellite radio technology, voluntary counseling and testing services (VCT) and community-based interventions. Through this initiative, Africare intends to foster behavior change and promote sustainable health care amongst African countries.

The project activities are scheduled to begin on December 1, 2000, World AIDS Day and continue through 2001 with a set of daily four-hour messages broadcast on four major topical areas of HIV/AIDS prevention and education. In addition to these daily broadcasts, there will be a one-hour monthly program in four languages produced in a variety of formats (interviews, drama, testimonials, entertainment, etc.) that will incorporate listeners' feedback we will receive from previous broadcasts. This project is estimated to cost about \$5.9 million.

We feel that this proposal is consistent with USAID's general policies regarding development and AIDS control in Africa. This project also incorporates most of the recent recommendations articulated by USAID and UNAIDS, namely: integration of care and prevention, integration of other health messages and decentralization of services.

Ms. Nancy McKay
Page 2

The project also builds upon recent USAID funded research findings that point to the correlation between VCT access and the adoption of safe sex practices in Kenya, Tanzania, and Trinidad and Tobago.

“It is now time for action.” This was Former President Nelson Mandela's message in his closing address at the recently held 13th International AIDS Conference in Durban, South Africa. This captures the spirit with which I see the Africare/WorldSpace HIV/AIDS Initiative moving forward.

With best regards.

Sincerely,

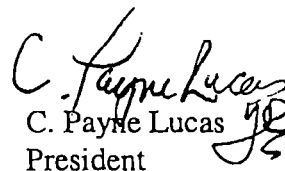

C. Payne Lucas
President

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CBD	Community Based Distribution
CHW	Community Health Workers
MOH	Ministry of Health
NACP	National AIDS Control Program
NGO	Non Governmental Organizations
VCT	Voluntary Counseling and Testing Services
UNAIDS	Joint United Nations Program on HIV/AIDS
STIs/STDs	Sexual Transmitted Infections/Sexually Transmitted Diseases
FGD	Focus Group Discussions

EXECUTIVE SUMMARY

Africare proposes, through the use of WorldSpace digital satellite receivers, to disseminate HIV/AIDS awareness and prevention messages in 500 sites across the continent of Africa. This vision is borne out of a yearning to curtail the spread of HIV/AIDS, one of the most catastrophic health and development crises Africa's people have ever faced. The objectives of the project are to:

- i. utilize and document the effectiveness of digital radios coupled with traditional IEC to improve community understanding of causes of HIV/AIDS,
- ii. build the capacity of CBOS and NGOs to engage in effective community mobilization efforts to prevent HIV/AIDS
- iii. increase the number of individuals and households adopting safe sex practices and seeking counseling and treatment.

This project is intended to initiate and document a synergistic relationship that exists between traditional mass media, digital satellite radio technology, voluntary counseling and testing services (VCT) and community-based interventions in pursuit of behavior change and sustainable health care.

This project will link HIV/AIDS with other vital public health as well as development-related issues such as civil society strengthening and conflict resolution, gender relations and family life which are key to the achievement of sustainable HIV/AIDS awareness and prevention programs.

The project is designed in phases. Phase I will involve the rapid installation of WorldSpace satellite receivers at 500 sites in 15 countries across Sub-Saharan Africa. The installation of these receivers will be marked by a launch commemorating World AIDS Day on December 1, 2000. The lessons learned from these initial sites will be used as models for other countries. Program sites will be established in both rural and urban

areas and will be located at universities and other educational settings, popular clubs and various health and community centers. Each site will serve as a learning center in the mornings and afternoons, and can be used for entertainment in the evenings and on weekends. Although open to the general population, the project will focus on reaching African youth with the message of HIV/AIDS prevention. During Phase II of this program we will adapt and replicate the models established from Phase I in thousands of other sites, throughout the continent.

This project, estimated at \$5.9 million, aims to reduce the impact of HIV/AIDS by introducing an innovative approach to behavior change communication (BCC).

Information broadcast by satellite and combined with locally tailored messages and community mobilization around receivers allows for a synergy between mass media and interactive learning approaches. The digital radio technology has the advantage of reaching millions of people with messages that are both relevant and captivating while the clear, digital quality of the broadcast enhances transmission and audience reception.

The project activities will begin with a major event on World AIDS Day (December 1, 2000) and continue throughout year 2001 with a set of daily, four hour messages, broadcast on four major topical areas of HIV/AIDS education:

- i. AIDS Prevention
- ii. Children Affected by AIDS
- iii. Health and Nutrition
- iv. AIDS Treatment

In addition to these daily broadcasts, there will be a one-hour monthly program in four languages produced in a variety of formats (interviews, drama, testimonials, entertainment, etc.) that will incorporate feedback we will receive from previous broadcasts.

Activities will be organized around the broadcasting sessions, to provide support for and elaboration on information, create incentives for attendance and above all, stimulate discussions at the community level. Activities will focus on capacity building through the assistance of Ministries of Health, local NGOs, and community based organizations. Training sessions and a revolving fund for the sustainable development of VCT services and condom supplies will be provided as needed locally. Beyond the targeted audience, a spill over effect will be achieved by developing the capabilities of NGOs, women's groups and peer educators. Furthermore, messages may be diffused through the conventional mass media in each country.

This proposal describes a set of approaches to guide the development of each country's action plans. Decentralized planning will ensure that project activities complement and reinforce existing HIV/AIDS interventions. The estimated funding level for World AIDS Day and follow up activities in five hundred sites is U.S. \$5.9 million. It is anticipated that the activities developed will be sustained as a result of the empowerment of local NGOs and community based organizations as well as close collaboration with national authorities in charge of HIV/AIDS control.

I. DEVELOPMENT ISSUE

The purpose of the project is to reduce the impact of HIV/AIDS in African countries by inducing behavior change related to HIV/AIDS prevention and by improving the capacity of individuals, households and communities to cope with the burden of this disease.

AIDS has become the leading cause of mortality in Africa, accounting for one of every five deaths. Two-thirds of the world's HIV/AIDS cases are located in sub-Saharan Africa; more than 12 million people have died since 1980 (currently more than 6000 people die daily); 22 million adults are now infected (10 every minute); the percentage of the population infected with HIV/AIDS ranges from 20% to 35.8% in Zimbabwe, Swaziland, Namibia and Botswana; the life expectancy will drop as much as 44% in the most affected countries by 2010; and nearly 8 million children under the age of 14 have lost their mother or both parents to AIDS. It is projected that there will be 44 million orphans in Africa by the end of 2020. Selected epidemiological data on HIV/AIDS for each participating country is presented in Tab B.

AIDS has had a grave impact on the entire family structure through the loss of income, changes in patterns of household expenditure, access to medical and other social services, and dissolution of normal social relationships within the family. Extended families are increasingly being burdened with the traditional responsibility of caring for orphans. Added stress associated with orphan care and support has arrived at a time when the traditional roles of the extended family have been breaking down due to urbanization and protracted poverty.

The HIV/AIDS crises is the most threatening issue Africa faces. Addressing the pandemic means opening new avenues of education and communication, developing infrastructure so medical services can be delivered, and strengthening civil society and social service systems to help endangered communities. This project is one of the ways Africare and it's partners step up to the plate to make a positive difference.

II. RELATIONSHIP TO USAID STRATEGY

USAID long standing commitment to controlling HIV/AIDS is reaffirmed in its 2000 strategic plan, by putting the control of HIV/AIDS among its main strategic objectives. USAID strategy emphasizes prevention through behavior change communication and social marketing of condoms. Best practices include emphasis on early STD treatment and interventions targeting youth. Sustainability, integration and gender are cross cutting elements of USAID strategy. The synergy between care and prevention is critical (and has been highlighted in this proposal), especially in countries with a high prevalence of AIDS cases. Recent USAID-sponsored research revealed a crucial link between access to VCT services and behavior change regarding HIV/AIDS prevention.

The underlying theoretical framework, as sketched in Section IV, draws on recent research findings and policy recommendations from USAID and UNAIDS. The approach is in line with USAID general policies regarding development and AIDS control in Africa. The strategy also incorporates most of the recent recommendations articulated by USAID and UNAIDS, namely: integration of care and prevention, integration of other health messages and decentralization of services. The project also builds upon recent USAID funded research findings that point to the correlation between access to VCT and the adoption of safe sex practices in Kenya, Tanzania, and Trinidad and Tobago.

The initial phase of the project will cover 15 African countries: Angola, Benin, Burundi, Eritrea, Ethiopia, Ghana, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda and Zambia. These are all countries where Africare has personnel on the ground as well as crucial partnership networks with other NGOs and

CBOs working in the area of health care, community development and/or capacity building. Additionally, each of these countries face either visible developmental setbacks or serious threats due to the rapid spread of the HIV virus. In line with the USAID approach, the project will seek first to promote the prevention of HIV/AIDS.

Depending on local conditions, specific activities will focus on increasing access to VCT, youth targeted interventions, encouraging STD treatment, developing peer education among youth, developing women's negotiating skills, and initiating discussions regarding gender issues. The project will foster the development of mechanisms for solidarity at the community level and support for NGO interventions with respect to orphans, whenever needs are identified.

The project will also improve basic palliative care and social support through training, especially where the prevalence of AIDS cases is high. Training in counseling will emphasize hygiene, nutrition, home-based care and appropriate use of available referral services. The project will, however, not engage in the supply of essential drugs, as this would require long term and specialized expertise at the central level. When drugs are available, in urban areas or through Community Health Workers (CHW), for the early treatment of STDs, tuberculosis and opportunistic infections, the project will encourage the timely use of such services. Where access to essential drugs is limited, Africare and its partners will inform the Ministry of Health (MOH) on unmet needs at the community level. This feedback to the MOH could serve as the basis for future intervention and outreach.

In order to meet the expected increase in demand for condoms, the project will also develop condom supply systems where access is low. Distribution of condoms from

the capital to rural districts will, as much as possible, rely on MOH or NGO distribution networks. Additional funds dedicated to the project will be dedicated to the creation of a revolving fund that will be operated centrally to ensure the continuity of supplies. In light of the recent increase in donor funding for HIV/AIDS, the project should be seen as an opportunity to develop the capacity of local communities to sustain the initiative after the initial year of Africare's direct involvement.

III. PRIOR EXPERIENCE

Africare is currently working in 28 African countries to improve the well being of people in the areas of health, population education, environmental management, food production, and strengthening of the civil society. This present initiative will build on 28 years of experience working with communities, institutions and NGOs. Africare's philosophy of work is to maximize local initiatives and resources.

Since the late 1980's, various Africare projects have focused on HIV/AIDS. Africare has undertaken AIDS/STI prevention and control interventions in Rwanda and Ethiopia. In Burkina Faso and Ivory Coast, contraceptive supply systems for migrants have been developed together with prevention activities targeting truck drivers. Africare is also currently implementing an HIV/AIDS project in Burkina Faso similar to the one discussed in this initiative. In Nigeria, Africare implements a project of economic empowerment for the caretakers of vulnerable children including AIDS orphans.

After an institution wide strategic planning exercise, Africare recently placed HIV/AIDS at the top of its priority list. This commitment is reflected in the newly created senior level position of HIV/AIDS Director, entirely devoted to HIV/AIDS. Thanks also to the support of the Bill and Melinda Gates Foundation, Africare now has a major HIV/AIDS control initiative, already applying best practices in four South African countries (Malawi, South Africa, Zimbabwe and Zambia). Under this Gates-funded project, Africare is training local activists on new ways to improve the quality of their services and strengthen community-based organizations. Africare therefore has a broad network of communities and local NGOs and a wealth of accumulated knowledge and experience.

Further, Africare already piloted the use of digital radios in Ghana and Nigeria during a millennium dance event on New Year's Eve 1999-2000. The successful event gained the participation of 1500 people in two urban sites and one rural site of Nigeria. In Ghana, 1000 persons attended each of the two urban sites. Six national leaders, including the Queen mother and the national coordinator of the AIDS control program also attended the Ghana event. During the 10 hour event, music and messages were broadcast informing the public about the disease and its prevention. Activities included dance and drama. In both places, Africare partnered with other NGOs. In Nigeria, the slogan "pass the message," derived from that of the NACP's "pass the message and not the disease," was effectively used to generate interest and increase participation. In both countries, the national media reported the event, thereby indicating opportunities for further promotion. Finally, the event appeared on CNN International on New Year's Day. This interest from the media indicates not only the immediate success of the event, but also a promising attendance level for the follow up broadcast sessions, included in this proposal. Africare Capability Statement is attached in Tab A.

Africare is partnering with the **Center for Development and Population Activities (CEDPA)**, with respect to the implementation of the project in 150 sites. Founded in 1975, CEDPA, an international non-profit organization based in Washington DC, seeks to empower women with a focus on reproductive health, HIV/AIDS, and community, women and youth mobilization.

In addition to the hundreds of grassroots workshops and training sessions that CEDPA and its partners convene in other countries each year, CEDPA sponsors three signature capacity building workshops annually in Washington, DC. These are Women

in Management: Building Skills Today for Change Tomorrow; Institution Building: Helping Non-Profit Leaders Conquer the Complex Challenges Facing Non Governmental and Public Organizations; and Youth Development and Reproductive Health: Assisting Youth Leaders to Address the Critical Needs of Adolescents and Young Adults.

Africa is a priority geographic region for CEDPA—sixty percent of CEDPA program expenditures of 1999 were directed towards work in reproductive health and HIV/AIDS in Africa. Of CEDPA's 5,000 alumni, 992, or 20 percent, are from Africa, forming an extensive and influential global and regional network to tap and to support in addressing the HIV/AIDS pandemic. Currently, CEDPA is partnering with 87 organizations in 18 countries in continental Africa to build institutional capacity and to improve reproductive health through a variety of activities including education, and service provision and advocacy regarding HIV/AIDS. CEDPA has regional offices in Ghana, Mali, Nigeria and South Africa. In addition, CEDPA provides advisors on HIV/AIDS and child survival to USAID missions in Guinea, Kenya, Madagascar, Morocco, Mozambique, Senegal and Tanzania. CEDPA Capability Statement is presented in Tab A .

Casals & Associates will work together with Africare, WorldSpace, WorldSpace Foundation and CEDPA to develop and produce a series of 12 one hour long radio programs. A first rate international team of researchers, writers, and producers with extensive knowledge of African culture and health communication including HIV/AIDS, will be assembled. With nearly 15 years experience in health communication and international broadcasting, Casals & Associates has been a pioneer in utilizing interactive satellite communications to reach audiences in the developing world, on topics as diverse

as HIV/AIDS, measles eradication, anti-corruption and energy efficiency. On these and similar projects, Casals & Associates has developed successful public outreach campaigns in multiple languages, incorporating radio and television broadcasts for the Pan American Health Organization, the Organization of American States, the World Bank, The U.S. Agency for International Development, the U.S. Information Agency and Voice of America, the Health Care Financing Administration, and the U.S. Department of Energy, among others. For further information, Casals & Associates' Corporate Capability Statement is presented in Tab A.

WorldSpace is a satellite digital broadcast company whose proprietary end-to-end broadcast system allows for both audio and multimedia content to be transmitted to individual, portable radio receivers via a three-satellite constellation covering Africa, Asia and Latin America. The company's commercial enterprise broadcasts nearly 50 channels of audio offerings, from international, national, and indigenous broadcasters in multiple languages as well as globally compelling content produced under its own auspices for 9 channels. The latter includes music and entertainment channels for adults and children.

The vision behind WorldSpace and its founder, Noah Samara, is to deliver educational content to the developing world – to create information affluence where there has been information scarcity.

Working with international, national, and non-governmental organizations, the **WorldSpace Foundation (WSF)** has the unique capability to provide access to education and information programs to large audiences in remote areas, using new communication technologies. WSF is narrowing the digital divide in developing

countries by allowing people traditionally outside of the new information superhighway – especially those who are poor and from disadvantaged communities – to be active participants in the new digital age. The foundation has developed innovative audio and multimedia projects that give voice to local NGOs and provide a forum for continent-wide presentation of effective grassroots campaigns to alleviate poverty, and inform, educate and uplift communities.

WSF is a U.S.-based, 501(c)(3) nonprofit organization whose scope of work includes the developing regions of Africa, Asia-Pacific, Latin America and the Caribbean – areas that, together, are home to 4.6 billion people, most of whom are currently underserved by communication technology. Created in late 1997 and legally separate from WorldSpace Corporation, the foundation has access to 5% of the digital capacity on each of three WorldSpace satellites, beginning first with the AfriStar™ satellite.¹ The purpose of this access is to ensure the broadcast of social development and educational programming on the WorldSpace system.

WorldSpace Foundation uses a portion of its capacity on the AfriStar™ satellite for its flagship audio project, the Africa Learning Channel (ALC). The ALC broadcasts audio radio programming 24 hours a day, 7 days a week to East, West, Central and Southern Africa. The program material is collected from any number of WSF's many non-governmental organization (NGO) and United Nations agency program partners, and post-produced by WSF staff in its own studio. The channel documents the groundbreaking social development work of African groups, and highlights formal and informal educational materials. The ALC's initial broadcasts include segments on HIV/AIDS treatment and prevention, and reports on children affected by AIDS; women's

issues; conflict resolution; general health tips; micro-enterprise development; conservation and environment; the UN NGO Millennium Forum; and a children's storytelling hour.

In addition to the English-language ALC, WSF is partnering with the Agence Intergouvernementale de la Francophonie ("the Francophone Agency") to broadcast a French-language channel called the Canal EF. The channel is a cultural and social education service that will initially deliver information about general health, social development and basic and vocational education to schools, universities, training centers and rural associations. The Francophone Agency will initially place WorldSpace receivers in 500 schools and community centers throughout Africa. Eventually, Canal EF will be expanded to serve the wider French-speaking African public throughout the world.

The WorldSpace receiver's ability to serve as a modem to download text-based information and dynamic visual images directly from the AfriStar™ satellite to computers has proven to be very attractive to NGOs working with "closed user" groups, such as meteorological outposts, medical institutions and ministries of health. These groups serve as conduits or distribution nodes to bring urgent and life-saving information from central collection points to people working in rural and hard-to-reach areas. WSF is collaborating with NGOs on two multi-media services: the Climate Information Channel and the Public Health Channel. In each of these cases, WSF is providing channel capacity, technical assistance on formatting material for broadcast and the uplink mechanism. The partner organizations are providing the program material.

¹ AfriStar™ was launched October 28, 1998 and serves Africa and the Middle East.

The Climate Information Channel (CIC) was created through WSF's alliance with the African Center of Meteorological Applications for Development (ACMAD), in cooperation with the U.S. National Oceanic and Atmospheric Administration (NOAA). The CIC delivers text-based information on climate, environmental conditions and weather to national meteorological services and agricultural extension workers in remote sites throughout Africa. The Climate Information Channel is currently being tested in Uganda, Kenya, Mozambique and Niger, with plans to expand into Senegal, Chad and Zambia after the initial pilot phase.

The Public Health Channel (PHC) was created in collaboration with SATELLIFE, an international nonprofit organization focusing on meeting the health communication and information needs of developing countries. The PHC provides a steady stream of material to assist medical professionals in Africa in the diagnosis, prevention and treatment of diseases ravaging the continent. Initial testing of the Public Health Channel began in early June 2000 in Kenya, Uganda, Ethiopia and Zimbabwe.

In addition to developing audio programming and multi-media services, WorldSpace Foundation has placed radio receivers in 21 countries throughout Africa during the past six months, already reaching an audience of 800,000 people living in challenging and disadvantaged circumstances. Sites include NGOs, universities, community radio stations and government agencies.

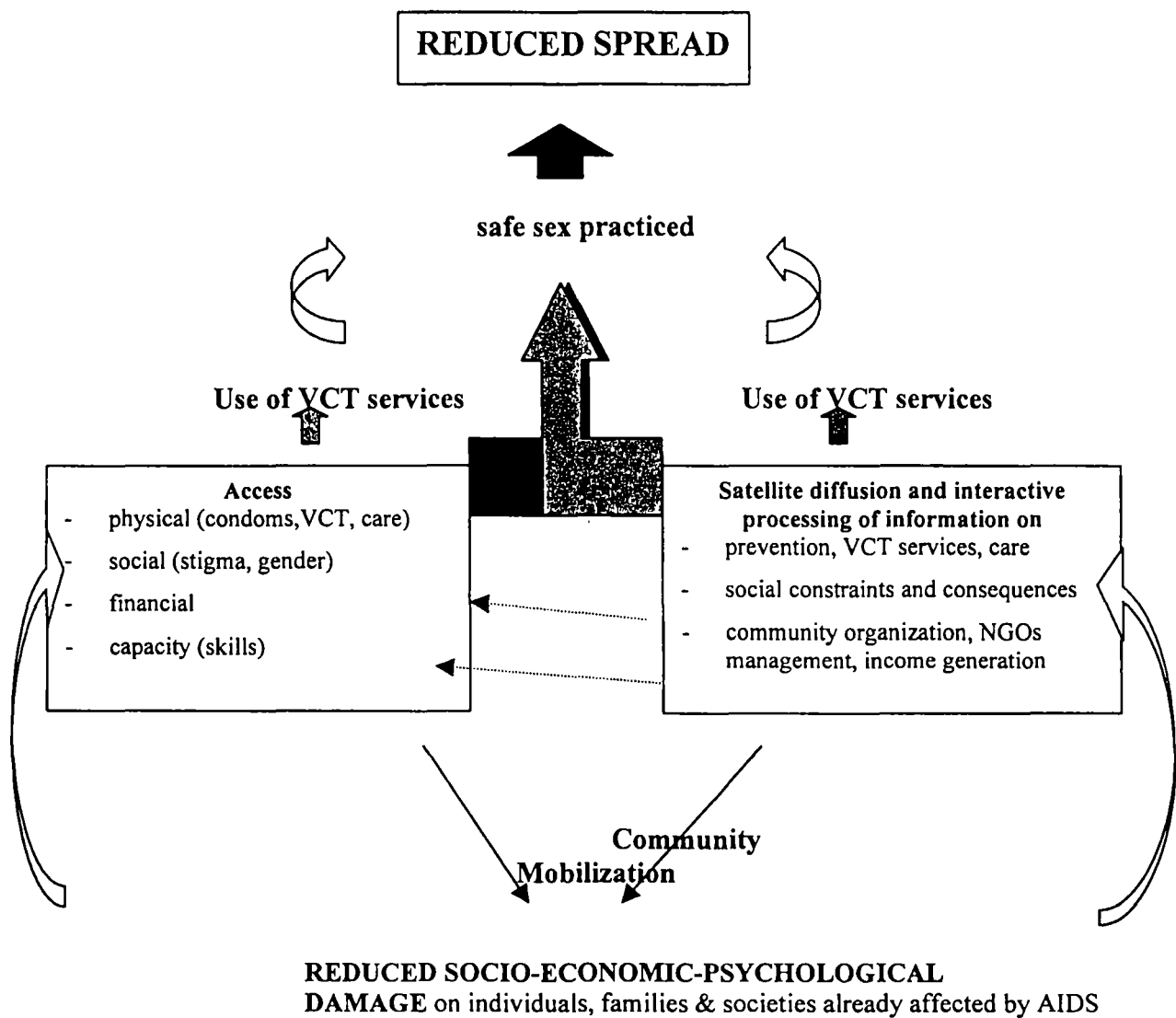
IV. TECHNICAL FEASIBILITY OF PROPOSAL

The project introduces an innovative approach that combines mass media and interactive learning. Digital radio technology, developed by WorldSpace Corporation is able to reach populations lacking access to conventional mass media that is dependent on electricity. The information, delivered on the radio will be broadcast in the major official languages (English, French, Portuguese, Pidgin or Swahili). The messages will be complemented by information that is locally produced and introduced to the community by local volunteers or project staff. Active processing of the information is promoted by the multiple activities surrounding the event, such as drama, live music, focus group discussions (FGD), games etc. This process allows the audience to become actors, speaking with their own words in their own way to understand and respond to the AIDS crisis.

Beginning on December first with a major event, World AIDS Day, this project will launch a year-long set of activities that include:

- i. Information Education and Communication Activities (IEC)
- ii. Community Mobilization and
- iii. Voluntary Counseling and Testing (VCT) services

The conceptual framework underlying the project strategy is summarized in the chart below and further discussed under relationship to USAID strategy (Section III) and technical feasibility (Section IV).



IV.1. Objectives, Strategies and Activities

The purpose of this project is to reduce the impact of HIV/AIDS on individuals, families and communities in Africa. As mentioned earlier, three main objectives serve this purpose:

Objective 1: to utilize and document the effectiveness of digital radios coupled with traditional IEC to improve community understanding of causes of HIV/AIDS.

The project uses an innovative technology, the WorldSpace digital satellite receivers that allow for the diffusion of messages in several official languages in African countries: English, French, Portuguese, Swahili and Pidgin. Information broadcast through this technology will be received simultaneously through receivers at each site. Sites will be selected according to various criteria described in section IV.2 and IV.3. These messages will provide a framework for initiating discussions and developing context sensitive messages in each country and site. Using translators, messages will be delivered to the public in local languages. Local choice will be exerted to determine the level of emphasis on each element of the framework. For example, emphasis on stigmatization may not be appropriate in certain sites in Uganda, where the high prevalence of AIDS cases and the efforts of NGOs such as TASO have effectively fought against stigma since the early 90's. Therefore, this approach allows for decentralized input, from the NACP down to the village level. The follow up components of the project, after the initial World AIDS Day will be designed more precisely at the country level, using data collected during AIDS Day and other local information sources.

The general trend towards inter-sectoral approaches to the control of HIV/AIDS is reflected in the nature of the information to be broadcast. The strength of the

WorldSpace digital satellite technology is that it allows both audio broadcasts and multi-media (text-based) transmissions. Both offer opportunities for capacity building at the level of NGOs and communities. In addition, Africare and its partners will support NGOs involved in community development and HIV/AIDS prevention, through direct technical assistance and by placing receivers under the control of NGOs. In the future, the information broadcast is likely to address income generation, agriculture and other topics linked with community and NGO development.

Messages developed at the national level will reflect and reinforce current community efforts. This process is facilitated by a close partnership with NACP and other NGOs and agencies involved in HIV/AIDS control. The latter will be able to download transmitted text-based materials into a PC in advance, as each NACP national office will have a receiver and a digital data adapter. Messages will include discussions of malaria, diarrhea, tuberculosis, nutrition, hygiene etc., in a general manner or with a focus on HIV/AIDS infection. The messages produced for this specific project will be reinforced by text transmitted through the multi-media Public Health Channel, and by Africa Learning Channel audio programs on nutrition and general health issues. More detailed information regarding HIV/AIDS and other STIs will include:

- i. Education on HIV transmission (STI as a risk factor)
- ii. Size of the problem: sample prevalence (exponential growth with illustrative examples of dangerous behaviors leading to this spread), simple illustrations of economic consequences
- iii. Safe sex practices (including early STI treatment) and barriers to safe sex (gender), importance of discussing these among peers
- iv. Testing and counseling services (anonymous status, voluntary etc)
- v. Effects of the disease (opportunistic infections), basic homecare and hygiene, stigma, income generating activities (associations, peer groups etc), planning the future (stories such as TASO/Uganda etc)
- vi. Follow up opportunities and planning with respect to broadcasting.

Focus group discussions on selected themes will be held around these messages. After the first 3 months, the messages will incorporate findings from focus group discussions held on AIDS Day. These findings as well as the KAP study results will help in developing appropriate messages at the national level and in selecting discussion themes for future broadcast sessions. In addition, findings from FGD will guide the development of the training curricula for counselors.

Innovative Strategies and Activities

The WorldSpace system is a series of three geo-synchronous satellites with coverage in Africa and the Middle East (AfriStar™), Asia-Pacific (AsiaStar™) and Latin America and the Caribbean (AmeriStar™). Using powerful beams, the satellites transmit to approximately 14 million square kilometers each. The three beams allow for a mix of continent-wide and region-specific programming.

Special radio receivers are required to capture the satellite signals. The receivers run on batteries or external power, and can be adapted to function by solar power. Because of the digital nature of the system, WorldSpace Foundation can run both audio and multimedia programming. The receivers have a data port that, when connected to a computer with a Pentium processor and a special digital data adapter, allow the user to download text-based material and dynamic images directly from the satellite.

The system is ubiquitous, providing crystal clear digital audio channels to any point on the Africa continent. With its multi-media capacity, the WorldSpace system transcends the difficulties of unreliable telephone systems at a fraction of the cost of most Internet-based projects.

Most current HIV/AIDS control programs already rely on the use of national or local media. However, these tend to reach the better off, already having access to radios and television. These mass media approaches may allow for some gathering around receivers, but the basic audience is the individual with limited prospects for interaction among listeners.

As part of this initiative, one three-hour meetings per month will be organized following World AIDS Day, at regular times, in well-attended settings. Activities will be conducted prior to and after the broadcast sessions. These activities include drama, quizzes with prizes, condom distribution and demonstrations, focus group discussions, lectures, dance and music. Prizes, condom distribution, and the collegial and festive climate surrounding broadcast sessions will ensure audience interest and commitment. The activities and interactive approach will encourage discussions and the development of a shared ownership of AIDS related problems and solutions.

An average audience of 300 people is expected at each broadcast. Targeted messages will evolve over time to focus on priority groups such as youth and women, even though some sessions will be intended for the general public. The initial program for the first 3 months is to be ready by and advertised on World AIDS Day. It will be developed and scheduled based on input from the recipient countries. After 3 months, the program will be revised in light of country's action plans, findings from focus group discussions and KAP studies conducted prior to and during World AIDS Day. The technology also allows for some degree of interactive learning on its own, for instance, successful NGO or community experiences, documented prior to or during the initial three months of the project will be shared across countries and communities.

This technology also allows for broadcasting targeted messages. Tentatively, out of 12 broadcast sessions, one third may be dedicated to each target (e.g. youth, women, and the general public). Therefore, a global approach is not necessarily insensitive to local needs. Further, messages delivered at the site level will be consistent with the priorities expressed by NACPs and other organizations involved in HIV/AIDS control. Finally, at the site level, communities will be involved in selecting topics for general discussion and further elaboration.

A key to communication and subsequent behavior change is language and vocabulary. People's ability to communicate in official languages varies across and within countries. At first sight satellite diffusion seems inappropriate, as messages may not be understood by many of the listeners. The need for translators may be seen as a constraint, but this is in fact one of the strengths of this approach. Messages will be translated and reformulated by local project staff or volunteers and then by the audience, as much as needed to reach a good understanding and more importantly, a shared vocabulary. Messages regarding AIDS will no longer be perceived as "others' " language about "others' " problems. Community mobilization and education are achieved all at once and mutually reinforce each other. At the same time, messages broadcast provide guidelines for NGOs, community organizations and health workers, and ensure the technical quality of the messages.

Further, these receivers may be used for distance learning in the long run, as each may be connected with a personal computer, using a digital data adapter currently sold at \$130. This project has been designed to provide each NACP with one receiver and an adapter. With this device, the NACP can download in advance the content of the next

sessions and prepare or select the relevant messages. They can also prepare short guidelines or recommendations for the organization of the sessions at the various sites. WorldSpace Foundation is already broadcasting the audio Africa Learning Channel and the multi-media Public Health Channel, both of which have substantial information about HIV/AIDS. Thirty percent of the Africa Learning Channel's current program focuses on HIV/AIDS-related issues. Segments include: a one-hour survey of treatment methodologies being implemented throughout Africa; a program highlighting the effect of AIDS on children, which features children from around the world talking candidly about AIDS; and a report on effective prevention initiatives being implemented in Tanzania and Uganda. A fourth program, focusing on nutrition and other issues affecting women, includes reports on risk factors for women regarding AIDS.

The Public Health Channel transmits the latest research from the world's leading medical journals to health practitioners. Much of this research focuses on AIDS-related topics, including prevention protocols, treatment of opportunistic diseases and the most recent news on vaccine development. The Public Health Channel can also be used to transmit text-based material in conjunction with audio broadcasts.

WorldSpace Foundation's audio and multi-media services both broadcast information on other topics as well. The Africa Learning Channel airs segments on micro-enterprise development, conflict resolution, general health information, the environment, conservation and storytelling for children. The foundation's multi-media services also include a Climate Information Channel, which transmits meteorological information for use by agricultural extension workers and local farmers. These additional

programming opportunities will enhance the long-term benefits associated with introducing such a technology.

Objective 2: to build the capacity of CBOS and NGOs to engage in effective community mobilization efforts to prevent HIV/AIDS.

Local NGOs have the capacity to actively raise attendance, due to their networks in the community. Where these NGOs or women's groups do not exist, Africare and its international NGO partners will identify other influential community organizations (churches etc.) or public authorities (MOH, Ministry of Education etc.) capable of sustaining attendance and providing follow-up. Emphasis will be placed on community mobilization in rural areas. However, the following determinations must be made in advance:

- i. The existence of regular outreach services to provide condoms, access to basic palliative services (community health workers with essential drugs).
- ii. Where the prevalence of declared AIDS cases is high, orphans may need support from communities. Fundraising activities may be organized (for example voluntary donations initiated by leaders during AIDS Day)

Innovative Strategies and Activities •

a) External input

Short- term expertise will be needed to help define supply systems, logistics and pricing strategies with respect to testing and condom supplies and services. The consultant will document the sensitivity and specificity of selected HIV test kits with respect to the strains of HIV present in the various sites. S/he will seek advice from WHO/UNAIDS experts and review recent research findings with respect to testing procedures (e.g. need for an initial double test and tiebreak third test). S/he will investigate the quality of condoms and testing supplies available at the country or

regional levels when needed and provide advice regarding the establishment of sustainable logistics and supply systems. This technical assistance will be scheduled for one month between mid October and mid November. The consultant should have experience with drugs supply, logistics and cost-recovery systems in Sub Saharan Africa.

A public health expert will be hired to support the design of KAP studies, action plans and the production of an overall evaluation report. S/he will begin by designing a standard list of data and documents to be collected regarding health system policies, performance and resources, at the site and national levels. These documents will be used at the country level and at the headquarter level as a basis for planning and defining strategies regarding condoms and testing supplies. S/he will select a background reading package regarding global HIV/AIDS policies, best practices and guidelines to be distributed to country coordinators as reference material. S/he will design standard monitoring and reporting forms to be adapted and used at the country level. S/he will provide technical advice to country coordinators with respect to selecting indicators for the monitoring and evaluation of the project (in each country, a national MPH graduate will be hired by this project). S/he will help country coordinators in ensuring that activities fit with local needs, global policy recommendations and best practices. S/he will also be involved in the production of mass media messages, and will be familiar with countries' particular situations, especially health systems performance, as reported by field offices.

The technical assistant will have several years of experience working in African health systems, quantitative skills (familiarity with KAP studies design, sampling procedures and data analysis). S/he will work six weeks between mid-September and

mid-October 2000 and four weeks in December 2000 for the analysis of KAP study data. S/he will also advise on the final project evaluation and KAP studies, in October and November 2001 (four weeks). At the headquarters level, the Africare HIV/AIDS Director (10% of time) and the Senior Project Manager (50% of time) will provide continuous project support and coordination.

For each country, the follow up activities require at least two supervisions per year. In practice, the collaboration of local and international NGOs and agencies should allow for closer supervision. Still, the budget includes the minimum national level support by Africare to ensure smooth implementation of the activities. The country coordinator should be a national with at least an MPH and familiarity with HIV/AIDS. In large countries, with many sites, backstopping support will be provided by assistant coordinators (approximately one per 50-60 sites, depending on the availability of partners for supervision). Vehicles are necessary to allow for site supervisions. In countries with few sites, such as Eritrea, a vehicle will be leased part time. Vehicles purchased will be given to NACPs at the end of the project in the absence of further funding for project expansion.

At each site, a focus group discussion leader will be hired, part-time, unless provided by a NGO or partner. His/her role is to organize focus group discussions and to report findings. S/he is a pillar of the learning and evaluation process embodied in the project. S/he will also participate in the data collection for the KAP studies in selected sites and should not have any stake in the health system or counseling services, otherwise, the population will be reluctant to criticize VCT services. To ensure that these functions will be performed in all sites, Africare has budgeted his/her salary (part time).

This person needs to be well educated and preferably from the community where the site is installed. S/he may be a retired teacher, or a young unemployed graduate. Women will be given priority, as much as feasible. When the FGD leader is a man, if women appear uncomfortable discussing a given issue with a man, the project will find a female replacement. She may be selected among active traditional birth attendants and will report findings to the FGD leader. Similarly, the FGD leaders will train some voluntary youth group leaders, on the job, to develop communication capacities for peer education among youth (while counselors will advise them on the content of the information).

Finally, the FGD leaders will receive a tape recorder to conduct interviews reporting life stories of people's experience with HIV/AIDS. With their informed consent and under anonymous status, some stories will be forwarded to the WorldSpace Foundation for future broadcasting. To keep attendance high, some incentives will be provided and need to be funded. These include small prizes, condom distributions, drinks etc. Other incentives will be built into the technology, as programs will diversify overtime.

a) Local input

The MOH/NACP or other public institution in charge of HIV/AIDS control will participate in the design of country action plans and contribute infrastructure and personnel for the development of VCT services and logistics related to condoms and testing supplies. National level trainers will include NACP personnel. District health authorities will be involved in supervising sites and when appropriate, organizing activities during broadcast sessions. National NGOs selected as partners will provide personnel and infrastructure. These may also provide resources to sustain condom and

test kits supplies and will receive technical assistance for related proposal development from Africare. International NGOs and agencies may also contribute in-kind resources, when contracted for site management.

At each site, a coordinator will be designated. S/he will be selected from among NGO or MOH personnel in charge of the site. With respect to MOH personnel, a counselor at the hospital level or the person in charge of HIV/AIDS control at the district office would be appropriate. He will coordinate the preparation of sessions, support community level activities (peer groups etc), and will be responsible for the proper reporting of activities and expenditures.

Communities will contribute, when needed, by supporting CHWs, traditional birth attendants and additional focus group discussion leaders in condom distribution. Communities may provide sites for broadcasting sessions (the Town Hall, stadium etc). Peer educators will volunteer at the community level (youth, women). Communities (or MOH) will help ensure power supply for receivers. Women and youth groups may be selected to manage the site activities as discussed in section V (implementation strategy). Finally, one of the aims of the project is to initiate community solidarity mechanisms with respect to families affected by HIV/AIDS.

The project targets an audience of 300 people per site (minimum) for World AIDS Day, 1000 is the most likely achievable turnout, in light of previous experience. Follow up sessions, will be held twice a month, leading to a total of 24 sessions over a one year period. The audience is expected to shift after 4 to 6 months, following the change in target populations:

4 month: general public, 300 persons on average attend 8 sessions

4 month: youth, 300 persons on average attend 8 sessions

4 month: women, 300 persons on average attend 8 sessions

The estimated number of direct beneficiaries per site is 1200 per site (without AIDS Day). Indirect beneficiaries include the population indirectly counseled by peers or using counseling services due to improved quality and access, without prior exposure to the broadcasting sessions. The impact of projects involved in HIV/ADS prevention is also expected to increase, due to the massive sensitization accompanying broadcast sessions.

Objective 3: to increase the number of individuals and households adopting safe sex practices and seeking counseling and treatment.

In order to increase the number of individuals and households adopting safe sex practices and seeking counseling and treatment, efforts will be made to identify:

- i. Known barriers to safe sex, other than geographical and financial access, such as gender and stigma
- ii. Traditional beliefs/practices (circumcision & scarifications with contaminated instruments, widows “purification” etc.).

Depending on national policies and the specific audience, other topics such as mother to child transmission may be discussed during the session. However, this topic is to be carefully handled, as the benefits from protecting the babies are often outweighed by the dangers of weaning an infant from breast milk too early. In most settings, the mother may not have sufficient knowledge (or resources) regarding infant’s nutrition to make informed choices to feed their child with artificial milk. Following UNAIDS recommendation, test kits will not be given out for self-test at the household level, given the risk of coercion, especially of women.

The above objective considers individuals as being embodied in a network of relationships and institutions shaping their behavior, as described in the social relationship framework, recently applied to gender analysis². Institutions are characterized by sets of stable rules and include couples, families, kinship networks, communities, the state and the market³. In other words, the intervention goes beyond individuals to the sphere of couples, families, communities, and to a limited extent, public institutions. All these levels are characterized by stable rules of behavior reflected in individual choices. The project will highlight those rules that are conducive to HIV/AIDS transmission. The main focus, however, remains at the individual, family and community level, though attention will be paid to improving health services delivery and to sharing lessons learned with policy makers.

The exercises described in this proposal will be implemented in close collaboration with USAID resident missions and NACPs (NACP or any other equivalent public institution with technical expertise and authority on HIV/AIDS) in each country. Therefore, most of the decision-making power is decentralized and the planned interventions will incorporate the specific priorities of USAID resident missions. Similarly, the messages broadcast will provide a framework for generating discussions among community members, in their own words and in light of their own priorities and context. Accompanying messages will be developed in collaboration with NACP and organizations currently involved in the control of HIV/AIDS. Findings from a baseline KAP study and from focus group discussions held on World AIDS Day will be incorporated into the design of subsequent broadcasts.

² Candida March: "A guide to gender analysis frameworks", OXFAM, 1999

Innovative Strategies and Activities

The development of VCT services involves funding the training of counselors and testing service providers. The former will be conducted and designed with the participation of the NACP and other stakeholders with respect to HIV/AIDS control. Counselors will be selected among health system personnel, NGOs and community health workers, as appropriate. In each site, at least one male and one female counselor will be trained. When counseling services are provided by an NGO, counselors working at referral MOH facilities will also be trained (for example, one at the hospital and one at the district team level). At the national level, training sessions will be organized according to planned site activities and counselors' background. Testing service providers will be selected among NGOs and MOH personnel.

Testing supplies should, as much as possible, be provided by the MOH. A start-up revolving fund is provided but continued supply needs to be negotiated. In some countries, a cost-recovery system may be needed. But ideally, these services should be heavily subsidized. One approach is to help NGOs write small grant proposals. MOH commitment may be negotiated and/or Africare may raise additional funds locally for this purpose. The approach with respect to condom supplies is similar.

The direct involvement of Africare and CEDPA with regard to voluntary counseling and testing will decrease overtime, as local partners will take on greater responsibility. The responsibility for providing voluntary counseling and testing (VCT) services initiated by the project will be handed over to the MOH or NGO partners. Each site will have a revolving fund to purchase an initial three-months supply of testing kits

³ Naila Kabeer, "reversed realities: Gender hierarchies in development thought", Institute of development studies, Sussex University, UK, Verso, UK, 1994.

and condoms. Revenue from minimum VCT charges and sale of condoms will be used to replace the initial supplies. Starting on the sixth month of the project, Africare and its partners will progressively hand over responsibility for site supervision, preparation, coordination and logistics to the MOH or local NGOs, unless donors provide further support to Africare and its partners to extend activities beyond the first year.

The range of activities conducted will vary among sites and countries, as well as the relative emphasis on selected topics such as prevention, care, orphans, VCT, gender etc. The reasons for these variations include:

- The diversity of country situation with respect to AIDS: countries with a high prevalence of HIV/AIDS are likely to emphasize care, social support and support to orphaned children as well as prevention (objective 2 and 3). Countries with low prevalence rates are more likely to emphasize stigma, interventions targeted to high-risk groups and prevention in general (objective 2 mainly). Harmful traditional practices to be addressed will also vary among countries.
- Countries vary with respect to their AIDS and pharmaceutical policies. Importing testing kits need to receive central approval. For example, Uganda, Rwanda and South Africa authorize the use of rapid testing kits, in Zambia, these are available in laboratory settings only. In Mali, NGOs deliver VCT services but in Ethiopia, only public facilities are allowed to practice tests.
- Health systems are at different levels of performance, offering variable capacities to take over activities at the end of the project. Similarly, the availability of capable NGOs and other potential partners (churches, agricultural and education services, foundations etc.) also varies.
- Particular situations increase the benefits but also the costs of the intervention: migrant populations with security problems (example: Angola), long distances to very remote sites (example: Ethiopia).

The table in Tab B provides examples of this diversity. In this table, polio coverage has been selected as a proxy for health system performance and absorptive capacity, as polio immunization has been highly subsidized during the past years. The data are drawn from UNAIDS Epidemiological Fact sheets.

The activities indicated here will therefore be implemented as needed and substituted with other activities when appropriate. This approach for selecting sites yields a typology of sites, used as a basis for estimating costs and determining number of sites per country. The number of sites per country has also been adjusted in light of population size. Activities affecting costs are mainly those related to improving access to quality services and condoms. Activities conducted around broadcast sessions will be defined locally. Sample activities for broadcasting sessions, including World AIDS Day include:

- Quizzes with prizes
- Music and dance
- Drama, storytelling
- Focus group discussions
- Speeches from local and national leaders. These may include statements from health authorities regarding their obligation and commitment to preserve clients' anonymity
- Organization of solidarity systems at the community level, according to community priorities (orphans, financial access to selected services for selected community members, etc.) and community means (in kind, voluntary financial contributions)
- Free condom distribution (male and female)
- Demonstrations on the use of condoms

The three main objectives are expanded in the following table into a set of sub-objectives and outcome measures. These more specific targets will be selected whenever relevant at the country level.

Objective 1: Use and document the effectiveness of digital radio coupled with traditional information, education and communication (IEC) strategies to improve community knowledge of HIV/AIDS.		Objective 2: build the capacity of CBOs and NGOs to engage in effective community mobilization efforts to prevent HIV/AIDS	
1) Produce and broadcast daily radio programs	- improved quality of HIV/AIDS radio programs and reception in target areas.	1) improve the capacity of CBOs and NGOs to plan and manage HIV/AIDS prevention programs	- improved access, quality and use of post-test and care related counseling services by HIV+ individuals and caretakers
	- increased coverage of these radio programs in both urban and rural communities		- improved knowledge of home based care practices by people living with HIV/AIDS and caretakers
	- increased outreach to underserved language groups		- increased share of HIV+ people reporting plans for the future (children custody, inheritance)
			- increased percentage of people with HIV/AIDS supported by their families
2) Increase effectiveness of IEC strategies by combining traditional mass media and digital satellite technology	- strengthen partnerships between local broadcasters and their national and international counterparts	2) Increase community initiatives to support directly or indirectly people living with HIV/AIDS and their families	- reduced stigma and improved understanding of caretakers roles and duties
	- increased levels of interaction and exchange between program producers and listeners		- development of solidarity networks (for caretakers, people living with AIDS, orphans)

	- increased levels of communication among community members on the issue of HIV/AIDS		- improved knowledge and capabilities among grassroots NGOs and communities with respect to developing self-help activities - increased number of members of women's groups with negotiation skills for HIV/AIDS prevention

Objective 3: increase the number of individuals and households adopting safe sex practices and seeking counseling and treatment	
1) Increase the use of voluntary counseling and testing services	- improved knowledge of VCT services, especially among youth (peer educators development)
	- physical access to VCT (with NGOs or MOH partners)
	- reduced stigma in communities and perception of community and family support for people living with HIV (focus group discussions)
	- improved quality of services through training (counseling, anonymous status)
2) Improved use of male and female condoms and/or more frequent abstinence, delayed onset of sexual behavior	- improved awareness on HIV transmission, spread and prevention especially among youth and women (peer educators)
	- physical access to condoms and counseling
	- improved knowledge of own HIV status

	- improved negotiation skills, reduced cultural and gender related obstacles to women's self-protection (through counseling and Focus Group Discussions)
3) Reduce engagement in dangerous cultural practices	- awareness of the relationship between women status and HIV transmission in the communities
	- awareness of the relationship between dangerous cultural practices and HIV transmission (marriage of widows, circumcisions and scarifications in poor conditions etc)
	- statements of community leaders against gender discrimination and dangerous cultural practices

IV.2. Principles for Site Selection

Site selection is guided by the following considerations:

- ethical principles: no creation of demand where sufficient services do not exist to meet them, attention to underserved areas
- cost-effectiveness and cost-reduction
- prospects for sustainability

These criteria require considering present and future local resources in Africare, the MOH and NGOs. These considerations affect the choice of sites and interventions as follows:

1) Country health system and AIDS situation

- Digital radio offers an unprecedented potential to increase access to information. Access to information on the threat posed by AIDS and available strategies for prevention and care should be a basic human right. This right can be best met by ensuring a wide coverage of the population, in as many sites as possible.

- Conversely, it is not ethical to create a demand (for condoms, counseling, testing and curative services) that cannot be met. In addition, behavior change increases when counseling, testing and curative services are provided together with information on AIDS control. Integrated approaches are now widely recommended by UNAIDS. In other words, information on AIDS prevention should be provided together with education and access to curative (palliative for AIDS) and counseling services.
- Africare cannot however make up for all health system deficiencies: in general, Africare will rely on medical, laboratory and condom supplies already available at the national level. Expansion of service coverage will have to be sustainable, either due to firm commitment from the MOH or the capability of other partners. With respect to MOH commitment, the LIFE Initiative is likely to provide resources for expanding services in the long run. In this context, this initiative provides an opportunity to energize demand and record needs. Therefore, emphasis will be placed on ensuring that findings from focus group discussions (FGDs) are summarized and reported to the MOH. Africare has the support of several NGOs involved in AIDS or community interventions. The project will increase the utilization of these existing resources.

2) Africare and partners resources

Africare will give priority to sites offering the best prospects for success.

- These are sites where testing services, condoms and essential drugs are available as well as trained community health workers. In such sites, minimal involvement by Africare will yield great results due to the synergy between counseling, testing and care. Sites where a partner NGO is involved increase prospects for cost-reduction and high cost-effectiveness.
- Unless covered by another NGO involved in health, sites will match with the location of on going Africare projects. Alternatively, sites will be within a reasonable distance from an Africare office (for example districts surrounding the districts where Africare is working and/or districts along the way from Africare projects sites to the capital). This will allow for building on Africare's reputation and existing networks in the communities and local leaders. In addition, savings on transport costs will facilitate supervision. For such sites, the approach will vary according to Africare's familiarity with the health system and local conditions as follows:
 - Africare offers health programs in 12 of the 15 targeted countries. In these countries, expertise is already available to strengthen counseling and testing services at the district/urban level, and community based provision of AIDS related IEC services and condoms. This expertise will help in identifying needs and opportunities and in negotiating with the MOH. At the district center level, Africare will support the training of counselors and laboratory technicians in order to increase the utilization of

existing MOH resources, when agreed upon with the MOH. Africare will not however, import testing supplies or drugs, unless USAID country office is interested in developing the use of rapid tests kits and a sustainable supply is envisioned (example Rwanda).

- In Burundi, Rwanda and Eritrea, Africare has no on-going health program. Complementary interventions will be limited to the strengthening of counseling (district center), IEC (community) and access to condoms. Sustainability requires that Africare gain either the immediate support of the MOH (personnel, transport, condoms) or its commitment to deploy the necessary resources within 3 months (condoms) or 9 months (personnel, transport) following AIDS Day. Alternatively, other NGOs or development projects may agree to take over within 9 months (leaving a 3-month overlap period for adjustments). In Rwanda, USAID policies seem to prohibit the use of its funds for condom supplies, therefore, partnerships with the MOH, other donor agencies or international NGOs need to be negotiated.

Africare's long term commitment to underserved areas implies that the project will not be limited to the most developed or supported districts. The provision of education and services to the worst off will yield improvements in their overall health.

- Where Africare has health-related projects, the development of counseling and testing services at the district center and the introduction of community level IEC services and condom supplies would be the optimal approach. But testing and counseling services need to be sustained. This may be achieved through an agreement with the MOH regarding the availability of human and laboratory physical resources in the long run. Alternatively, local NGOs with proven commitment will be trained and supported to deliver the services. Such NGOs need to show capability in resource generation in order to sustain activities. As Africare does not consider importing testing supplies and equipment to the country in a systematic manner, these are to be made available at the national level. Otherwise, the intervention will be limited to the provision of IEC/counseling training and condoms.
- Where Africare has currently no health-related projects, interventions will only cover counseling services, community level IEC and condom supplies.

3) Practical considerations

The amplifiers connected to and supplied with the receivers require electric power. In rural areas, in-kind contributions of power generator owners will be necessary and advertised. The project may offer to cover the cost of gasoline. Ideally, receivers will be placed with in premises protecting the audience from rain and sunshine and enabling

site coordinators to accommodate as many people as possible (these may be town halls, schools, churches or mosques). In practice, sessions may be repeated when the maximum possible attendance is 50 to 100 people. Alternatively, receivers can be transported with a regular vehicle to a suitable place (market, stadium), especially for World AIDS Day where the expected attendance is above 500 people. Storage requirements for WorldSpace receivers are the same as any standard electronic equipment.

IV.3. Sites Profiles and Corresponding Follow-up Activities

The table below summarizes the main complementary activities to be developed depending on local conditions. These profiles have been used to estimate the cost of the project.

Type	Local conditions/definition of type	Type of services strengthened in addition to IEC and condom supplies	Levels of coverage/ Sites where receivers are placed
Type 1: Rural or Urban	- available counseling and testing services (at least at the center of the district if rural district) - available partners* or Africare present/nearby - condoms available	- counseling with respect to prevention, testing, care at the city level (and village level for rural districts) - care (with and without essential drugs) at all levels	Rural: - district center is a priority - large villages (more than 3000 inhabitants within a 5 Km radius) Urban: - capital: ~ one site per 500 000 inhabitants - cities: ~ one site per 200 000-500 000 inhabitants
Type 2	- no counseling and testing services available (approximately)	- at the district center or city level: development of	Rural: - district center is a priority - large villages

	100 Km radius if rural) - presence of a partner or sufficient MOH resources (for laboratory & counseling services) - Africare or partner present/nearby - condoms available	counseling and testing services according to national policies (outreach if partners willing to do so) - for rural districts: no testing in villages unless particular conditions (high-risk groups and NGO partner); development of counseling services at the community level, including care (adapted to drug availability), referral for testing.	(more than 3000 inhabitants within a 5 Km radius) Urban: - 1 testing center per 500 000 inhabitants max
Type 3 (likely rural)	- no counseling/testing services, - no partner - Africare is present and familiar with health system - MOH commits resources by January 2000. - condoms available ½ time	- development of counseling and testing services, as agreed with MOH, at district center - counseling at community level adapted to resources (CHWs, drugs) - condom supply system development	Rural: - district center is a priority - large villages (more than 3000 inhabitants within a 5 Km radius)
Type 4	- no counseling/testing services, - no partner and limited MOH resources	- counseling and referral to province/region /capital for testing. - same at	Rural: - district center is a priority - large villages (more than 3000 inhabitants within

	- Africare is present/nearby - low availability of condoms	- community level if CHWs, otherwise, IEC only (receivers) - organize youth or women's group to help run sessions - condoms supply system development	a 5 Km radius)
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*: partner is understood mainly in the sense of local NGOs involved in HIV/AIDS control and qualifying as local sub-contractor.

Three approaches are possible with respect to **improving communities' access to male and female condoms:**

1. Community Based Distribution (CBD) allows for a sustainable supply of condoms. However, CBD requires close monitoring to ensure a reasonable mark up level by CBD agents. A well-developed private sector, able to draw on economies of scale and to provide condoms at a low cost is also a determinant of financial access. Therefore, CBD is only applicable in countries with mature and cooperative CBD programs.
2. Another approach involves a simple cost recovery system with distribution by community health workers and traditional birth attendants when these exist. Africare will provide a revolving fund (covering three months sales on average). The project will facilitate the development of related logistics systems, based on NGO or MOH distribution and supply networks.
3. Alternatively, NGOs may undertake condom sales to clients and recover the cost of condoms.

Each site will establish a community based distribution system. The period covered by and the budget allocated for condoms and VCT revolving funds will vary among sites and countries according to estimated consumption levels and local capacity to take over these functions. A sustainable supply system should be in place at the end of February (three months), or at least at the end of May (six months), if permitted by reallocations

among sites for the latter deadline. Otherwise, the VCT activity or the site (for condoms) should not be selected.

IV.4. Estimated Number of Sites Per Country and Per Type of Site

The estimated number of sites per country is based on Africare field offices' responses regarding the availability of partners, VCT services, condoms and the potential limitations arising from policy restrictions, health systems capabilities and specific local conditions (Tab D). Within these constraints, the number of sites and their distribution will reflect the size of the population and its distribution among urban and rural areas.

The table below displays the estimated number of sites per country.

country	total
Angola	18
Benin	18
Burundi	25
Eritrea	21
Ethiopia	24
Ghana	22
Mali	20
Mozambique	19
Nigeria	97
Rwanda	22
Senegal	24
South Africa	55
Tanzania	55
Zambia	42
Uganda	38
total	500

Angola, with a relatively large population (twice that of Benin) has relatively few sites. The Ministry of Health appears to take a very pro-active attitude towards controlling HIV/AIDS, but security problems reduce population movements and restrain

opportunities for large gatherings and travel inside the country. Therefore, the number of sites here cannot reflect the actual needs.

The table in Tab D shows the detailed number of sites per type and per country. These estimations will be revised with more detailed planning at the country level. The possibility of reallocating funds among countries, up to 20% of the initial budget, will provide an incentive for MOH and country offices to identify sites and resources to sustain activities.

The total number of sites per type is as follows:

site type	total/site
site 1 urban	55
site1 rural	23
site 2 urban	70
site 2 rural	51
site 3	47
site 4	254
total	500

This table shows that the project will provide direct support to testing services development in 199 sites (types 2 and 3) and develop condom supplies in 301 sites (type 3 and 4).

V. IMPLEMENTATION STRATEGY

V.1. Choice of partners and institutional relationships

As repeatedly mentioned, the project will work with NACP and other national and local stakeholders involved in HIV/AIDS control. With respect to the receivers and multi-media adapters, these will be under the responsibility of selected partners, as follows:

- Priority will be given to local NGOs showing sufficient capacity to organize the sessions and when appropriate to raise revenues for the continuation of VCT services and condom supplies. These NGOs should demonstrate a commitment to community development. Sufficient capacity to manage the activities implies the ability to report attendance and expenditures, ability to mobilize the community, ability to plan events and circulate information. Such NGOs should at least present officially registered statutes, dated more than one year prior to the launching of the project. NGOs will receive information on potentially available resources and develop a site specific action plan, prior to the signing of a memorandum of understanding. The latter will include a paragraph mandating coordination and sharing of information with local health authorities. Receivers will be the property of these NGOs at the end of the project. They will be free to use the receivers as often as desired during the life of the project, provided that receivers are available for HIV/AIDS activities. Preliminary investigations conducted by field offices to date suggest that the availability of such NGOs varies among countries and may be lower in rural areas. However, many more are expected, once the project is advertised. Senegal and South Africa appear to be favorable settings for this (see Tab C).
- MOH services are the second priority partners, provided that sufficient human resources are available at the site level to organize the activities.
- In general, community level informal organizations should not be given responsibility for receivers and multi-media adapters as there are no means to hold these accountable. However, when Africare or international partner offices are in the neighborhood, this approach may be considered. Ultimate responsibility for the proper handling and use of receivers and multi-media adapters will remain with Africare and its international partners during the life of the project (and possible follow-up interventions in 2001). At the end of the project, receivers and multi-media adapters will be the property of these community organizations. This approach is valuable to the extent that it provides incentives for community mobilization (women's groups, youth groups). However, it is not feasible without close supervision.
- Where local partners are missing, the collaboration of international NGOs and agencies will be sought.

- **Institutional relationships**

With respect to technical intervention, the project should be placed under the responsibility of the NACP. Action plans at the site and national level need NACP approval. In addition, the supply of condoms and testing material need to be approved by MOH pharmaceutical authorities. These should also be informed of the expected rise in demand and consumption levels, in order to plan future supplies accordingly at the national level. Therefore, site action plans, summarized at the Africare country office level, need to receive NACP approval prior to the signing of a memorandum of understanding between Africare and its NGO/community partners.

In some countries, access to HIV/AIDS information is extremely limited. The program may be placed under the responsibility of the Ministry of Planning or the President's cabinet, as Ministries of Communication may stand as obstacles to broadcasting, even if the MOH is supportive. This is likely to happen in very few countries but implies that field offices carefully explore available options, including donor leverage.

V.2. Timing of activities

The Gantt chart below indicates the different activities to be conducted prior to and during the life of this one-year project. Activities will be particularly dense during the fall 2000 period where the support of country representatives and offices will be most needed. Country coordinators will remain in place one month after the end of the activities, in order to ensure proper completion and diffusion of lessons learnt (December

2001). They will also be hired as early as September 2000 to help in designing country and site action plans, baseline surveys and World AIDS Day activities.

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
PREPARATION															
Finalizing authorizations for broadcast	+														
Recruitment of a national coordinator (& assistants)	+														
Partners identification	+++														
Site selection and Memoranda of understanding completed		++													
Options for test kits & condom supply/distribution defined		++	+												
Summary of identified needs sent to HQ for the preparation of 3 month broadcast		+													
Recruitment of FGD leaders, identification of site coordinators		+	+												
Training of FGD leaders			+++												
KAP survey designed		+													
KAP survey conducted (by FGD leaders)			+++												
KAP survey analyzed by country and globally			+	++											
Data collection at site level, sites "mini" action plans		++	+												
National workshop with partners, finalized action plans by country			+	++											
Promotion of World Aids Day (& project)		++	++												
Training of counselors				++											
WORLD AIDS DAY				+											
FGD findings analyzed and reports transmitted					+										
Capacity building for follow up activities (testing, youth leaders, peer educators)				+++											
Continued broadcast sessions				+	++	++	++	++	++	++	++	++	++	++	++
Follow up complementary activities (including monitoring and supplies)					+++	+++	+++	+++	+++	+++	+++	+++	++	++	+
Mid term review and adjustments										+					
Final evaluation (KAP & other quantitative & qualitative data)															+ & Dec 01
Diffusion of results															+ & Dec 01

VI. FUNDING LEVELS

The total budget is \$5.9 Million U.S. (See details in Tab E). These costs only reflect investments. Benefit in terms of HIV/AIDS prevention will extend beyond the life of the project. Vehicles and equipment are still valuable after one year. These will be used for follow-up projects on HIV/AIDS or donated to a national authority at the end of the project. Receivers will continue to be used by communities and NGOs. The years of life saved by improved prevention and the gains in the quality of life of families and individuals affected by HIV/AIDS are probably considerable and worth much more than this investment. The range of beneficiaries is well beyond the targeted audience, due to peer education, improved access to services and possible follow up diffusion of messages on regular media supports. These budgets are organized as to allow for a separate estimation of the costs for World AIDS Day and follow up activities.

Budgeted under AIDS Day:

- authorization for broadcasting
- partners identification and contracting
- initial data collection for site selection
- messages development/production for 12 months of broadcasting
- planning of activities for AIDS Day
- promotion
- analyzing and reporting findings from focus group discussions

Budgeted under follow up activities:

- baseline survey and analysis: KAP study
- preparation of the action plan
- personnel for one year
- negotiating partnerships
- training of counselors, focus group discussions leaders, testing services providers
- message development (broadcast production and national level)
- condom supplies and VCT services development.

VII. HOST COUNTRIES BUY-IN

The main assumptions embodied in the project design are the following:

- authorizations for broadcasting have already been received by WorldSpace Corporation
- availability of capable NGO partners
- availability of resources through MOH or NGOs to sustain the activities initiated

Africare understands that government authorization is a key prerequisite for project success and is confident that in the context of the recent international mobilization against HIV/AIDS in Africa, both resources and official support will be available. The issue at the country level will be whether health systems have sufficient absorptive capacity to spend these resources. The project develops this capacity by initiating and strengthening service delivery in the public and private sector. This initiative will complement local NGO activities, and strengthen their capacity to manage additional HIV/AIDS programs. Close relationships with NACPs and the creation of an organized demand at the local level will help direct future resources where they are most needed. The collaboration of international NGOs and agencies is more than likely, as this approach enhances the impact of on-going activities. Each Africare Country Representative responded to a questionnaire that assessed interest, needs, and resources for this initiative. The questionnaire and a sample of the responses can be found in Tab C.

VIII. SUSTAINABILITY

Sustainability is built into the project design at numerous levels. First the criteria for site selection and activities developed on site are based on the likelihood that activities be sustained at the end of the project. Second, contractual arrangements with MOH and criteria for selecting NGOs will ensure continued activity levels. Third, during the last 3 months of the project, responsibilities will increasingly be shifted to MOH and local partners. Fourth, the focus group discussion leader, selected among residents of the site population is likely to stay there and provide ad hoc support to his/her community as well as peer educators and women's groups. Fifth, WorldSpace Foundation's Africa Learning Channel and Public Health Channel will continue broadcasting after the end of the project. Therefore, activities will be sustained, at least as long as global mobilization lasts.

IX. COMPLEMENTARITY

This project completes on going activities by adding an innovative combination of mass media diffusion, community mobilization and VCT services. Classical approaches such as condom supplies and IEC are only developed if absent. Few projects and few local NGOs reach rural areas, but this project will significantly reduce the urban-rural gap. The purpose of partnership arrangements is to ensure complementarities with respect to the range of services provided as well as their geographical distribution.

X. MONITORING AND EVALUATION PLANS

Monitoring

The project will monitor each site. Below are examples of additional indicators that will be used to measure impact.

- The attendance at broadcast sessions and the number of sessions conducted: drop out cannot be monitored as participant's identity should not be recorded. However, FGD leaders' estimates of the percentage of listeners regularly attending will be recorded. (Objective 1)
- The utilization of counseling and testing services (on site or at the referral centers). At the referral center, while preserving anonymity, counselors will ask their clients whether they were assisted at a broadcasting session or were advised to use the service by a peer who attended. This will allow for calculating the share of increased attendance attributable to the project activities when several areas use the same referral services. For supply purposes, the consumption of testing kits will be monitored. (Objective 3)
- Condom sales in the population of the site (Objective 3)
- The number and outcome of focus group held by type of target population (Objective 2)
- The changes in the emphasis on specific topics discussed in focus groups will be recorded using quasi-statistic (e.g. number of respondents who mention or give priority to one topic, rate of occurrence of the topic during the session). A more in depth analysis of FGD data will also be conducted. (Objective 1 & 2)
- Every 3 months, NGOs will submit expenditure and activity reports in order to receive continued funding. To avoid disrupting activities, initial funding will be made available to support the activities for 4 months, subsequent funding will be provided for 3 to 6 months, depending on the performance of the partner and access to site. (Objective 2)

Standard monitoring supports will be proposed by the public health expert at the headquarters level, based on the projects secondary objectives and benchmarks. These will be modified according to national and site level conditions, following a set of decision-rules proposed by the expert.

The FGD leader, assisted by local partners including MOH personnel will collect data and reports. The FGD leader will initiate the analysis of FGD data and report relevant reflexive notes. The local coordinator will ensure that the range of data is complete. Data will be analyzed locally under the guidance of the site coordinator and with the participation of his/her local partners, including community volunteers. The site coordinator will forward the data, preliminary analysis findings and locally proposed course of action to the national level. Data will be entered, further analyzed at the national level and technical advice will be provided, as needed, to field staff. National coordinators will devise sets of rules for decision-making at the site level, in collaboration with NACP and other partners. As part of the development of site-specific action plans, data will be collected regarding the initial level of condom sales and use of available services in the private and public sectors.

Evaluation

This project will probably not demonstrate an impact in terms of HIV+ prevalence in the short run. Incidence is currently not available at the site level, therefore, impact will be measured with respect to strengthening existing VCT systems, establishing VCT in areas that do not currently have them, increased use of VCT and condoms using a combination of qualitative and quantitative data. Comparing changes in VCT utilization in relation to client's exposure to the broadcasting events, at sites where no new VCT services were developed will assess the success of this behavior change strategy. One cannot expect dramatic results in a 12 month period, however, we should be able to document trends. (Objective 3)

In places with stable access to condoms, a greater increase in condom sales in areas covered by the project as compared to areas with no intervention indicate that the

behavior change strategy is effective. In each country, it should be possible to evidence the impact of the method. Each couple of sites with a good availability of condoms, similar socio-economic characteristics, but differing by the presence of the project will form a matched pair. This design allows for controlling the effect of other factors affecting behavior with respect to condom use. The greater changes in condom sales expected in areas covered by the project will reflect behavior changes induced by the project. (Objective 1)

A KAP study will allow for assessing changes in selected sites where the project did develop condom sales and VCT. Changes in knowledge and self-reported behavior between the beginning and the end of the project will reflect the impact of the project. Careful attention should be paid to the selection of such sites, as interference of other projects will make causal inference risky. These sites should differ in terms of the socio-economic characteristics of the population. Areas with migrants and short-term refugees should not be selected, as the population studied initially will differ from the population sampled at the end of the project. When relevant, one of the sites may match with high risk groups, provided that these are not migrants (only prostitutes may qualify). In order to reduce costs, no control group is planned for this KAP study. Variations among types of site will however allow for assessing the potential effect of compounding factors. (Objective 1 & 3). We will document the level of participation of CBOs and NGOs in HIV/AIDS education before and after project activities including managing condom sales and distribution, self-help projects, and networking. (Objective 2)

XI. DIVERSITY

Minority serving institutions, local NGOs, women and youth receive priority among all possible partners and beneficiaries. Families and individuals affected by HIV/AIDS will be empowered by this initiative, through reduced stigma, increased access to services and community support. Therefore, diversity is addressed as a goal and a necessary condition for the success of this project.

TAB A
Capability Statements of Partners

Africare Capability Statement

In 1971, West Africa was in the midst of one of the most severe droughts in its history. Animals were dying. Crops could not grow. Villagers were fleeing their homes in search of water. Millions of human lives hung in the balance. Among those setting out to help were 17 Africans and Americans, who named their group "Africare." They began delivering medical aid to the Maina-Soroa Hospital in Diffa, Niger. Eventually, they needed more support. Diori Hamani, then president of the Republic of Niger, appealed to the United States on the effort's behalf.

It was to Africare President, C. Payne Lucas, among others, that President Diori Hamani addressed his appeal. Lucas was Director of the Peace Corps Office of Returned Volunteers in Washington. He had served previously in Niger and knew the president from that time. Dialogue ensued.

Africare has since dedicated almost 30 years to assisting families and communities throughout Africa in their struggle to improve their lives. Working closely with people and voluntary organizations in 27 countries, Africare designs and operates projects in primary health care, population education, environmental management, food production and, when needed, emergency humanitarian aid.

Africare's activities have always been motivated by the desire to touch as many lives as possible, and to ensure continuity by tapping into the many community-oriented self-help ideas generated by people at all levels of African society. In Nigeria, for instance, Africare is currently working on a program of economic empowerment to the care givers of vulnerable children, including those orphaned by AIDS. Thanks to its track record over the years, Africare enjoys a wealth of credibility all over the continent.

Africare recently conducted an institution-wide strategic planning exercise that placed HIV/AIDS as the priority issue on Africare's program agenda. Thanks to support from the Bill and Melinda Gates Foundation, Africare now has a major anti-HIV/AIDS initiative up and running in four hard-hit countries of southern Africa: Zimbabwe, Malawi, Zambia and South Africa. The three-year project is emphasizing close collaboration with community-based initiatives that already exist in these four countries, especially those that focus on young people. Under this Gates-funded project, Africare is training local activists on new ways to improve the quality of their services. It is helping small community-based organizations to extend their reach and strengthen their ability to solve problems.

Additionally, in all 27 countries where it currently operates, Africare is introducing HIV/AIDS prevention and awareness components in a cross-section of its other existing programs. These include programs in water/sanitation, micro-enterprise development and, of course, health education. In each project, Africare collaborates with government

agencies that oversee national HIV/AIDS and reproductive health programs. In the past two years they have witnessed an increase in the willingness of African governments to confront the problem of HIV/AIDS.

The desire to reverse the impending decimation of an entire generation of Africans is the driving force behind Africare's involvement with this initiative. AIDS is now the leading cause of death in Africa. According to a UNAIDS and WHO report, over two million Africans (over 50% of which were women and children) died in 1998 alone as a result of the HIV/AIDS virus. This approximates to about 5,480 deaths every day. As the virus spreads like wild-fire throughout the continent, the numbers are becoming even more disturbing. Hard-won gains in life expectancy and child survival achieved over the past 30 years are disappearing fast. To compound the problem, most African countries cannot afford the expensive multi-drug therapies that can prolong the lives of people with HIV. In fact, medical facilities are often ill equipped to provide even the most basic treatments for opportunistic infections such as tuberculosis. This means prevention through community-based programs is the most practical approach for combating this serious threat. It is this strategy that we intend to utilize in this pilot as well as in the larger project.

On December 31, 1999, Africare in collaboration with WorldSpace and the London-based night club, Ministry of Sound, organized an end-of-the-millennium music and dance event titled "Dance 21." The goal of the event was to disseminate HIV/AIDS prevention messages at various sites in Africa. The event was hosted in a total of five sites. Three in Nigeria and two in Ghana. In *Nigeria* two of the sites were in urban areas (the University of Lagos and the Family Support Park in Owerri, Imo State) and one in a rural area (the Local Government Hall in the town of Epe). A total of 1500 people showed up at all three sites. In *Ghana* the two sites were urban (James Town and New Town both in Accra). Over 1000 people were in attendance at the Ghana locations. The James Town occasion was attended by over six traditional leaders including the Queen Mother and other influential personalities.

Using the slogan, "pass the message" in Nigeria and "Think AIDS-Pledge to stop AIDS," in Ghana, coordinators of the event combined music and dance with drama, cultural displays, lectures and games to communicate the message on how the AIDS virus can be contracted and transmitted and how to halt its spread. In both countries, music and program content was broadcast from WorldSpace receivers for ten hours (from 6:00 p.m. to 4:00 a.m.).

This current initiative seeks to build on the success of the millennium dance event. We intend to host weekly HIV/AIDS education/outreach sessions at the various sites where the WorldSpace receivers will be strategically placed. In addition to these sessions, the receivers will be on site round the clock for different groups to tune in at scheduled times

for HIV/AIDS health updates and news as well as educational information on a wide range of development-related topics.

WORLDSPACE CORPORATION CAPABILITY STATEMENT

The WorldSpace business was founded in 1990 by Chairman and CEO, Noah Samara, to broadcast digital audio and multimedia, via satellite, directly to people in developing and emerging markets around the world.

The first WorldSpace satellite, AfriStar™, was launched in October 1998 and reaches down to over 1 billion people on the African continent, including the Middle East, the Mediterranean Basin, and Southern Europe. Within the next 12 months, WorldSpace will launch two additional satellites, AsiaStar™ and AmeriStar™. These will serve audiences in Asia, and in Latin America & the Caribbean. The total WorldSpace service area is home to 4.6 billion people—over 80 percent of the world's population.

WorldSpace signals are received directly via small, portable receivers. These operate either on an internal battery or with an external AC power adapter. The first generation receivers carry names familiar around the world—JVC, Matsushita (Panasonic), Hitachi and Sanyo. Working with Solaria and other partners, WorldSpace also intends to offer receivers with alternative energy sources. Each *WorldSpace* satellite will deliver approximately 40 channels of crystal clear, fade-free audio programming directly to the digital receivers. Each satellite will also permit a one-way web-like broadcast service sent directly to individual computers (via the receivers), without relying on a telephone connection.

The programming services already available on *AfriStar* include a mix of news, information, and entertainment from a respectable list of broadcasters. There is international news from CNN International and Bloomberg; national news, information and music from national broadcasters like Kenya Broadcasting, Ghana Broadcasting and Egyptian Radio; and local indigenous programming from Radio Sud in Senegal, Medi I in Morocco, Kosmos of South Africa and a dozen other broadcasters who will speak to vast audiences in their local languages. WorldSpace is producing additional music and talk-format services.

A portion of the satellite capacity is also being dedicated to humanitarian programming, both audio and multimedia, in formal and informal educational formats on health issues, women's and family topics, agriculture, micro-enterprise, AIDS awareness and a wide range of other developmental topics.

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CASALS & ASSOCIATES, INC. CORPORATE CAPABILITY STATEMENT

Casals & Associates, Inc. (C&A) has a long history of supporting international organizations and federal agencies in the development of international communications campaigns and events utilizing a variety of media and furthering U.S. foreign policy goals in Africa and other developing regions of the world. Furthermore, C&A brings a unique ability to communicate complex public health messages, including that of the HIV/AIDS epidemic, overseas in a variety of languages. Described below are some of the projects C&A has carried out that are relevant to the HIV/AIDS radio broadcast series that Africare plans to implement in conjunction with C&A and WorldSpace.

PAN-AMERICAN HEALTH ORGANIZATION

C&A supported the Pan American Health Organization (PAHO) for nearly a decade in the development of a comprehensive strategic public awareness and education plan to prevent disease and alert the public to health problems throughout the Americas, including the sudden and pernicious spread of HIV/AIDS. C&A conceptualized the nine-year information, education, public relations, and communications (IEC) program entitled *Communicating for Health (CFH)*, and assisted in the design and implementation of multimedia communications strategies as well as in developing partnerships with the private sector.

C&A proposed innovative public awareness and education strategies including radio, television, and print public service announcements (PSAs) to inform people about health issues, and the establishment of ties between PAHO and other entities committed to improving health conditions. C&A recruited a group of prominent individuals and multinational corporations to assist in the design and development of CFH strategies. Some institutions represented in the Development Committee included AT&T, The Coca-Cola Company, Gerber Products, the Kellogg Corporation, and PepsiCo, Inc., as well as well-known celebrities such as President Jimmy Carter, Raul Julia, June Lockhart, and Dionne Warwick, among others. C&A employed both electronic and print media to "communicate for health," including live, interactive radio and television broadcasts, videos, PSAs, publications, and instructional materials. C&A also designed and maintained a database of media resources and consultants.

Pan American Teleconferences on HIV/AIDS

As part of these activities, C&A also produced the First, Second, and Third Pan American Teleconferences on HIV/AIDS, which were multi-country, interactive television events transmitted live by satellite throughout the hemisphere. These programs reached tens of thousands of health care professionals, policy makers, and media representatives in English, Spanish, French, and Portuguese. Broadcast free of charge to viewers, the programs attracted international attention and generated media coverage throughout the Americas. C&A managed program design, transmission, and production of these live television events, and supported the identification of sponsors and media relations, as well as coordination of all promotional activities. C&A worked with a blue-ribbon scientific steering committee to design and plan the programs, and coordinated with the various Ministries of Health, the U.S. Centers for Disease Control and Prevention, and the National Institutes of Health. The firm also developed, produced, and placed promotional products, such as radio and television PSAs (in English, Spanish, French, and Portuguese), brochures, press releases, and press kits. In conjunction with these teleconferences, C&A also produced four videos: *AIDS in Children*; *Epidemiology of AIDS in the Americas and the World*; *General Overview*; and *AIDS and Educational Efforts Around the World: Approaches to AIDS Prevention and Control*.

Univision's National Television Campaign

In supporting PAHO's communications activities, C&A worked closely with Univision, the largest Spanish-language television network in the United States. C&A assisted Univision with the development of a series of public health-related television PSAs that were broadcast nationally and in 18 Latin American countries. C&A planned and conducted multiple focus group discussions with Latino youth in low-income neighborhoods of the Los Angeles and New York City metropolitan areas to gain their perspectives on how best to present public education PSAs on violence and substance abuse prevention to young Latinos. C&A also assisted PAHO and Univision with the design of an hour-long television special to launch the national campaign. This television special was broadcast in the United States twice and received excellent Nielsen ratings.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

America's Anti-Corruption Accountability Project

For nearly ten years, C&A has supported the U.S. Agency for International Development (USAID) through the Americas' Anti-Corruption Accountability (AAA) Project. The objectives of this effort are to improve public sector financial management, increase transparency, and decrease corruption in government. C&A provides assistance to governments and NGOs by providing training on audience research methods, public outreach efforts, and the development of strategies and activities to be used in raising awareness on the impact of fraud and corruption on development and the provision of public services. These efforts promote transparency and accountability so that governments may effectively, efficiently, and economically meet the needs of their citizens. As part of the AAA Project, C&A also maintains a bilingual web-site, available at www.respondanet.com. In September 2000, C&A will broadcast an interactive multilingual event over the Internet as well as via satellite in support of this Project.

International Teleconferences Via Satellite: *Respondacon*

Under the AAA Project, C&A planned, produced, and broadcast live on September 12, 1997, Respondacon IV, the Fourth Inter-American Conference on the Problems of Fraud and Corruption in Government, from commercial television studios in Lima, Peru. This 3-hour interactive teleconference was transmitted via satellite in English and Spanish to 30 down sites in the Western Hemisphere, attracting some 10,000 participants as well as more than a million viewers via cable television. C&A produced video roll-ins for each of the four panels, along with video animation and short statements by the Presidents of two Latin American countries and senior officials of the U.S. Department of State. C&A also produced promotional materials including a four-color brochure, posters, press releases, and radio and television PSAs. Respondacon II and III, predecessor teleconferences in this series produced by C&A also reached thousands of viewers assembled in down sites and millions of people through the print and electronic media was broadcast via satellite in 1992 and 1995 respectively.

Nigeria

Recently, C&A was tasked by USAID to conduct a baseline assessment of the state of corruption in Nigeria, through review of prior studies, surveys, and assessments relative to types, levels, and causes of corruption and to appraise any ongoing anti-corruption program by means of an in-country site visit. C&A was also asked to utilize and test USAID's anti-corruption assessment methodology. In close cooperation with USAID personnel in and out of country, C&A's team conducted numerous interviews and a 13-day site visit to Nigeria, contacting individuals of different persuasions who could provide an insight into the causes and forms of corruption in the country. C&A's personnel sought to identify those islands of integrity with which USAID personnel could initiate its anti-corruption efforts in Nigeria. C&A's final report will be released in Fall 2000.

Angola

C&A also prepared assistance for Angola's Constitutional Development in reforming the interim constitution and laying the foundation for the development of a permanent constitution. Constitutional lawyers experienced with governments in transition and familiar with Angolan law designed the methodology, along with an economist, and an expert in communications to engage citizen participation in the constitutional development process. Much of this effort attempted to focus on facilitating consensus-building processes among the various political parties and the population in general.

GEOTHERMAL HEAT PUMP CONSORTIUM

C&A has provided a variety of outreach activities for the Geothermal Heat Pump Consortium (GHPC), a non-profit organization funded by the Environmental Protection Agency (EPA), the Department of Energy (DOE), the electric utilities, and the heat pump manufacturers, over the last four years including the production and post production of live television broadcasts via satellite, videos, market research, booklets, brochures, and print advertisements for national publications. These outreach activities are important components of the National Earth Comfort Program (NECP), a larger six-year collaborative effort of the GHPC, EPA, and DOE, to promote and accelerate the market penetration of the energy efficient GeoExchange technology.

International GeoExchange Teleconference Series

C&A is presently producing for GHPC the fifth in a series of international interactive teleconferences broadcast via satellite to nearly 500 down sites throughout the United States, Canada, and Mexico. The first teleconference was aired in November 1996, the second in April 1997, the third in March 1998, the fourth in February 1999, and the fifth is scheduled for broadcast on November 15, 2000. C&A is responsible for all production and post-production of these two-hour television broadcasts, including research, scripting, casting, location photography, editing, music selection, and final mixing. The broadcasts include pre-recorded short interviews and statements by senior government officials, professional architects and engineers, and celebrities as well as a live studio panel and prerecorded case studies. The series is hosted by Richard Trethewey, the well-known personality from the PBS television series, *This Old House*. C&A is also responsible for promoting these international satellite broadcasts through direct contacts with the print and electronic media, the preparation and dissemination of press releases, and the coordination of down sites located throughout North America.

In addition, C&A has produced four separate videos for GHPC promoting GeoExchange systems, which are now utilized as part of GHPC promotional kits. C&A also researched, wrote, and designed five booklets featuring case studies, profiles, and background information on GeoExchange, with nearly 50,000 copies distributed nationwide over the past four years, and directed a national telephone benchmarking survey for the GHPC.

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

The Division of Tuberculosis Elimination (DTBE), Clinical Research Branch (CRB), National Center for Prevention Services (NCPH), U.S. Centers for Disease Control and Prevention (CDC), selected C&A to design and conduct the Evaluation of Tuberculosis Outreach Worker Activities Project. The purpose of the evaluation was to provide data and information on effective TB outreach worker activities. The data collected targeted training and supervision needs and was used to improve outreach activities yielding improved results in patient adherence through outreach

programs for the prevention, control, and elimination of TB. Much of this research was linked to the present HIV/AIDS epidemic.

THE WORLD BANK AND THE GOVERNMENT OF GHANA

Working for The World Bank, C&A provided technical assistance to the Government of Ghana to reform the country's Public Financial Management System. C&A evaluated revenue management, cash management, debt management, procurement procedures, and public auditing. C&A's scope included analyzing the cost implications for each component of the reform program, including equipment and supplies, consultancies, training, operating, and maintenance costs. C&A's team provided on site training in Ghana.

INTER-AMERICAN DEVELOPMENT BANK

C&A provided comprehensive production and transmission technical services for the satellite transmission of the Inaugural Ceremonies of the Inter-American Development Bank's (IDB) Annual Meetings held on April 6, 1992, from Santo Domingo, Dominican Republic, and on April 11, 1994, from Guadalajara, Mexico. C&A conducted a site evaluation in the Dominican Republic and Mexico to assess production and transmission requirements. C&A developed the transmission plan to uplink and downlink the audio and video signals via satellite from these locations to the IDB headquarters in Washington, DC, and coordinated both international and domestic satellite usage. C&A directed television production and transmission services in the Dominican Republic and Mexico and uplinked video and audio signals to the Intelsat international satellite system. C&A downlinked these signals in the United States, provided turnaround services to domestic satellite, and delivered them to the Inter-American Development Bank building in Washington, DC. In carrying out these services, C&A also provided on-site technical coordination in Washington, DC.

ORGANIZATION OF AMERICAN STATES

In 1990, C&A produced the Organization of American States' First Multinational Teleconference on Public and Private Sector Cooperation for Media Drug Abuse Prevention Campaigns, a live, interactive television event with multiple uplink and receive sites transmitted via satellite. The firm developed all technical plans for the main site in Washington, DC, as well as the live uplink sites in Bolivia and Peru. This required coordination of personnel at each site, as well as service providers in the transmission network designed by C&A. Intensive and precise planning was required and included organizing and supporting the efforts of up to fifty consultants working in the transmission network for periods of three days to six weeks prior to the execution of the event. C&A also researched and wrote the program's on-air script, prepared run-down sheets, and directed the live television broadcast.

HEALTH CARE FINANCING ADMINISTRATION

For the Health Care Financing Administration (HCFA), C&A developed and produced a multimedia Portable Training Package (PTP) for use by Federal Regional Office Developmental Disabilities Specialists to train surveyors of Intermediate Care Facilities for persons with Mental Retardation and Related Conditions. Incorporating principles of adult learning, C&A determined the effective types of instruction for the PTP concepts and designed the PTP to make extensive use of print and audio-visual media, particularly videos. One

objective of incorporating videos as an instructional tool was to enable the surveyor to observe active treatment and other concepts in action and in real life segments. All package components were designed to complement one another and to enhance the effectiveness of the training sessions. A pre-existing HCFA curriculum served as the basis for the development of the PTP. Topics and concepts addressed in the PTP modules included, among others: Active Treatment; Vocational Services; Background & History of the Intermediate Care Facilities/Mental Retardation Program; Client Rights and Protections; HIV/AIDS; and Persons with Developmental Disabilities.

C&A continues to provide a wide range of communications and public outreach support to HCFA under a Task Order driven contract, which has involved national public health campaigns related to adult immunization against influenza, diabetes, and mammography, among others.

Capabilities Statement: The Centre for Development and Population Activities (CEDPA)

Overview

Founded in 1975, CEDPA is an international development organization with a staff of 203 worldwide. Headquartered in Washington, D.C, CEDPA has regional offices in Egypt, Ghana, India, Mali, Nepal, Nigeria, and South Africa, and field offices in Romania and Russia. In addition, CEDPA provides advisors on HIV/AIDS and child survival to USAID missions in Bangladesh, Ecuador, Guatemala, Guinea, Haiti, Kenya, Madagascar, Morocco, Mozambique, Nepal, Senegal and Tanzania. Since its founding, CEDPA has worked in 138 countries with support from the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), and private foundations and individual donors. CEDPA is a non-profit organization under Section 501(c)(3) of the Internal Revenue Code of the United States and is accorded observer status within the United Nations.

CEDPA's mission is to empower women at all levels of society to be full partners in development. CEDPA's strategies for empowerment include building the capacities of individuals and non-governmental organizations (NGOs); establishing gender-sensitive and inclusive reproductive health programs; mobilizing political and economic participation at the community, regional, national, and international levels; and working with youth and youth-serving organizations in life skills development and reproductive health and HIV/AIDS education and services. All CEDPA activities are designed to advance gender equality and equity, and to facilitate the social, economic and political participation of under-served groups

CEDPA provides community-based organizations with technical assistance and training so that they may acquire the skills they need in leadership, program design and management, service delivery, strategic planning, fundraising, constituency-building, social mobilization and policy development. In addition to the hundreds of grassroots workshops and trainings that CEDPA and its partners convene in other countries each year, CEDPA sponsors three signature capacity building workshops annually in Washington, DC. **Women in Management:** Building Skills Today for Change Tomorrow; **Institution Building:** Helping Non-Profit Leaders Conquer the Complex Challenges Facing Non Governmental and Public Organizations; and **Youth Development and Reproductive Health:** Assisting Youth Leaders to Address the Critical Needs of Adolescents and Young Adults. CEDPA's training manuals, curricula, and other educational publications are renowned for their catalytic, hands-on approach to development – from the ground up.

Over the past 25 years, more than 5000 individuals have graduated from CEDPA's capacity building workshops, forming a ready-made global network of activists. Known as CEDPA alumni, these men and women have been at the forefront of policy debate, playing a central role as decision-makers and change agents by initiating and executing a broad range of community-based projects and institution building activities. Parliamentarians, Vice-Presidents, ministers, NGO presidents and network coordinators are among the alumni from more than 130 countries.

The table on the following page provides a summary of CEDPA projects and their funding sources:

Project	Goal	Countries	Funding Source
ENABLE	To improve FP/RH services as well as changing the environment within which women and youth must exercise their reproductive health rights.	India, Ghana, Nepal, Nigeria	USAID Office of Population
Population Communication Services (PCS)	To provide technical assistance; training or financial support to agencies in more than 65 countries, helping them to promote family planning, reproductive health, and population-related activities through effective communication.	Global (65 Countries)	USAID and JHU/CCP
Maternal Neonatal Health (MNH)	To save mothers' lives by increasing the timely use of key maternal and neonatal health and nutrition practices, and to increase access to, demand for and use of appropriate maternal and neonatal healthcare.	Bolivia, Burkina Faso, Guatemala, Honduras, Indonesia, Nepal, Tanzania, Uganda, Zambia	USAID Office of Health and Nutrition
Policy 2	To improve policy environment for FP/RH programs through political and popular support by increased access to FP/RH, effective advocacy for FP/RH, and strengthened collaboration among government and non-governmental sectors.	Global	USAID
Youth Development	To reach youth to enable them to become full participants in their own development. To empower youth to make informed positive choices about their reproductive health and sexual behavior.	India, Nepal, Egypt, South Africa, Ghana, Mali, Nigeria, Togo, Senegal	Bill and Melinda Gates, USAID/Egypt, Packard Foundation (2 - 1 is a subgrant from the YMCA of USA), Compton Foundation, Summit Foundation, Cudahy Foundation, Campbell and Hall Foundation, Trull Foundation, Jones Family Foundation, Flora Foundation
Capacity Building	To provide training to enhance the skills of NGO leaders and managers to meet and exceed the expectations of the communities they serve by exercising strong leadership, forging excellent community partnerships, and providing state-of-the-art services.	Global	David and Lucille Packard Foundation
Women's Leadership Program	To identify, train, and mentor women leaders around the globe.	Global	Bill and Melinda Gates Foundation
New Horizons	To improve the health and reproductive health status of girls and young women in Egypt—especially those out of school and living in rural areas.	Egypt	USAID/Cairo
RHYM	To promote family planning and reproductive health for youth in Mali.	Mali	USAID/Mali

Through these projects and its historic performance, CEDPA has successfully demonstrated the ability to: (1) increase women's decision making about fertility based on informed choice and high quality, gender-sensitive services; (2) mobilize and build the capacity of individuals, NGOs and institutions; (3) provide sexual health education and services to youth and young adults in a framework of youth development; and (4) increase participation of women and youth in advocacy and policy making.

CEDPA's training and support of women's participation in development has yielded tangible results. CEDPA was internationally recognized for supporting the largest number of NGO participants at ICPD and ICPD+5. CEDPA was instrumental in introducing the Year of the Girl Child in the SAARC countries and coordinating the first African-wide adolescent health conference in Addis Ababa. CEDPA's advocacy of women leaders has resulted in two \$50,000 Hunger Awards to alumnae of CEDPA's training programs. In addition, CEDPA's encouragement of women's political participation has resulted in the appointment of the Vice President of Uganda, numerous parliamentarians, and a candidate for President in Kenya. In April 2000, InterAction presented to CEDPA the prestigious Mildred Robbins Leet Award for the Advancement of Women in recognition of its groundbreaking work worldwide on gender.

CEDPA Work in Africa and in HIV/AIDS

Africa is a priority geographic region for CEDPA. In 1999, 60 percent of program expenditures were directed towards work in reproductive health and HIV/AIDS in Africa. Forty percent of the 20,833 individuals who received training from CEDPA in 1999 were from Africa. Currently, CEDPA is partnering with 87 organizations in 18 countries in continental Africa to build institutional capacity and to improve reproductive health through a variety of activities including education, and service provision and advocacy regarding HIV/AIDS. Of CEDPA's 5,000 alumni, 992, or 20 percent, are from Africa, forming an extensive and influential global and regional network to tap and to support in addressing the HIV/AIDS pandemic.

Brief descriptions of current work in the four African countries in which CEDPA maintains offices follow.

CEDPA in Nigeria

Nigeria has long been an emphasis country for CEDPA, given its large and rapidly growing population and its strong influence on the economics and politics of the region. Since 1983, CEDPA's activities have focused on training and capacity building, providing access to family planning and reproductive health information and services (particularly for women and youth), and more recently, women's political participation in Nigeria's transition to democracy. Since the inception of CEDPA's Democracy and Governance Program in 1996, CEDPA has been in the forefront in organizing women's groups and mobilizing women at all levels to actively participate in the country's democratic processes. Most notably, CEDPA organized 100 Women's Groups across the country that individually and collectively mobilized over 1 million Nigerian women to vote in the 1998 elections that brought an end to military rule.

Over 600 of CEDPA's 5000 training alumni are Nigerian, many of whom manage strategic health and

development projects in different parts of the country. CEDPA has worked with some of the most respected and powerful women's organizations and networks in the country such as the Country Women's Association of Nigeria, the National Council of Women's Societies and the International Federation of Women Lawyers. Other significant partners include the Church of Christ in Nigeria, with whom it is currently engaged in a project to support the adoption of HIV/AIDS initiatives by more than 6000 pastors throughout the country, and the Youth Resource Development and Education Center (YORDEL).

Under the ENABLE project, CEDPA continues to test innovative strategies aimed at making contraceptives and other services available to women, and improving their awareness of their human and affiliated rights. During this coming year, CEDPA/ENABLE will introduce the use of the female condom in Nigeria, providing a second "double protection" option for women. The introduction of female condoms can also be an effective tool in demystifying HIV/AIDS since its introduction usually stimulates widespread discussion about the disease, its consequences and means of prevention.

In northern Nigeria, a well-regarded CEDPA/Egypt initiative known as the New Horizons project is being replicated with several community-based organizations. This project aims to expand the reproductive health and life options of northern Nigerian girls, through improved access to sexual and reproductive health information and services, life skills development and vocational training.

Over and above CEDPA's traditional HIV/AIDS prevention and counseling services that form part of its Integrated Health package under the ENABLE project, CEDPA has also begun to actively work to ameliorate the negative impact of HIV/AIDS on children and youth. With support from USAID, CEDPA has launched a project in Benue State, where HIV prevalence is estimated to be 21 percent, to support children and families who have been affected by deaths resulting from AIDS. In addition, CEDPA continues to support rallies and campaigns to provide increased awareness about HIV/AIDS and has currently adopted the position the HIV/AIDS crisis must drive all programming within the country. CEDPA's recognized expertise in community-based, gender sensitive programs will continue to be called on as government and NGOs increase their efforts to reach women and young people to prevent early, unwanted pregnancy and HIV/AIDS.

CEDPA in Mali

CEDPA has been active in Mali since 1984 building the capacity of local partner organizations to offer sustainable reproductive health and youth development programs for women and men. CEDPA's work in Mali began with the participation of Malian women in CEDPA's US-based training workshops, from which there are now over 120 Malian alumni. With support from CEDPA, one alumna, Mme Traoré, a Malian midwife, initiated the first community-based family health project in Mali. Mme. Traoré's work led to the formation of the Association for Support of Development and Population Activities (ASDAP). CEDPA's partnership with ASDAP continues to date and provides critical reproductive health/family planning programs for women, men, and youth.

From 1988-1996, CEDPA also offered training and technical assistance in strategic planning and networking to NGOs in Mali and West Africa for their programs to become more sustainable and have a broader regional impact. In 1998, CEDPA established a field office in the capital city, Bamako.

Currently, CEDPA's program in Mali aims to promote a better understanding of the talents, resources, and needs of young people for them to develop their full potential as educated, healthy, responsible, and active

citizens in their communities. CEDPA was awarded the cooperative agreement from the United States Agency for International Development (USAID) for the Reproductive Health for Youth in Mali (RHYM) Project in 1997. The primary goal of the RHYM project is to increase the demand for and use of reproductive health services by youth. CEDPA promotes this mission through technical assistance, training, and financial support to non-governmental organizations (NGOs) to provide youth-friendly programs.

- CEDPA promotes informed and responsible reproductive health behavior among youth in Mali by training young women and men as “peer educators” to provide reproductive health and family planning information and referrals to other youth in their communities. CEDPA/Mali involves youth in the design, implementation and evaluation of its activities and has created a network of peer educators to provide mutual support and offer opportunities for exchanging ideas and successful strategies. As a result, peer educators build confidence and skills that expand their own opportunities, and they serve as role models for their peers. CEDPA youth peer educators have conducted research on STDs and HIV/AIDS and have begun developing communications strategies and educational materials to address attitudes among youth that are born of fear, e.g., “People living with AIDS (PLWAs) should be killed so that they will not infect others.” CEDPA/Mali has organized a national network of youth organizations to mobilize to address PLWHA issues.
- CEDPA builds the capacity of its partner NGOs, networks, and government agencies to provide sustainable services for youth through training and technical assistance in youth development, strategic planning, and advocacy. With CEDPA’s guidance, Malian and international NGOs and government agencies formed a youth network for information sharing and developing joint initiatives for youth programs. CEDPA has also supported its long time NGO partner, ASDAP, to develop a youth training center. A “Cybercafe” was added to this center in 2000 to broaden the Malian youths’ access to information via the Internet and develop their computer skills.
- CEDPA/Mali works with its partners at local and national levels to raise awareness of young people’s rights, roles, and responsibilities. CEDPA trained its NGO partners in advocacy, after which NGOs held local-level dialogues between community leaders and youth to discuss concerns and develop solutions. At the international level, CEDPA’s Malian partners participated in the International Conference on Population and Development (ICPD) in Cairo and ICPD+5 activities in The Hague and New York to shape international policies that impact youth.

CEDPA plans to broaden the scope of its youth activities in Mali to address the social and economic needs and competencies of youth. CEDPA and its partners seek to prevent the transmission of STD/HIV/AIDS as well as increase the use of diagnosis and treatment services through special media, IEC, conferences and events, and outreach and condom sales by peer educators. Establishing HIV/AIDS as the cornerstone of its youth development program, CEDPA/Mali will link prevention and care for those affected with its current objectives. CEDPA will also continue to support its NGO partners and networks to involve families, teachers, health workers, and local authorities in youth activities and to advocate for youth’s rights to education and health services. CEDPA will focus on raising awareness about female genital cutting (FGC) and its implications for women’s reproductive health and rights.

CEDPA partners in Mali include Action Mopti, Association DOKE (A/DOKE), Association de Soutien de Développement aux Activités de Population (ASDAP), Association Subaahi Gumo (ASG), Association pour la Sensibilisation, l’Information, la Formation et l’Aménagement des Terroirs

(ASIFA),Conseils et Appui pour l'Education a la Base (CAEB),Cabinet de Recherche Action pour le Développement Endogène (CRADE), Groupe de Recherche Action pour le Développement des Banlieues (Grade Banlieue) and Association Sikassoise pour l'Encadrement de l'Enfant et la Mere (ASEEM).

CEDPA in Ghana

CEDPA has been operating in Ghana for the past 13 years focusing on reproductive health including STDs/HIV/AIDS, family planning and child survival; women's rights and status, and youth development. CEDPA works in partnership with public and private organizations in five regions of the country: Ashanti, Brong Ahafo, Volta, Eastern and Greater Area. Among its partners are the National Population Council, Planned Parenthood Association of Ghana, Ghana Registered Midwives Association, Ghana Social Marketing Foundation, Young Women's Christian Association, Young Men's Christian Association, Muslim Family Counselling Services, Ghana United Nations Students and Youth Association, Amasachina, the Ghana National Association of Teachers, and the Ministry of Health.

ENABLE/Ghana supports youth-serving organizations to provide reproductive health and family planning counseling, information, and services. Although the Ghana program has adolescents as its centerpiece, its community-based approach results in increased access for all people of reproductive age living in underserved communities. It focuses on approaches that bring information and services to young women, especially those who are out of school, as they are the neediest and the most difficult to reach.

- Building capacity of NGOs for improved gender sensitive and youth-friendly family planning programs has resulted in the establishment of a youth-friendly RH clinic and three youth centers and training for partner staff in adolescent reproductive health counseling and negotiation skills.
- Assisting NGO partners to recruit more women has shifted the gender balance so that now community health workers and key project staff are evenly divided by gender.
- Advocating at local and national levels to sensitize political leadership to support family planning and STD/HIV/AIDS community programs has led to dialogues with 54 nationally prominent Muslim leaders and sensitization workshops for 50 community leaders.
- Facilitating linkages with 14 clinical providers and other private and public agencies has promoted family planning and STD/HIV/AIDS referrals for youth and led to the organizing of local STD/AIDS awareness campaigns and enhanced incentives for volunteer health workers.

CEDPA/Ghana has offered a broad array of training and technical assistance services through its partners including the development and support of peer educators, the development of youth friendly reproductive services clinics, workshops on HIV/AIDS education and prevention, training in gender equity, safe motherhood campaigns, and training on the use of the female condom. Ghana is in the process of expanding its HIV/AIDS components in programs from education and prevention to the care end of the continuum, addressing destigmatization of PLWA and the support of caregivers of AIDS victims and vulnerable children. Ghana is also lowering the age of the youth target audience for HIV/AIDS education to children ages 5-14. CEDPA/Ghana is also in the early stages of mounting a

research effort with selected partners that will lead to program activity in the area of Female Genital Cutting.

CEDPA in South Africa

Recognizing the power of South Africa's women and youth to shape the future of South Africa's development, CEDPA began work there by assisting South African NGOs to devise effective strategies for meeting the health and development needs of young people and women. CEDPA has provided financial and technical support to select youth-serving and women-focused NGOs in South Africa since 1996. In 1998, CEDPA opened an office in Pretoria. CEDPA aims to:

- Create a more positive, rights-based and gender sensitive environment for youth and sustainable youth focused programs; and
- Promote the development, implementation and evaluation of effective, gender-sensitive, age appropriate and sustainable reproductive health and rights-focused programs.

To date, CEDPA has supported the South African Association of Youth Clubs (SAAYC), and presently provides technical and financial support to the National Council of YMCAs in five provinces in South Africa. These youth-serving organizations have promoted the improved reproductive health of youth by increasing awareness of HIV/AIDS/STIs, providing family life education, sexuality education and referrals for other services. To date, 185 peer educators are serving youth in five provinces. In 1999 alone, the YMCA reached over 30,000 youth with information and opportunities for skills development.

With financial support from the Flora Family Foundation, CEDPA works in partnership with the YMCA to improve the knowledge of children 8–14 years on sexual and reproductive health, specifically HIV/AIDS and STIs, life-skills and gender issues. A Y Kids project is being implemented by the YMCA branch in the Cape Flats area in the Western Cape Province, characterized by a high degree of violence, child abuse, unemployment, pervasive lack of access to quality primary health care and reproductive health services, and an increasing HIV prevalence rate, particularly among the young female population. CEDPA's and YMCA's strategy is to work in close collaboration with teaching staff from primary schools and pair teachers with young volunteers to work with 300 in-school children aged 8–14 and their communities on sexual and reproductive health, specifically HIV/AIDS/STIs, life-skills and gender issues.

CEDPA has also provided support to the Youth Development Network in South Africa and is currently midway in a two-part training program for YDN leaders to integrate adolescent reproductive health services into their programs, with an emphasis on promoting the adoption of positive sexual behaviors, particularly those related to HIV/AIDS. CEDPA/South Africa facilitated a workshop on Empowering Youth for Full Participation in HIV/AIDS Programs at the World Aids Conference in Durban in July 2000, and in October at the invitation of the National Population Unit, will deliver a workshop on HIV/AIDS and Gender at the Joint Population Conference in Port Elizabeth.

Under the global initiative, Promoting Women in Development (PROWID), CEDPA has also provided support to the Centre for Rural Legal Studies (CRLS), which is working to ensure equity for poor, rural women in a national campaign to provide restitution of land rights and land redistribution. CRLS

organized a grass-roots campaign to encourage women to know and assert their rights, which subsequently led to major revisions in the land reform policy.

Over 70 South African health and youth professionals have been trained in CEDPA workshops in Washington DC and in South Africa, training 10 in 1999 alone. CEDPA has also established excellent working relationships with the government, and has provided training to high ranking members of key government ministries. CEDPA is a member of the national government and NGO task force charged with developing the national adolescent and youth health policy.

As HIV continues to cut a wide swath through the most productive members of South Africa's society, CEDPA will continue to strengthen the abilities of South African NGOs to reach young people with the information, services, skills and motivation to protect themselves from HIV through innovative and creative avenues.

WORLDSPACE CORPORATION CAPABILITY STATEMENT

The WorldSpace business was founded in 1990 by Chairman and CEO, Noah Samara, to broadcast digital audio and multimedia, via satellite, directly to people in developing and emerging markets around the world.

The first WorldSpace satellite, AfriStar™, was launched in October 1998 and reaches down to over 1 billion people on the African continent, including the Middle East, the Mediterranean Basin, and Southern Europe. Within the next 12 months, WorldSpace will launch two additional satellites, AsiaStar™ and AmeriStar™. These will serve audiences in Asia, and in Latin America & the Caribbean. The total WorldSpace service area is home to 4.6 billion people—over 80 percent of the world's population.

WorldSpace signals are received directly via small, portable receivers. These operate either on an internal battery or with an external AC power adapter. The first generation receivers carry names familiar around the world—JVC, Matsushita (Panasonic), Hitachi and Sanyo. Working with Solaria and other partners, WorldSpace also intends to offer receivers with alternative energy sources. Each *WorldSpace* satellite will deliver approximately 40 channels of crystal clear, fade-free audio programming directly to the digital receivers. Each satellite will also permit a one-way web-like broadcast service sent directly to individual computers (via the receivers), without relying on a telephone connection.

The programming services already available on *AfriStar* include a mix of news, information, and entertainment from a respectable list of broadcasters. There is international news from CNN International and Bloomberg; national news, information and music from national broadcasters like Kenya Broadcasting, Ghana Broadcasting and Egyptian Radio; and local indigenous programming from Radio Sud in Senegal, Medi I in Morocco, Kosmos of South Africa and a dozen other broadcasters who will speak to vast audiences in their local languages. WorldSpace is producing additional music and talk-format services.

A portion of the satellite capacity is also being dedicated to humanitarian programming, both audio and multimedia, in formal and informal educational formats on health issues, women's and family topics, agriculture, micro-enterprise, AIDS awareness and a wide range of other developmental topics.

If you would like more information, please contact:

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WorldSpace Foundation Statement of Capability

WorldSpace Foundation's programs and activities directly respond to the needs expressed by NGOs and grassroots groups. The foundation has audio programs and multi-media services tailored to the needs of NGOs in developing countries. The foundation's flagship audio project is the Africa Learning Channel (ALC), a collective channel combining social development and educational information from NGOs and other producers throughout Africa. WorldSpace Foundation (WSF) also has two multi-media services that deliver text-based information to sites throughout Africa: the Public Health Channel and the Climate Information Channel.

To date, the foundation has demonstrated the following capabilities.

1. Reliable access to relevant and practical information.

The greatest need cited by African NGOs and grassroots groups is reliable and easy access to information. Through its audio and multimedia programs, WSF collects the most relevant knowledge on social development issues and presents it in one continuous and cohesive package. In its own way, the ALC and the multimedia channels serve as a social development search engine focused specifically on the particular needs of Africa.

2. Ubiquitous distribution of NGO programming.

Groups that develop audio programs on an Africa-wide level are continuously expressing interest in using the Africa Learning Channel for broadcast, given the WorldSpace technology's capacity for continent-wide coverage.

3. Efficient, cost-effective and reliable method of transmitting large documents.

Many of the NGOs attracted to the WorldSpace system were involved in projects that utilized the Internet for transmitting information, but found that Internet alone did not fulfill their needs. For example, the African Centre of Meteorological Applications for Development (ACMAD) initially used the Internet to transmit the charts, maps and graphs to national meteorological services and agricultural extension workers. However, the recipients found that high Internet Service Provider (ISP) fees throughout Africa made it prohibitively expensive to download the heavy files. WSF and ACMAD created the Climate Information Channel as a way to efficiently, cost-effectively and reliably download charts and graphs on predicted rainfall patterns, fire danger zones and heat indexes. Such information, distributed through the WorldSpace system, will help farmers better plan their current and future crop activities.

4. Mechanism for distributing formal education and knowledge to adults and children in crisis.

As stated previously, the Africa Learning Channel is a reliable and cost-effective vehicle for distributing information throughout the continent. However, the value of the WorldSpace technology becomes acutely apparent during times of crisis. The

technology and programming can be used to provide ongoing information and educational services to people who have been uprooted from their homes by conflict, and who have fled elsewhere in their own country or other countries and are living in makeshift camps. The ALC can also be utilized for the education of children and adults marginalized by health crises, such as HIV/AIDS.

5. Technology to empower local communities.

The WorldSpace technology can also be used to empower local communities to make their voices heard. For example, WSF provided two receivers and external antennas to the Commonwealth of Learning (COL) for a media community training center that COL is upgrading in the rural area of Apac, Uganda. Thanks to the receivers and other equipment installed by COL, the center now has the capacity to broadcast programs to roughly 600,000 people in the area and plans to add a repeater station in the near future which will provide coverage to 1 million people. The purpose of this project is to help with the Uganda's national decentralization and to empower the local community to produce their own content and control their own distribution mechanism. The community now hears the ALC programming from groups across the continent on a variety of social development issues. Perhaps even more important than the content itself is the empowerment that comes with the successful use of new technology. COL staff reports that community members are most excited by the knowledge that they can download broadcasts from around the world on a digital satellite orbiting above their village, nation and continent.

Selected HIV/AIDS Epidemiological Data* for Participating Countries

	Angola	Benin	Burundi	Eritrea	Ethiopia	Ghana	Mali	Mozambi que	Nigeria	Rwanda	Senegal	South Afr	Tanzani a	Zambia	Uganda
country															
population (Millions)	12	5.9	6.5	3.7	61	19.7	10.9	19.3	108.9	7.2	9.2	39	32.8	8.9	21.1
urban population %	31	39	8	17	16	36	28	35	41	6	44	49	25	43	13
Life expectancy	47	53	43	51	43	60	54	72	50	41	64	54	48	40	40
orphans living	98000	16741	150086		903372	119410	32171	247177	971472	270000	29023	370952	666697	447114	997426
orphans/1000 inhabitants	8.2	2.8	23.1	0.0	14.8	6.1	3.0	12.8	8.9	37.5	3.2	9.5	20.3	50.2	47.3
HIV prevalence(pregnant, median)urban	1.2	3.7	19		18	3.4	4.4	11.2	4.5	19	0.5	19.2	>12	27	13.8
HIV prevalence(pregnant, median) non urban	8.5	1.5	20	3	13	3.4	2.9	17	4.9	7.5	0.5	21.3	18	13.9	7.7
AIDS cases/yr	507	1030	2187	1086	8314	4854	290	4376	984	1350	144		8867	1676	1406
AIDS cases/1000ha	0.04	0.17	0.34	0.29	0.14	0.25	0.03	0.23	0.01	0.19	0.02		0.27	0.19	0.07
access health sces														52	
Polio full immunization	36	81	51	60	57	68	52	78	22	77	65	73	75	70	47
access condoms center/100 000	2.9		0.9	3	1			3		0.1			2.8		6
access condoms periphery (%)					80						83		100		50
STDs incidence men (12 Month)					4.6			10.6		27.2	~2-3		2.2	8.9	11-18

*Source: UNAIDS Updates, June 2000.

TAB C
Needs Assessment Questionnaire

DIGITAL RADIO FACT-FINDING QUESTIONNAIRE
Africare/WorldSpace HIV/AIDS Initiative

Introduction: Africare and WorldSpace, Inc. are in the process of designing an HIV/AIDS Initiative in sub-Saharan Africa. Thank you for responding to our initial query and agreeing to participate. As you know, the primary purpose of this initiative is to use cutting edge radio technology to increase HIV/AIDS awareness in urban and rural areas that will lead to positive behavior change by individuals, families, and communities. We anticipate that the messages that will be broadcasted via satellite through World/Space receivers will emphasize the following topics:

- Removing the stigma on HIV/AIDS;
- Care, compassion and community programs for people living with AIDS and AIDS orphans;
- Prevention of HIV/AIDS and other sexually transmitted infections (STIs)
- Voluntary Counseling and Testing to the fullest extent possible

Following are a series of questions which must be answered with candor and as much detail as possible in order to plan an initiative that will effectively address local HIV/AIDS issues and needs. Before answering these questions, it is absolutely necessary to consult with the USAID Mission, National AIDS Coordinating Council, Ministry of Health, International, National, and local agencies/NGOs and broadcasting media currently involved in HIV/AIDS prevention. If you need clarification about this initiative or the questions below, please contact Ms. Chinwe Effiong at Africare headquarters.

1. What are USAID, National AIDS Council, and the Ministry of Health currently doing about HIV/AIDS?
2. Does this Digital Radio Initiative fit within the HIV/AIDS strategies currently used by the above agencies? If so, explain.
3. What future HIV/AIDS activities are planned to which this initiative can add value?
4. What HIV/AIDS messages are currently being emphasized in the country?
5. In which of the three following languages should the broadcasts be made in your country?
(Circle one)
A. French B. English C. Portuguese D. West African Pidgin
6. List the names of agencies, contact persons, titles, and addresses for those who have agreed to host the initial and follow-up WorldSpace broadcasts at each site.
7. What health programs are currently being broadcast by the local media? How often? In what languages? What format?
8. Describe your/Africare's experience in working with the broadcast media in developing messages and/or producing development/health-related programs.

9. What local broadcast media resources (government or freelance) are available to participate in follow-up production of HIV/AIDS programs?
10. What is the government's current Voluntary Counseling and Testing (VCT) policy? Is it likely to change within the next 12 months?
11. What agencies are currently providing or planning to provide VCT services in the country?
12. What mode of testing is now being used: A. Laboratory-based B. Testing Kits C. Both
13. If VCT is provided, are rural and urban areas adequately covered? How many of the proposed WorldSpace sites are within a reasonable distance (10 km.) of VCT sites?
14. Describe the possible management structure (specific names, titles, affiliation and their responsibilities) for the Africare/WorldSpace HIV/AIDS Initiative at the national and community levels. Include the following: local partners, project coordinator, translators of broadcasts into local languages, digital radio operators, local drama groups/musicians to draw listeners (no external funding for this purpose), and persons responsible for the security and maintenance of the radios.
15. How often do you think participants and translators could assemble within the first year to listen to the WorldSpace broadcast? (Circle one)
A. Weekly B. Bi-weekly C. Monthly
16. As you know, the budget for the initial broadcast for each site is \$5,406.00 (see attachment for details). Please advise whether the costs of follow-up programs over a one-year period are likely to be carried out voluntarily, be part of an existing funded program, and/or require additional funding. Based on your response to #13 above, what is your estimate of a 12 month follow-up budget for those costs that would require additional funding?
17. What are the possible local resources for follow-up funding? For example, USAID/CDC Life Initiative, existing Africare programs such as Food Security, partnering NGOs/PVOs, National HIV/AIDS Council, UNAIDS, UNICEF, private sector, etc.
18. Do you have a definite commitment for government buy-in to the Africare/WorldSpace Initiative and for follow-up funding? If not, what is needed to secure both?
19. Given that WorldSpace broadcasts other programs such as public health, micro-enterprise, news, and public affairs, how likely is it that people will assemble to listen to these kinds of broadcasts?
A. Very likely B. Likely C. Unlikely D. Don't know
20. What topics, in addition to HIV/AIDS, do you think should be included in the initial broadcasts?

21. Who will take initial possession of the WorldSpace receivers at the host sites? Who will take ownership at the end of the Africare/WorldSpace Initiative, e.g. Ministry of Health, National AIDS Council, local NGO partner, etc.
22. List other agencies currently broadcasting or planning to broadcast HIV/AIDS messages. What are their key messages? Are they potential partners for the Africare/WorldSpace Initiative?
23. Who is currently using the radio as a medium to enhance development in the country? (Include the name of the agency, key messages, frequency of broadcasts, day and time, and format.)
24. Do you think it would be useful and feasible to conduct a baseline study of current HIV/AIDS related knowledge, attitudes and practices before the Initiative is launched? If no, why not?
25. What do you think should be the key indicators to determine the success of the Africare/WorldSpace HIV/AIDS Initiative?
26. What do you think will be the average attendance at each site you have selected? Describe the target groups and relative percentages of the anticipated audiences, e.g., male, female, high risk groups, etc.
27. Do you think a target number should be established for each category? If not, why not?
28. Describe how you think the attendance will change at various intervals after the initial broadcast:
A. 3 months B. 6 months C. One year D. Two years
29. If the targeted audiences were to decline at each interval, what strategies would you use to reverse this trend?
30. How feasible do you think it will be to keep attendance at each broadcast to track those who drop out as well as new listeners? If not, why not?
31. We would like to attach local Letters of Endorsement to the proposal we will submit to USAID. Is there enough support to obtain such letters? If so, please return them with your responses to this questionnaire.
32. What suggestions do you have that are not covered above?

Name of person completing this form: _____
Telephone: _____ E-mail Address: _____

Please Return to Clarence Hall (chall@africare.org) by COB August 18, 2000

i

[illegible]

TAB E
BUDGET

	multiplier	unit costs	unit cost/yr	global fixe	cntry 20-55	cntry 55-12	cntry 120-2	site 1 urban	site 1 rural	site 2 urban	site 2 rural	site 3	site 4
6011 HQ staff													
HIV/AIDS director	0.1	60000	8000										
senior program mger	0.75	35000	26250										
Regional Directors (3)	0.05	70000	10500										
Program Managers (3)	0.05	27000	4050										
Secretary (3)	0.05	20000	3000										
sub total			49800										
6012 Expat staff													
country representative	0.05	55000	2750										
administrative assistant	0.1	30000	3000										
sub total			5750										
6021 country field staff salary													
coordinator		10000	10000		10000	10000	10000						
driver		2400	2400		2400	2400	4800						
accountant	0.1	5000	500										
secretary	0.1	4000	400										
receptionist	0.1	3000	300										
sub total			13600										
6031 temporary employees													
AIDS day support staff		300	300					300	300	300	300	300	300
FGD leaders(10 month part time)		1500	1500					1500	1500	1500	1500	1500	1500
KAP dia entry/collect (latter may be FGD)		400	400		500	500	500						
6041 consultants													
HQ consultant	0.1	53000	5300										
public health expert (10 wks@HQ+6wk field)	85	300	25500	25500									
consultantsupplies test condoms (4 wks)	22	300	6800	6800									
fringe													
6111 FICA soc Sec	0.0765	55,550	4249.575										
6121 benefits HQ	0.3284	55,550	18242.62	0									
6122 international workman's compensation	0.0557	5750	320.275										
6131 local hire benefits	0.3	24400	7320										
coordinator		3000	3000		3000	3000	3000						
driver		720	720		720	720	1440						
accountant		1500	1500										
secretary		1200	1200										
receptionist		900	900										
Travels Incidentals													
6311 visa, immunization etc.	2	400	800	800									
Transport within country													
6511 gas: capital					100	200	200						
6511 gas: KAP					100	100	200						
6511 gas: site supervise								100	100	100	100	100	200

6511	vehic repair capital			0	0	0					
6511	vehic repair KAP										
6511	vehic repair site supervise										700
6511	transport public/taxi KAP										
6511	transport public/taxi other			100	200	200	200	200	200	200	200
	per diem										
6521	cntry rep	30		400	400	400					
	cntry coord & assist	15		2000	4000	4000					
	cntry coord & assist KAP			150	150	150					
	driver	12		2400	4800	7200					
	driver KAP			120	120	120					
	MOH district personnel supervision rural site	15	15				45		45	45	45
	KAP data collection (FGD or MOH or NGOo	15	15	450	450	450					
	MOH/NACP supervision	30	30	180	180	180					
	consultant P. health DC	70	150	10500							
	consultant supplies DC	28	150	4200							
	travels Intl										
6531	plane start up visit 3 cntries, 3 wks			5000							
	plane mid-term visit 3 cntry 3 wks			5000							
	PD Intl consult	42	180	7560							
	training (transp, fees, PD, material)										
	training FGD (1/site, 1 wk)					200	250	200	250	250	250
6651	training counselors (3-5 pers site urban, 3 rural, 1wk)					500	400	500	400	500	500
	training lab tests (3 urban, 2 rural, 3 dy)							300	400	400	
	reading pack for cntry coord			300							
	other direct										
	freight/shipping			150	250	350	50	50	50	50	50
6711	vehic insur			0	0	0					
6721	taxes & duties			500	800	1000	20	20	20	20	20
6731	tel/telex/post deliv			500	150	100	200	200	200	100	200
6751	advertise/promotion			200	300	400	150	150	150	150	150
6761	office rent util			800	800	1100					
6781	bank fee	0.02		573	711	844.4	102.4	100.3	138.4	138.3	172.3
	equipt										
	receivers		150				150	150	150	150	150
6911	PA systems		200				200	200	200	200	200
6911	PC card download		130	130	130	130					
6911	desktop & softw (in cntry)		1500		1500	1500					
6931	laptop & softw (in cntry cost)		1700	1700	1700	1700					
6931	office cntry furniture			100	100	100					
6931	tape recorder						100	100	100	100	100
6931	4x4 pick up			0	0	0					
6921	equipt repair/rental						200	200	200	200	200
	project supplies (site)										
	condoms free (@ local cost)						200	200	200	200	300
	condoms revolving funds**										1000
	test kits/lab supplies* (@local cost)							1500	1500	3000	2000
	IEC other supplies						100	100	100	100	100
	tapes & batteries (record FGD/Interviews)						150	150	150	150	150
	refreshments & entertainment						400	300	400	300	400
7041	print duplicate			500	200	200	200	200	200	200	200

7031	FDG & acty monitoring/reporting supplies				200	200	200	200	200	200		
7021	cntry office supplies		900	1200	1500							
7021	KAP study supplies		500	500	500							
	print duplicate questionnaire KAP		600	600	600							
	sub total direct costs without bank fees		28850	35550	42220	5120	5015	6920	6915	8615		
	sub total direct costs with bank fees		29223	36261	43084	5222	5115	7058	7053	8787		
	indirect costs	0.2014	5886	7303	8873	1052	1030	1422	1421	1770		
	TOTAL		0	35109	43564	51738	6274	6146	8480	8474	11680	10557
7031	sub contract											
7211	WorldSpace		255,000									
	AIDS day sub contractor/other direct		127,000									500
	Casals & Associates		314,148									
	budget in last proposal/site, AIDS dy+follow					13307	11907	15607	14007	13907	12507	
						55	23	70	51	47	254	
						345080.52	141346.99	593597.32	432165.57	548017.53	2681493.8	

*: assumption is that this will be supplied by partners(MOH lab test) in 1/2 of the type 2 sites (not type 3)
for kits, assumption is 2 kits+/- tie break, @ \$2/kit, 1500 kits, ~700 clients

**: assumption is that half of consumption already satisfied by existing supply in sites type 3 only (not site 4)

notes for budgets cuts/type of site: preserve type 2 urban cut on 2 rural

	global	cntry overheads	sites	total/item
6,011 HQ staff				
HIV/AIDS director	6,000			6,000
senior program mger	26,250			26,250
Regional Directors (3)	10,500			10,500
Program Managers (3)	4,050			4,050
Secretary (3)	3,000			3,000
6,012 Expat staff				
country representative	2,750			41,250
administrative assistant	3,000			45,000
6,021 country field staff salary				
coordinator	10,000			150,000
accountant	500			7,500
secretary	400			6,000
driver	2,400			36,000
receptionist	300			4,500
6,031 temporary employees				
AIDS day support staff	0	0	150,000	150,000
FGD leaders(10 month part time)	0	0	750,000	750,000
KAP dta entry/collect (latter may b	0	7,500	0	7,500
6,041 consultants				
HQ consultant	5,300	0	0	5,300
public health expert (10 wks@HQ+	25,500	0	0	25,500
consultant supplies test condoms (	6,600	0	0	6,600
fringe				
6,111 FICA soc sec (7.65%HQ & Expat staff)		0	0	
HQ Staff	3,810			3,810
Expat Staff (15)	440			6,600
6,121 benefits HQ	97,535			97,535
benefits country office	8,621			129,308
6,122 international workmen's compensa	320			4,800
6,131 local hire benef	6,600	0	0	99,000
driver (4)	720			2,880
6,311 Travels Incidentals				
visa, immunization etc.	800	0	0	800

6,511	Transport within cntry				
6,511	gas: capital	0	1,600	0	1,600
6,511	gas: KAP	0	1,500		1,500
6,511	gas: site supervise	0	74,600		74,600
6,511	vehic repair capital	0	0	0	0
6,511	vehic repair KAP	0	0	0	0
6,511	vehic repair site supervise	0	0		0
6,511	transport public/taxi KAP	0	0	0	0
6,511	transport public/taxi other	0	1,600	100,000	101,600
6,521	per diem				
	cntry rep	0	6,000	0	6,000
	cntry coord & assist	0	32,000	0	32,000
	cntry coord & assist KAP	0	2,250	0	2,250
	driver	0	38,400	0	38,400
	driver KAP	0	1,800	0	1,800
	MOH district personnel supervision	0	0	16,875	16,875
	KAP data collection (FGD or MOH)	0	6,750	0	6,750
	MOH/NACP supervision		2,700	0	2,700
	consultant P. health DC	10,500	0	0	10,500
	consultant supplies DC	4,200	0	0	4,200
		0	0	0	0
6,531	travels intl				
	plane start up visit 3 cntries, 3 wks	5,000	0	0	5,000
	plane mid-term visit 3 cntry 3 wks	5,000	0	0	5,000
	PD intl consult	7,560	0	0	7,560
		0	0	0	0
	training (transp, fees, PD, material)				
6,651	training FGD (1/site, 1 wk)	0	0	118,750	118,750
	training counselors(3-5 pers site ur	0	0	242,600	242,600
	training lab tests (3 urban, 2 rural,	0	0	60,200	60,200
	reading pack for cntry coord	4,500	0	0	4,500
	other direct	0	0	0	0
6,711	freight/shipping	0	2,350	25,000	27,350
6,721	vehic insur		0	0	0
6,731	taxes & duties	0	7,800	10,000	17,800
6,751	tel/telex/post delive	500	2,250	95,300	98,050
6,761	advertise/promotion	200	4,600	75,000	79,800
6,781	office rent util	0	12,000	0	12,000
6,791	bank fee	0	8,733	77,389	86,122

equipt

6,911	receivers	0	0	75,000	75,000
6,911	PA systems	0	0	100,000	100,000
6,911	PC card download	0	1,950	0	1,950
6,931	desktop & softw(in cntry)	0	1,500	0	1,500
6,931	labtop & softw (in cntry cost)	- 0	25,500	0	25,500
6,931	office cntry furniture	0	1,500	0	1,500
6,931	tape recorder	0	0	50,000	50,000
6,921	4x4 pick up	0	0	0	0
	equipt repair/rental	0	0	20,000	20,000
	project supplies (site)	0	0	0	0
	condoms free (@ local cost)	0	0	130,100	130,100
	condoms revolving funds**	0	0	355,000	355,000
	test kits/lab supplies* (@local cost)	0	0	322,500	322,500
	IEC other supplies	0	0	50,000	50,000
	tapes & batteries (record FGD/inter	0	0	75,000	75,000
7,041	refreshments & entertainment	0	0	187,900	187,900
7,031	print duplicate	500	3,000	100,000	103,500
7,021	FDG & actty monitoring/reporting s	0	0	100,000	100,000
7,021	cntry office supplies	0	13,800	0	13,800
	KAP study supplies	0	7,500	0	7,500
7,031	print duplicate questionnaire KAP	0	9,000	0	9,000
7,211	sub contract				
	Casals & Associates	314,148	0	0	314,148
	AIDS day sub contractor/other dire	127,000			127,000
	WorldSpace Foundation	255,000			255,000
	indirect costs	0	89,700	794,888	884,588
	total				5,905,675

TAB G
Letters of Support



The Centre for Development and Population Activities

August 24, 2000

C. Payne Lucas
President
Africare
Africare House
440 R Street NW
Washington, DC 20001

Dear Mr. Lucas:

This letter confirms that The Centre for Development and Population Activities (CEDPA) would be pleased to partner with Africare in its HIV/AIDS initiative with WorldSpace Inc. to disseminate HIV/AIDS awareness and prevention messages across Africa.

The proposal to use the reach and power of digital broadcasting to 1000 sites in Africa to intensify HIV/AIDS education, in collaboration with local development partners, is an exciting opportunity to strengthen the current efforts of our programs and partners to mobilize communities to forestall the devastating effects of the disease, especially among women and young people, CEDPA's primary target audiences.

At this time, CEDPA maintains offices in four countries in Africa – Nigeria, Mali, Ghana, and South Africa, working in partnership with local organizations in reproductive health, youth development, HIV/AIDS, and democracy and governance. Our country directors support the concept of the proposed initiative and estimate the participation of approximately 150 sites in the effort.

Should the proposal to the U.S. Agency for International Development be successful, we look forward to further discussion of CEDPA's participation in the initiative.

Best wishes.

Sincerely,

A handwritten signature in black ink, appearing to read "Peggy Curlin". The signature is fluid and cursive, with a large initial "P" and a long, sweeping underline.

Peggy Curlin
President

1400 16th Street NW, Suite 100, Washington, DC 20036 USA

Tel: 202-667-1142 / Fax: 202-332-4496 / Email: cmail@cedpa.org

<http://www.cedpa.org>



CASALS&ASSOCIATES

August 28, 2000

Mr. C. Payne Lucas
President
Africare
440 R Street, NW
Washington, DC 20001

Re: Casals & Associates, Inc. Commitment Letter for Africare Radio Project

Dear Mr. Lucas:

Casals & Associates, Inc. (C&A) is pleased to join Africare in its submission of an unsolicited proposal to the U.S. Agency for International Development (USAID). C&A is committed to supporting Africare in its goal of receiving funding for the conduct of 24 bimonthly one-hour HIV/AIDS educational programs for digital radio broadcasting to 1,000 receiver sites in 15 countries in Africa. These include Angola, Benin, Burundi, Ethiopia, Eritria, Ghana, Mali, Mozambique, Nigeria, Rwanda, Senegal, South Africa, Tanzania, Uganda, and Zambia.

If Africare is awarded funding, C&A will assume the responsibility for content development and production of each of the one-hour programs in four languages, including French, English, Portuguese, and Pidgin or Swahili. This will include providing production facilities, multilingual talent, broadcast scripts, music, and supporting interviews with celebrities and experts in HIV/AIDS.

As you can see from the attached treatment, C&A is prepared to support Africare and USAID in this endeavor. I look forward to working with you in this extraordinary effort to combat the spread of HIV/AIDS in Africa.

Sincerely,

Beatriz Casals
President

cc: Dr. Clarence Hall

Enc.: Radio Series Treatment

TAB H
Key Staff Bios

Clarence S. Hall, DrPH
Director of HIV/AIDS

Dr. Clarence S. Hall recently joined Africare as Director of HIV/AIDS. Dr. Hall brings over fifteen years of international experience as program manager and director, trainer, operational researcher, program evaluator, and health education specialist. He has a Doctorate of Public Health in Health Education from the University of California, Berkeley, and was a recipient of a Fulbright Fellowship for Study Abroad while at Berkeley. He also holds a Masters of Public Health in International Health and Health Education from the University of California, Los Angeles (UCLA). Dr. Hall completed his undergraduate studies with a major in Chemistry at Talladega College in Talladega, Alabama.

Dr. Hall is a Returned Peace Corps volunteer who taught chemistry and physics in a boys' secondary school in Nigeria during the mid-60's. He was a Health Education Specialist/Consultant in Zambia for the World Health Organization for seven years. During this period he also provided technical assistance in health education to East and Central African Governments. He has consulted for international health organizations including the World Bank, Africare, and UNICEF in Africa; the Pan American Health Organization (PAHO) in the English-speaking Caribbean; and the Asian Development Bank in the Marshall Islands.

Dr. Hall has also managed and provided in-country technical support for USAID funded child survival projects in Nigeria (\$1.4 million) and Lesotho (\$.704 million). Projects used innovative approaches to increase the capacity of local health staff in health communication skills and educational materials development.

Dr. Hall is very active in his own community in promoting health and improving the quality of life. He served on the Advisory Board Member of the Health Improvement Leadership Team (HILT) of Howard County. Dr. Hall is also a past Vice-President of the Metropolitan Washington Public Health Association. He is a member of the American Public Health Association and the Global Health Council.

Chinwe Adanze Effiong
Senior Program Manager
Office of International Development, Africare

Dr. Chinwe A. Effiong is originally from Nigeria. She earned a Bachelors degree in Literary Studies from the University of Calabar, Nigeria where she also received the prestigious Chinua Achebe Literary Award. Upon graduation, Chinwe worked as a Newscaster for the Nigerian Television Authority. She later attended the University of Delaware and earned a Masters in International Relations in 1994 and a Ph.D. in International Relations and African Political Economy in 1996. While at the University of Delaware, Chinwe worked in various capacities as Graduate Teaching Assistant, Research Assistant and Instructor.

In 1994, Chinwe received a grant from the Institute for the Study of World Politics, Washington, D.C., to conduct research on and write her Ph.D. dissertation, titled, "Giving or Making Orders: An Interpretation of International Regime Formation and Maintenance in Africa." Chinwe's dissertation focused on reassessing and redefining Western political and economic theories to suit the reality of African social, political, and economic experiences.

In 1995, Chinwe joined Lincoln University as an Assistant Professor. She taught in the Political Science and International Relations department at Lincoln for four years. During this period, Chinwe received national recognition twice and is listed in the directory of Who's Who Among America's Teachers. At the end of her third year at Lincoln, Chinwe was appointed Acting Chair of the Political Science department -- a position she held until August of 1999, when she joined Africare as Senior Program Manager.

The Senior Program Manager is responsible for managing the work flow and special projects in the Office of International Development. For example, she will work with the Strategic Planning Process and design a new student internship program, as well as write proposals and monitor project implementation in select countries.