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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning , 2011, **and ending** , 20

Name of foundation
Merck Company Foundation

A Employer identification number
22-6028476

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
One Merck Drive, P.O. Box 100

B Telephone number (see instructions)
908-423-1000

City or town, state, and ZIP code
Whitehouse Station, NJ 08889

C If exemption application is pending, check here . . . . . ▶ ☐

G Check all that apply
☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

D 1. Foreign organizations, check here . ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here . ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 244,058,282

J Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . ▶ ☐

Part I Analysis of Revenue and Expenses *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc , received (attach schedule)				
2 Check ▶ ☒ if the foundation is **not** required to attach Sch B				
3 Interest on savings and temporary cash investments	20,896	20,896		
4 Dividends and interest from securities	4,238,116	4,238,116		
5a Gross rents				
b Net rental income or (loss) _____				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a _____				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances _____				
b Less Cost of goods sold _____				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule) Stmt #1	4,441,083	4,441,083		
12 **Total.** Add lines 1 through 11	8,700,095	8,700,095		
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)				
c Other professional fees (attach schedule)	71,212	71,212		
17 Interest				
18 Taxes (attach schedule) (see instructions) Stmt #2	174,277			
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) Stmt #3	487,694			487,694
24 **Total operating and administrative expenses.** Add lines 13 through 23	733,183	71,212	0	487,694
25 Contributions, gifts, grants paid	53,306,196			53,306,196
26 **Total expenses and disbursements** Add lines 24 and 25	54,039,379	71,212	0	53,793,890
27 Subtract line 26 from line 12				
a **Excess of revenue over expenses and disbursements**	-45,339,284			
b **Net investment income** (if negative, enter -0-)		8,628,883		
c **Adjusted net income** (if negative, enter -0-)			0	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	77,509,577	38,984,210	38,984,210
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶		0	
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶		0	
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶	370,652	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule)			
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶		0	
	12 Investments - mortgage loans			
	13 Investments - other (attach schedule)	213,191,144	205,074,072	205,074,072
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶		0	
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions Also, see page 1, item I)	291,071,373	244,058,282	244,058,282
Liabilities	17 Accounts payable and accrued expenses	43,799	63,674	
	18 Grants payable	506,412	525,769	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	550,211	589,443	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	290,521,162	243,468,839	
	30 **Total net assets or fund balances** (see instructions)	290,521,162	243,468,839	
	31 **Total liabilities and net assets/fund balances** (see instructions)	291,071,373	244,058,282	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	290,521,162
2	Enter amount from Part I, line 27a	2	-45,339,284
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	245,181,878
5	Decreases not included in line 2 (itemize) ▶ To reconcile	5	1,713,039
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	243,468,839

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				0
b				0
c				0
d				0
e				0

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			0	0
b			0	0
c			0	0
d			0	0
e			0	0

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010			0.0000
2009			0.0000
2008			0.0000
2007			0.0000
2006			0.0000

2	**Total** of line 1, column (d)	2	0.0000
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.0000
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	0
5	Multiply line 4 by line 3	5	0
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	0
8	Enter qualifying distributions from Part XII, line 4	8	0

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	172,578
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	172,578
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	172,578
6	Credits/Payments		
a	2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a: 174,277		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	174,277
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	1,699
11	Enter the amount of line 10 to be **Credited to 2012 estimated tax** ▶ 1,699 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NEW JERSEY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ NONE

14 The books are in care of ▶ TAXPAYER Telephone no ▶ 908-423-1000

Located at ▶ ONE MERCK DRIVE, WHITEHOUSE STATION, NJ ZIP + 4 ▶ 08889-0100

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2011 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)	☒ Yes	☐ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?			5b	X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☒ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE ATTACHED STATEMENT #4		0		

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 SEE STATEMENT #5	20,817,927
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	260,613,181
c	Fair market value of all other assets (see instructions)	1c	
d	**Total** (add lines 1a, b, and c)	1d	260,613,181
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	260,613,181
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,909,198
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	256,703,983
6	**Minimum investment return.** Enter 5% of line 5	6	12,835,199

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6			1	12,835,199
2a	Tax on investment income for 2011 from Part VI, line 5	2a	172,578		
b	Income tax for 2011 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	172,578
3	Distributable amount before adjustments Subtract line 2c from line 1			3	12,662,621
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	12,662,621
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	12,662,621

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	53,793,890
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	53,793,890
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	53,793,890

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				12,662,621
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years 20____,20____,20____				
3 Excess distributions carryover, if any, to 2011				
a From 2006 39,086,242				
b From 2007 41,908,198				
c From 2008 21,576,905				
d From 2009 27,186,634				
e From 2010 33,727,019				
f **Total** of lines 3a through e	163,484,998			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ $ 53,793,890				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				12,662,621
e Remaining amount distributed out of corpus	41,131,269			
5 Excess distributions carryover applied to 2011 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	204,616,267			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions		0		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions			0	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	39,086,242			
9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a	165,530,025			
10 Analysis of line 9				
a Excess from 2007 41,908,198				
b Excess from 2008 21,576,905				
c Excess from 2009 27,186,634				
d Excess from 2010 33,727,019				
e Excess from 2011 41,131,269				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling . . . . . ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets . . .					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test- enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . .					0
c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942 (j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income .					0

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed Ellen Lambert, Exec. VP 908-423-1000, The Merck Company Foundation, PO Box 100, Whitehouse Station, NJ 08889-0100

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHED STATEMENT #6

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE ATTACHED STATEMENT #6

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE ATTACHED STATEMENT #7				53,306,196
Total ▶ **3a**				53,306,196
b *Approved for future payment*				
SEE ATTACHED STATEMENT #8				81,458,698
Total ▶ **3b**				81,458,698

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	20,896	
4 Dividends and interest from securities			14	4,238,116	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a OTHER INCOME			14	4,441,083	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		8,700,095	0
13 **Total.** Add line 12, columns (b), (d), and (e)					13 8,700,095

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

BOS Katie Ludwig 11/8/12 Assistant Secretary

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

STATEMENT #1

MERCK COMPANY FOUNDATION (22-6028476)
FORM 990-PF 2011
OTHER INCOME
PART 1, LINE 11

REALIZED GAIN ON SECURITIES	$	4,440,935
REALIZED GAIN ON CURRENCY/FXs		148
TOTAL	$	4,441,083

STATEMENT #2

MERCK COMPANY FOUNDATION (22-60284
FORM 990-PF 2011
EXCISE TAX DETAIL
PART 1 LINE 18

2010 Credit per T/R	$0.00
5/15/2011	$21,954 00
6/15/2011	$65,602.00
9/15/2011	$43,137.00
12/15/2011	$43,584.00
Paid With 1st Extension	$0.00
TOTAL	$174,277.00

STATEMENT #3

MERCK COMPANY FOUNDATION (22-6028476)
FORM 990-PF 2011
OTHER EXPENSE
PART 1, LINE 23

BANK CHARGES	-
OUTSIDE SERVICES	487,678
OPERATING EXPENSES	-
MISCELLANEOUS EXPENSES	16
	487,694

STATEMENT #4
MERCK COMPANY FOUNDATION (22-6028476)
FORM 990-PF PAGE 6 PART VIII INFORMATION ABOUT OFFICERS
2011

(a) NAME AND TITLE	(b) AVE HOURS/WEEK	(c) COMPENSATION	(d) EMPLOYEE BENEFITS	(e) EXPENSES & ALLOWANCE
Geralyn S Ritter, President	0	0	0	0
Timothy Dillane, Assistant Treasurer	0	0	0	0
Sean T Mooney, Assistant Treasurer	0	0	0	0
Joseph Promo, Assistant Treasurer	0	0	0	0
Ellen Lambert, Executive Vice President	0	0	0	0
Katie Fedosz, Assistant Secretary	0	0	0	0
Richard T Clark, Chairman of the Board	0	0	0	0
Celia A Colbert, Secretary	0	0	0	0
Kenneth C Frazier, Vice Chairman of the Board	0	0	0	0
Leslie M Hardy, Vice President	0	0	0	0
Mark E McDonough, Treasurer	0	0	0	0
Stephen C Propper, Assistant Treasurer	0	0	0	0

STATEMENT #5

THE MERCK COMPANY FOUNDATION
22-6028476
FOUR LARGEST GRANTS MADE IN 2011
FORM 990-PF 2011, PAGE 7, PART IX-A

Organization Name	Program Title	2011 Payment
African Comprehensive HIV/AIDS Partnerships (ACHAP)	To support and enhance Botswana's response to the HIV/AIDS epidemic through a comprehensive approach that includes HIV/AIDS prevention, treatment, care and support, and impact mitigation	6,000,000
China-MSD HIV/AIDS Partnership (C-MAP),	To address HIV/AIDS prevention, patient care, treatment and support	7,000,000
Merck Childhood Asthma Network	To enhance the quality of life for children with asthma and their families, and to reduce the burden of the disease on them and society.(2011-2014)	4,021,746
Merck Institute for Science Education	To improve science education from kindergarten through 12th grade through teacher and program development (2011-2013)	3,796,181
	TOTAL	20,817,927

MERCK COMPANY FOUNDATION
22-6028476
FORM 990-PF, PAGE 10
2011

STATEMENT #6

Part XV, Question 2b

Requests may be submitted by letter containing a brief summary of the organization, including documentation of its federal tax-exempt status, objectives of the project and means for accomplishing the goal, the budget, sources of other funding, and amount of the grant request. Evidence of a sound program, competent leadership, and the ability to accomplish objectives must be shown.

Part XV, Question 2d

Requests are evaluated on the basis of relevance to the philanthropic priorities of the Merck Company Foundation, the interests of Merck & Co., Inc. the location of its major facilities, and the concerns of its employees.

Grants are not made to political, labor, or sectarian groups, nor for endowments, publications, or media productions. Except within Foundation programs, grants are not given for scholarships, fellowships, or to individuals.

STATEMENT 7
FORM 990-PF 2011
PAGE 11, PART XV, 3a

MERCK COMPANY FOUNDATION
22-6028476
GRANTS

Grant Id	Organization Name	Program Title	2011 Payment
127	American Red Cross	Latin America Risk Reduction Activity (LARRA)	500,000
251	Drexel University	Drexel Univ - $1M/3 yrs ('09-'11) creation of Ctr. for Community Nutrition & Child Health	400,000
287	President and Fellows of Harvard College	Harvard School of Public Health 2 of 3 ('09-'11) human rights	249,311
393	American Australian Association Inc.	American Australian Association - 3rd of 5yr ('07-'11) $500,000 pledge for US Studies Ctr program	100,000
1025	American Red Cross	The American Red Cross Annual Disaster Giving Program (ADGP) (2010-2013)	500,000
1051	New Jersey Symphony Orchestra	Music Education & Community Engagement Initiatives and NJSO Broadcast Series (2010 - 2012)	200,000
1163	Robert Wood Johnson University Hospital at Rahway Foundation	Clinician Staffing And Training Project For The New Cardiac Catheterization Lab	100,000
1229	Children's Inn at NIH	Friends Fund challenge grant - 5 year (2007-2011) $500,000 pledge	100,000
1231	Children's Inn at NIH	Support for new transitional housing program at The Children's Inn. Multi-year (2009-2013) pledge.	1,000,000
1491	Kentucky Research Foundation, University of	University of Kentucky Center for Poverty Research project entitled "Grandparents, Grandchildren, and Hunger in the U.S : Assessing Food Insecurity in Multigenerational Households."	77,912
1665	Family Service of Morris County	FSMC Early Childhood Mental Health Intervention Program	25,000
1697	Goods for Good, Inc.	Vocational Training and Uniform Creation Program	**114,469**
1697	Goods for Good, Inc.	Vocational Training and Uniform Creation Program	**129,527**
1739	New Jersey Performing Arts Center Corp.	5-year pledge (2009-2013) $1,000,000 in support of "The Campaign for NJPAC" toward capacity building work to strengthen & grow NJPACS arts education programs	200,000
1741	James A Michener Art Museum	5-year pledge (2007-2011) $150,000 to support the centennial campaign	30,000
1751	Teach For America, Inc.	Teach For America - New Jersey	75,000
1913	Worldwide Orphans Foundation	WWO Academy, Addis Ababa, Ethiopia - four-year pledge (2011-2014)	150,000
2143	PhD Project Association	Three-year pledge (2009-2011) to support the PhD Project's Diversity in the Workplace programs	25,000
2211	Sesame Workshop	Sesame Workshop "Food for Thought"	500,000
2211	Sesame Workshop	Sesame Workshop "Food for Thought" Funding to support the creation of "Healthy Habits for Life on a Limited Income"	500,000
2385	Baylor Health Care System Foundation	Multi year pledge (2009-2013) to support comprehensive diabetes program in Dallas, as part of Merck Alliance to Reduce Disparities in Diabetes	372,164
2387	Sundance Research Institute	5 year pledge (2009-2013) to support comprehensive diabetes program among Eastern Shoshone Tribe, as part of Merck Alliance to Reduce Disparities in Diabetes	378,328
2389	Cooper Foundation	5-year pledge (2009-2013) to support comprehensive diabetes program through Camden Coalition of Healthcare Providers, as part of Merck Alliance to Reduce Disparities in Diabetes	400,000

2393	University of Chicago	5-year pledge (2009-2013) to support comprehensive diabetes program in South Side of Chicago, as part of Merck Alliance to Reduce Disparities in Diabetes	400,000
2395	Regents of the University of Michigan	5-year pledge (2009-2013) to support the Alliance National Program Office at the University of Michigan Center for Managing Chronic Disease in accordance with Award Agreement dated June 29, 2009	350,000
2397	Healthy Memphis Common Table	5-Year pledge (2009-2013) to support comprehensive diabetes program in Memphis, as part of merck Alliance to Reduce Disparities in Diabetes	392,176
2401	StreetLight Mission Inc.	StreetLight Mission Food Pantry	45,000
2409	Trustees of Columbia University in the City of New York	The Millennium Villages Project. Community Health Workers Program - 3-year pledge (2011-2013)	500,000
2451	American Australian Association Inc.	The Merck Company Foundation Fellowship - 4-year (2011-2014)	25,000
2477	Spanish Theatre Repertory, Ltd	¡Dignidad! Program- Building Academic Success Through Theatre - 3-year pledge (2011 - 2013)	25,000
2529	Foundation of UMDNJ	Improving the Quality of Services for Prevention of Mother-to-Child Transmission of HIV in Botswana - two-year (2011-2012)	190,000
2537	United Negro College Fund Inc	UNCF/Merck Science Initiative	0
2601	Hunterdon Medical Center Foundation	Bone and Joint Care Program at Hunterdon Medical Center	100,000
2631	United Way of the Mid-South	United Way of the Mid-South Community Initiatives Fund - Specialized sexual and physical medical examinations of children who are victims of assault	10,000
2653	Liberty Science Center Inc	Early Childhood Education via Liberty Science Center's Young Learner Lab - Three year pledge (2011-2013)	210,000
2721	Newark Beth Israel Medical Center Foundation	KidsFit Newark - Childhood Obesity Prevention	141,530
2725	BroadReach Institute for Training and Education, Inc	Management and Leadership Academy (MLA) - Zambia Program Implementation - four-year pledge (2011-2014)	1,000,000
2809	American Cancer Society Eastern Division Inc.	Toward Excellence in American Cancer Society Patient Navigation Services - three-year (2011-2013)	332,189
2939	World Vision, Inc.	SOS Rio de Janeiro Mountainous Region: Children First	25,000
2989	Transatlantic Council, Boy Scouts of America	Transatlantic Council Boy Scouts of America support of military families stationed in Europe.	25,000
3061	Michigan Avenue Elementary School	Michigan Avenue School Improvement Initiative	19,500
3147	George Street Playhouse, Inc.	NJ Neighbor of Choice, Ensemble Project: Building Community through Theatre	25,000
3159	Community Hope, Inc	Residential Recovery Programs for Individuals with Mental Illness including Homeless Veterans	50,000
3167	Mount Sinai School of Medicine of New York University	Hepatitis Outreach Network educational component for HONE	76,775
3203	American Red Cross	Disaster Relief in New Zealand	25,000
3231	Nature Conservancy	Strengthening Communities through Conservation	35,000
3233	Rahway Community Action Organization	RCAO JFK Community Center, Leaders of Tomorrow (LOT) Childcare Programs	25,000
3237	Cleveland State Community College Foundation	"Bridge Cultures in the Community" humanities program	15,000

3239	Women's Health and Counseling Center	Chronic Diseases Management Program for the Medically Underserved	16,450
3255	Homeless Solutions, Inc.	Family and Woman's Shelter	10,000
3271	Cooperative for Assistance and Relief Everywhere Inc.	Join My Village India and Malawi	1,250,000
3281	Mercer Street Friends	Healthy Eating Initiatives-NJ Neighbor of Choice	25,000
3291	Senior Services Center of the Chathams	Reflections--Support Programs For Elderly Women	3,000
3305	Trinitas Health Foundation	Trinitas Cancer Patient Navigator Program	100,000
3307	Hunterdon Drug Awareness Program, Inc.	Intensive Outpatient Treatment Program (Year 2 of Grant Request)	18,000
3339	Overlook Hospital Foundation	Thomas Glasser Caregivers Center at Overlook Hospital	100,000
3343	Briteside Adult Day Centers, Inc.	L.E.A.D (Living Enhancement for Alzheimer's and Dementia)	30,000
3345	Save the Children USA	Save the Children's Response to the Japan Earthquake & Tsunami	750,000
3355	Salvation Army	Salvation Army's Programs to Fight Hunger	40,000
3375	American Red Cross	Japan Earthquake Disaster Response	500,000
3377	Boys & Girls Club of Lodi, INC	Gang Prevention through Targeted Outreach	12,000
3383	Jersey Battered Women's Service	JBWS' Community Counseling Program	25,000
3385	Cathedral Soup Kitchen, Inc.	Cathedral Kitchen's Community Health Clinic	20,000
3393	SAGE Eldercare, Inc.	SAGE Eldercare, Caring for Older Adults in their Own Homes with Meals on Wheels	30,000
3455	Crossroads Programs, Inc	Rites of Passage	20,000
3477	Philadelphia Art Alliance	Spring 2011 Match Challenge Campaign.	1,000
3479	Anderson House, Inc.	For the Health of It! - Comprehensive Education & Care	10,000
3483	Visiting Nurse Association of Central Jersey	VNACJ Transitions In Care, A NJ Neighbor of Choice Program	25,000
3511	CONTACT We Care, Inc.	Building Capacity - enhancing our volunteer pool of CONTACT Listeners and by developing On-line Emotional Support	10,000
3513	Free Library of Philadelphia Foundation	Science Programming for Children and Teens	10,000
3549	Jewish Family Service of MetroWest	Mental Health Services for Children with Special Needs	40,000
3593	Paper Mill Playhouse	"Theater for Everyone" Sensory Friendly Performance	20,000
3597	Community Food Bank of New Jersey, Inc	Kids Café Program	40,000
3601	Boys & Girls Club of Hawthorne	Formula for Impact Strategy: Serving Teens In Our Community	12,000
3607	Community Children's Museum	Dover Elementary School Children Science Field Trips to Community Children's Museum	5,000
3615	Communities In Cooperation, Inc	Job Readiness & Development for Rahway Teens	8,500
3615	Communities In Cooperation, Inc.	Job Readiness & Development for Rahway Teens	8,500
3615	Communities In Cooperation, Inc.	Job Readiness & Development for Rahway Teens	970

3621	Heightened Independence and Progress	Adjustment to Vision Loss Project	35,000
3625	Boys & Girls Club of Paterson & Passaic	Teen Works – Summer Employment & Enrichment Project	12,000
3633	Community Health Charities of Tennessee, Inc.	Health Matters at Work	10,000
3653	Senior PharmAssist, Inc.	Funding to Expand Medicare Health and Drug Insurance Counseling and Outreach	20,000
3659	Academy of Natural Sciences of Philadelphia	Women in Natural Sciences - a summer and after school science enrichment and mentoring program for young women in high school	5,000
3681	Evangelical Community Hospital	Mammograms for uninsured or underinsured women	10,000
3687	Deirdre O'Brien Child Advocacy Center	Deirdre's House Medical Program To provide services to child victims of abuse and/or neglect	5,000
3695	SUN Home Health Services, Inc.	Point of Service Clinical Documentation System for Home Health and Hospice	15,000
3697	Sesame Workshop	Vila Sésamo and Merck Foundation: A Healthy Habits Pilot Project for Brazil	100,000
3699	Durham Economic Resource Center	Workforce Training and Development NC Neighbor of Choice	15,000
3701	American Red Cross	Japan Earthquake and Tsunami Disaster Relief (Matching Gift)	375,000
3705	Brinkley Heights Urban Academy	Kids Economics through Infusionomics Program	20,000
3717	East Carolina University Foundation, Inc.	Department of Chemistry - upgrade and replace non-functional and antiquated undergraduate laboratory equipment	20,000
3729	Child and Parent Support Services	Brighter Futures Project	15,000
3731	Wildlife Center of Virginia	Wildlife Center of Virginia Web-Cam Network	49,050
3733	North Carolina Museum of Life and Science	Investigate Health – The Lab Experience building STEM literacy and exposure to careers in science	47,500
3765	Elkton Area United Services	Dental Health Care in the Elkton Area Community	50,000
3767	Memphis Child Advocacy Center	Family Advocacy Program for Child Sexual Abuse Victims and their Family	20,000
3769	Mifflinburg Heritage & Revitalization Association	Mifflinburg History Summer Day Camp for elementary and middle grade students ages 6-12	3,000
3775	James Madison University	Healthcare for the Homeless Suitcase Clinic	50,000
3777	Learning Center for Adults and Families, Inc.	Learning Center for Adults and Families, Inc.	25,000
3805	Earth Korps Inc.	Shenandoah River Clean-up Project	25,000
3811	Steppin Out	The Steppin' Out-Reach Out Project·Part of the Steppin' Out Women's Walk/Jog/Run Program	4,481
3815	Harrisonburg Education Foundation	Thomas Harrison Middle School Wind Turbine	14,500
3817	Wilson Community College Foundation, Inc.	Wilson Community College Microscope Upgrade Project	20,000
3823	Danville Area School District	Danville Head Start and High School Residency: Teaching Through the Creative Arts in Early Childhood	6,531

3833	Ronald McDonald House of Danville, Inc.	2011 Ronald McDonald House of Danville, PA 2011 Camp Dost Program	10,000
3843	Opportunities Industrialization Center of Wilson, Inc.	Community Investment OIC Health Services	20,000
3849	Rockingham County REFI	Stretch for Science and Mathematics	10,000
3857	Barton College	Barton College Dept of Science and Math. A proposal to expand student research in the life sciences	40,000
3875	Children's Health Fund	Childhood Asthma Initiative in New Orleans (2011-2012)	137,560
3883	Barnard College	Barnard/Merck Undergraduate Research Program (2011-2012)	30,000
3891	Community Education Group	ROAD to AIDS 2012 - Four payments over two years (2011-2012)	125,000
3891	Community Education Group	ROAD to AIDS 2012 - Four payments over two years (2011-2012)	125,000
4009	Spine Health Foundation, Inc.	1st Annual Fundraiser for The Spine Health Foundation,Inc.	5,000
4123	Boys Town Jerusalem Foundation of America, Inc.	Scholarship Program	5,000
4143	Sesame Workshop	Manufacturing 50,000 additional Food for Thought kits	112,500
4197	National Association of Basketball Coaches Foundation	Ticket to Reading Rewards (2011-2013) 3-year	40,000
4303	EngenderHealth, Inc.	Mobile Outreach Services Project: Accelerating Access to Contraceptive Choices	232,013
4307	W E B. DuBois Scholars Institute, Inc.	Students participate in a 5 week-long rigorous academic and residential program	50,000
4371	American Bar Association Fund for Justice and Education	American Bar Association Pro Bono Summit	25,000
4373	Save the Children Federation, Inc.	Partnering in Pakistan and Nepal to Save Children's Lives Through Frontline Health Workers - five-year (2011-2015)	1,000,000
4391	Center For Hope Hospice & Palliative Care	Grant - Touched by an Agency request	1,000
4399	Amyotrophic Lateral Sclerosis Association, Greater Philadelphia Chapter	Grant - Touched by an Agency request	1,000
4401	New Jersey Center for Tourette Syndrome and Associated Disorders, Inc.	Touched By an Agency Grant- NJ Center for Tourette Syndrome	1,000
4409	Madonna Learning Center, Inc.	Grant - Touched by an Agency request	1,000
4411	Transplant House	Gift of Life Family House	1,000
4413	Deborah Hospital Foundation	Deborah Heart and Lung Center	1,000
4425	Morristown Memorial Health Foundation Inc.	Grant - Touched by an Agency request	1,000
4427	Samaritan Healthcare & Hospice	Grant - Touched by an Agency request	1,000
4429	Reach Out and Read, Inc	Reach Out and Read-New Jersey/Merck Employee Volunteer Reader Program	35,000
4431	Caring Bridge	General Operating Support	1,000

4445	Aplastic Anemia & MDS International Foundation, Inc	General patient and family support services.	1,000
4451	Central NJ Brain Tumor Support Group and Resource Center	Grant - Touched by an Agency request	1,000
4455	Practice Without Pressure, Inc.	Grant - Touched by an Agency request	1,000
4467	Easter Seals of Southeastern Pennsylvania	Grant - Touched by an Agency request	1,000
4479	Men Mentoring Men	$1,000 Touched By an Agency grant from The Merck Company Foundation	1,000
4493	Sebastian Riding Associates Inc	Therapeutic riding program for people living with disabilities	1,000
4535	Keystone Hospice	The George Fund of Keystone Hospice	1,000
4569	Friends of the World Food Program, Inc.	Emergency Support to Drought-Affected Populations in the Horn of Africa	100,000
4637	Family Guidance Center Corporation	Homeless Prevention Services	25,000
4665	Legal Services of New Jersey	LSNJ Operating Expenses - General Support	25,000
4703	Please Touch Museum	Please Touch Museum's Educational Programming	6,000
4705	Volunteer Guardianship One-on-One, Inc.	Guardianship Studies Program	4,000
4709	Circle of Life Childrens Center, Inc.	Pediatric Palliative Care/Clinical Services Program	50,000
4725	Colorado Foundation Inc, University of	XSci Extraordinary Educator Experiences - three year pledge (2012-2014)	289,683
4727	Task Force for Global Health	Uganda Immunization Training Program	199,843
4739	Hunterdon Prevention Resources	Current Trends and Health & Wellness Initiative	18,000
4757	Drexel University	Improving Child Health through Changing Policy on Access to the Child and Adult Care Food Program	100,000
4769	Community Soup Kitchen and Outreach Center, Inc	Outreach Center	15,000
4785	Deirdre O'Brien Child Advocacy Center	Clinical Counseling Program	25,000
4803	U.S Fund for UNICEF	Emergency Response to Drought in the Horn of Africa	100,000
4835	HAR, Inc.	Accessible Housing to Seniors and the Disabled	5,000
4841	Hudson Perinatal Consortium, Inc.	Hudson Perinatal Community Doulas	36,007
4843	HomeSharing, Inc.	Shared Housing - Union and Morris Counties, NJ - NJ Neighbor of Choice	25,000
4851	Interfaith Neighbors, Inc.	Interfaith Neighbors Meals On Wheels Program	25,000
4865	Covenant House New Jersey	Covenant House Mental Health Program	25,000
4895	Essex County Family Justice Center Inc	Essex County Family Justice Center expansion its network of partners	25,000
4899	American Friends Service Committee	American Friends Service Committee / NJ Neighbor of Choice - Legal Representation Project	25,000
4923	Interfaith Food Pantry, Inc.	Healthy Choices Program	25,000
4941	Caucus Educational Corporation	"Promoting Good Nutrition in New Jersey's Neighborhoods"	50,000

4945	Partners for Women and Justice, Inc.	Domestic Violence Legal Representation Program	35,000
4963	Caucus Educational Corporation	Stand & Deliver: Communication Tools for Tomorrow's Leaders (NJ Neighbor of Choice)	50,000
4969	Jewish Family Service of Central New Jersey	Care Transitions Project	30,000
4983	Somerset Medical Center Foundation	El Poder Sobre Diabetes - NJ Neighbor of Choice	10,000
5003	Parker Family Health Center	Diabetes Management for a NJ Neighbor of Choice	20,000
5007	Youth Development Clinic of Newark, Inc.	Neurons to Neighborhoods	50,000
5019	FAN4Kids, A NJ Nonprofit Corporation	FAN4Kids Newark: Reversing the Trend of Childhood Obesity	40,000
5021	Hunterdon County YMCA	LIVESTRONG at the Hunterdon County YMCA	7,500
5023	America's Grow-a-Row	NJ Neighbor of Choice Grant for the Newark Hunger Relief and Healthy Eating Pilot Program	10,000
5025	New Jersey Institute for Social Justice, Inc.	Safe Schools, Safe Communities	50,000
5027	Wellness Community of Central New Jersey	Cancer Transitions	5,750
5029	Project GRAD Newark	Project GRAD Newark	25,000
5031	Flemington Area Food Pantry Inc	New Jersey Neighbor of Choice Holiday Meal Program	20,000
5071	Little Kids Rock	Little Kids Rock New Jersey Expansion Initiative	5,000
5175	Boys & Girls Clubs of Newark	Early Childhood Health Literacy	50,000
5267	American Jewish World Service 3-year (2012-2014)	Sexual Health in Emergency, Conflict, Post-Conflict and Repressive Contexts	300,000
5375	American Red Cross	Thailand Flooding Disaster Response	25,000
5501	Volunteer Lawyers for Justice, Inc.	VLJ/Newark Now Legal Clinic	30,000
5553	Sesame Workshop	Food for Thought supplemental request	125,000
	Dollars for Doers	See D4D tab for breakdown	198,500
	Partnership for Giving	Matching Gift Program	8,561,000
	Partnership for Giving	Matching Gift Program	1,081,550
	Partnership for Giving	Matching Gift Program	4,261,000
	African Comprehensive HIV/AIDS Partnerships (ACHAP)	To support and enhance Botswana's response to the HIV/AIDS epidemic through a comprehensive approach that includes HIV/AIDS prevention, treatment, care and support, and impact mitigation	6,000,000
	China-MSD HIV/AIDS Partnership (C-MAP),	To address HIV/AIDS prevention, patient care, treatment and support	7,000,000
	Merck Childhood Asthma Network	To enhance the quality of life for children with asthma and their families, and to reduce the burden of the disease on them and society.(2011-2014)	4,021,746
	Merck Institute for Science Education	To improve science education from kindergarten through 12th grade through teacher and program development (2011-2013)	3,796,181
		Total	**53,306,196**

STATEMENT #8
FORM 990-PF 2011
PART XV, 3b

MERCK COMPANY FOUNDATION
22-6028476
PLEDGES

Grant ID	Organization Name	Program Title	Approved Total Amount	Total Paid to Date	2012	2013	2014	2015	2016	Total
6347	City of Philadelphia	Engaging HIV-Positive Patients in Care (EHPPIC)	1,000,000	333,333	333,333	333,333	333,334			**1,000,000**
6351	Fulton County Government	Bridging the Gap - A Linkage to Care Project in Fulton County, Atlanta, GA	1,000,000	333,333	333,333	333,333	333,334			**1,000,000**
6355	Houston Department of Health and Human Services	Expanded Linkage to Care Initiatives (ELCI)	999,997	333,332	333,332	333,332	333,333			**999,997**
7325	George Washington University	HIV Care Collaborative Program Office	600,000	200,000	200,000	200,000	200,000			**600,000**
1051	New Jersey Symphony Orchestra	Music Education & Community Engagement Initiatives and NJSO	600,000	400,000	200,000					**200,000**
5267	American Jewish World Service	Sexual Health in Emergency, Conflict, Post-Conflict and Repressive	900,000	300,000	300,000	300,000	300,000			**900,000**
1025	American Red Cross	American Red Cross Annual Disaster Giving Program (ADGP)	2,000,000	1,500,000	500,000	500,000				**1,000,000**
6343	International Centre for Diarrhoeal Disease Research	Cholera Outbreak Preparedness--An Innovative Model (2012-	743,045	371,523	371,523	371,522				**743,045**
2385	Baylor Health Care System Foundation	Baylor Research Institute	1,868,967	1,440,358	399,227	428,609				**827,836**
2387	Sundance Research Institute	Sundance Research Institute, Inc	1,898,571	1,502,794	386,769	395,777				**782,546**
2389	Cooper Foundation	Cooper Foundation, Inc , The	2,000,000	1,594,100	394,100	405,900				**800,000**
2393	University of Chicago	University of Chicago	2,000,000	1,563,636	363,636	436,364				**800,000**
2395	Regents of the University of Michigan	Regents of the University of Michigan	1,750,000	1,400,000	350,000	350,000				**700,000**
2397	Healthy Memphis Common Table	Healthy Memphis Common Table	1,977,562	1,378,515	196,088	402,959				**599,047**
5597	National Academy of Sciences	Strengthening K-12 Science Education Through a	1,000,000	500,000	500,000	300,000	200,000			**1,000,000**
1913	Worldwide Orphans Foundation	WWO Academy, Addis Ababa, Ethiopia	1,000,000	450,000	300,000	300,000	250,000			**850,000**
2451	American Australian Association Inc	Merck Company Foundation Fellowship	100,000	25,000	25,000	25,000	25,000			**75,000**
2477	Spanish Theatre Repertory, Ltd	¡Dignidad! Program-Building Academic Success Through Theatre	105,000	60,000	35,000	45,000				**80,000**
2537	United Negro College Fund Inc	UNCF/Merck Science Initiative	6,073,789	0	1,518,447	1,518,447	1,518,447	1,518,448		**6,073,789**
2653	Liberty Science Center Inc	Early Childhood Education via Liberty Science Center's Young Learner Lab	800,000	525,000	275,000	275,000				**550,000**
3883	Barnard College	Barnard/Merck Undergraduate Research Program	60,000	30,000	30,000					**30,000**
4197	National Association of Basketball Coaches Foundation	Ticket to Reading Rewards (2011-2013)	150,000	40,000	50,000	60,000				**110,000**

4725	University of Colorado Foundation Inc	XSci Extraordinary Educator Experiences	899,795	289,683	289,683	320,694	289,418			**899,795**
5449	Girls Incorporated	Girls Inc Eureka! Expansion	364,848	195,083	195,083	169,765				**364,848**
6117	National Alliance for Hispanic Health	Alliance/Merck Ciencia Scholars Program	4,000,000	2,400,000	0	832,254	767,746			**1,600,000**
SAP funds transf	MISE	5 -Year 2009 through 2013	19,500,000		3,700,000	5,849,773				**9,549,773**
1739	New Jersey Performing Arts Center Corp	New Jersey Performing Arts Center (NJPAC)	1,000,000	600,000	200,000	200,000				**400,000**
1231	Children's Inn at NIH	Children's Inn at NIH	5,000,000	4,000,000	1,000,000	1,000,000				**2,000,000**
2409	Trustees of Columbia University in the City of New York	Millennium Villages Project Community Health Workers Program	1,000,000	800,000	300,000	200,000				**500,000**
2529	Foundation of UMDNJ	Services for Prevention of Mother-to-Child Transmission of HIV in Botswana	374,106	374,106	184,106					**184,106**
2725	BroadReach Institute for Training and Education, Inc	Management and Leadership Academy (MLA) - Zambia Program Implementation	4,000,000	1,798,239	798,239	1,201,761	1,000,000			**3,000,000**
2809	American Cancer Society Eastern Division Inc	Toward Excellence in American Cancer Society Patient Navigation Services	996,565	664,377	332,188	332,188				**664,376**
3875	Children's Health Fund	Childhood Asthma Initiative in New Orleans (2011-2012)	275,120	137,560	137,560					**137,560**
3891	Community Education Group	ROAD to AIDS 2012	500,000	500,000	250,000					**250,000**
4303	EngenderHealth, Inc	Mobile Outreach Services Project Accelerating Access to Contraceptive Choices	651,225	232,013	203,198	216,014				**419,212**
4373	Save the Children Federation, Inc	Partnering in Pakistan and Nepal to Save Children's Lives Through Frontline Health Workers	5,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000		**4,000,000**
4477	Children's Inn at NIH	Friends Fund Challenge Grant	500,000	100,000	100,000	100,000	100,000	100,000	100,000	**500,000**
5165	Sustainable Innovations	Arogya or Laptop-based Clinics for Masses (2012-2013)	341,250		113,750	113,750				**227,500**
SAP funds transf	ACHAP	5 - Year - 2010 through 2014	30,000,000		6,000,000	6,000,000	6,000,000			**18,000,000**
SAP funds transf er	CMAP	7-Year $30million commitment (2005-2011) 2012 payment represents final payment toward this initial commitment	30,000,000		366,000	2,000,000	2,000,000	2,000,000		**6,366,000**
SAP funds	MCAN	5 -Year 2010 through 2014	133,029,840		5,135,057	3,769,606	3,769,606			**12,674,268**
		Total	266,059,680	27,371,985	**27,699,652**	**30,620,381**	**18,420,218**	**4,618,448**	**100,000**	**81,458,698**

GLOBAL HEALTH PROGRESS REPORT FORM

BILL & MELINDA GATES foundation

Please refer to the Progress Report Guidelines for instructions on completing this form.

I. Summary Information

GRANT INFORMATION

Project Name ACHAP Phase II

Organization Name African Comprehensive HIV/AIDS Partnerships

Grant ID# 52352

Foundation Program Officer David Allen

Date Grant Awarded *September 2009*

Project End Date *September 2012*

Grant Amount $29,813,113

Project Duration *36 months*

Report Period From *January 2011*

To *December 2011*

Report Due *April 16, 2012*

Has this project been granted a no-cost extension? *No*

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

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Report Prepared by Rachel Jackson

Date Submitted *17 April 2012*

Phone +267 369 7206

E-mail Rachel@achap org

Geographic Location(s) of Work	
Country and Region/State	**Amount**
Botswana	$
USA	$
	$
	$
Total Grant Amount	$29,813,113

Geographic Area(s) to be Served	
Country/Continent	**Amount**
Botswana	$29,813,113
	$
	$
	$
Total Grant Amount	$29,813,113

II. Progress and Results

General Progress

In 2011 ACHAP continued progress against the objectives of the Phase II grant Early in the year, there were delays caused by a large government employee strike, which had a significant impact on the SMC and TB/HIV objective Challenges continued for most of the first half of 2012 for these objectives, with improved progress toward the end of the year. Notably, 2012 marked the finalization of Objective 2: Young Women's Prevention and the finalization of the majority of Objective 4 Treatment Transition activities

Critical Milestones

For each objective, describe the critical milestones for the reporting period and whether they were achieved or delayed	If achieved: What source of evidence[2] do you have to support the result? If delayed: What was the cause of delay?
Objective 1:	
13,200 Cumulative SMC by ACHAP Funded Teams	Delayed By end of December 2011 and with ACHAP support, 12,861 circumcisions had been performed which represents 97% attainment of target This figure is generated from ACHAP quarterly performance data and verified by Ministry of Health reporting systems
SMC personel adopt forceps guided as the preferred procedure	Achieved All the 12 SMC doctors adopted forceps guided as the standard SMC procedure This is now policy and approved method for the national programme as per MOH circular .
Objective 2:	

Completion of data gathering and analysis	Literature review completed , Botswana Advisory Group (BAG) and International Think Tank (ITT) meetings held, key informant interviews done and formative research – social design research done among the target populations
HIV prevention strategy developed including package of interventions	The prevention strategy and package of interventions developed and shared among revelevant stakeholders and presented to ACHAP Board of Directors
Comprehensive monitoring and evaluation plan developed and integrated evaluation to ensure contribution to the knowledge on HIVpreventionfor young girls and women	No longer applicable, M&E plan was not developed as ACHAP will not be implementing the objective
Objective 3:	
Advocacy strategic partnerships developed	Achieved ACHAP Facilitated Thought Leadership Forum on innovative health financing during the month of October 2011
Promotion of organization and project reputation	Achieved. ACHAP presented at the Merck Lecture Series and the World Health Summit in Germany in October 2011. ACHAP's contribution to the HIV response and social development in Botswana by reducing the impact of HIV/IDS and supporting Botswana's progress towards attainment of Millennium MDGs was presented at the Notre Dame University Conference on the UN Global Compact and the MDGs. A chapter describing this experience has been accepted for publication in a book to be for published by Notre Dame Press in 2013,"*Sustainable Development The UN Global Compact The Millennium Development Goals and the Common Good*" ACHAP shared its contribution toward attainment of universal access goals in Botswana with respect to HIV/AIDS treatment at the 3rd International Conference for Improving Use of Medicines (ICIUM) in Turkey in November 2011 Locally ACHAP hosted the South Sudan AIDS Commission during a benchmarking exercise facilitated by NACA ACHAP also hosted the Dutch MSD team and Dutch journalists; the key focus of the visit was to establish how the programme had evolved over the past decade
Programmatic Objectives Leveraged through communications and advocacy	Achieved C & A supported the following during the period under review • The final development of the Objective 2 proposal which was presented to the Board for consideration in November 2011.

	• The preparation and roll out of the evaluation of the SMC Short Term Communication Strategy. • The development of the TB Advocacy, Communications and Social Mobilization (ACSM) Strategy.
Objective 4:	
The treatment transition plan agreed and MOH commit to the same	Consultative meetings held with the MOH/ACHAP/BHP and a transition plan agreed, however it was noted that the transition of technical support would be a challenge due to capacity constraints within the Ministry of Health. Based on this an extension was agreed upon for the transition to be completed by 31st March 2012
Revised Merck Medicine donation forecast plan for upto 2014 completed	Achieved MOH/ACHAP worked on a revised Merck Medicine donation forecast for the period 2012 to 2014 in reducing quantities which was formally agreed with Merck This took into consideration the MOH plan to adopt the revised WHO 2010 ARV treatment guidelines
Availability of the resource implications study report	Achieved. ACHAP supported the MOH and NACA to successfully conduct a study on the resource implications of treatment guidelines The inception report and the initial draft report were shared Final report of the study has been produced and approved
Objective 5:	
The TB Strategy reviewed and recommendation plan for implementation developed	Achieved WHO led TB strategy review done with recommendations to ACHAP and MOH MOH and other partners prioritized the recommendations and drew an implementation plan Key focus areas include leadership, governance and coordination, Scale up of TB/HIV integrated and collaborative activities, monitoring and evaluation and Research and implementation science
TB KAP survey and the ACSM strategy developed	The TB KAP survey was done and report finalized Based on the report findings an ACSM strategy has been developed
Launch and dissemination of the TB/HIV policy guidelines	Achieved ACHAP supported the MOH to finalise, their launch and disseminated the TB/HIV policy guidelines in all 14 supported districts. All of these districts aligned their TB/HIV plans to the new policy guidelines. The TB/HIV policy guidelines are being used nationally to guide TB program implementation and TB/HIV collaborative activities throughout the country
Launch of the Community TB care policy guidelines and Community TB/HIV Care project	The Community TB/HIV care guidelines were finalized, and launched Community TB/HIV care project launced in the Greater Gaborone district
Objective 6:	
One study conducted	Achieved, One study was targeted, however three studies on TB/HIV, SMC KAP and costing of revisions in treatment guidelines were conducted in

	2011. These studies were successfully completed and reports and draft manuscripts for submission to peer review journals being finalized
4 programme monitoring reports produced	Quarterly programme monitoring reports in the form of the organizational score card and the Madikwe dashboard were completed for the second half of 2011
100% of ACHAP contracted partners receiving M&E mentorship	We gave mentorship to all Sub-grantees and Subcontractors namely Botswana Retired Nurses, Madiba Drama Group, Tselakgopo Cultural Commune and Tebelopele. We conducted site visits to each organization and work through their reports Botswana Retired Nurses was mentored on how to capture and analyse data through the DHS II system and in developing quarterly reports

[1]See the Glossary of Terms in the Progress Report Guidelines for definitions of the terms in this table

[2]**Source of evidence** a routine monitoring report, an evaluation study, or any document such as a project report or even an email message that could be used as evidence that a particular result or critical milestone has been achieved

UPDATED APPENDIX A: RESULTS AND CRITICAL MILESTONES TABLE

Please attach an updated table as described in the guidelines

OTHER RELEVANT UPDATES

Objective 1: SMC

ACHAP's original 2011 goal was to support the circumcision of 20,000 HIV negative males, this target was revised to 13,200 considering the prevailing situation which included a health workers' strike which impacted on service delivery until mid-year By end of December 2011 and with ACHAP support, 12,861 circumcisions had been performed This represents 97 4% of the revised target

Following a bench marking visit to Zimbabwe there was revision of the SMC protocol and procedures including removal of FBC (full blood count) as a pre-requisite for SMC, allowing SMC to be done in procedure rooms, introducing task sharing for nurses, use of diathermy machines and agreement to the implemention of MOVE approach in service delivery Whereas a modest percentage of the original 20,000 target was reached in 2011, increased achievement toward the end of the year showed that significant progress can be achieved in the country if the environment is made favourable.

ACHAP provided direct support to 13 health facilities with high potential for SMC volumes throughout the country The majority of these sites also conducted outreach SMC services within their catchment areas

From May 2011 several decisions were made that will support improved program progress in 2012 and beyond, including agreement to

a) the establishment of dedicated SMC teams
b) adoption of forceps guided method of circumcision as preferred method
c) piloting stand alone non-governmental facilities
d) expanding nursing roles to allow task sharing and improve ability to implement the MOVE model
e) a project approach to SMC roll out which now enables better coordination of partner efforts and closer monitoring of progress and course correction with involvement of top management from Ministry of Health

In 2011 ACHAP undertook initiatives to support community mobilization efforts for SMC demand creation through community based organisations ACHAP worked together with district health management teams to identify local NGOs and CBOs in the focus districts that were in some way involved in community mobilisation Organizations were initially supported to engage in specific activities, including SMC promotional jam sessions, road shows, football tournaments and house to house mobilization campaigns with specific targets for number of men circumcised serving as a monthly contract deliverable. Demand creation efforts of these organisations became even more evident during school campaigns where the majority of all males circumcised were referred by ACHAP supported organisations There was marked improvement in service delivery uptake after the organisations were brought on board.

Once the organizations program management abilities were determined, four organizations were engaged in short term "learning" (3 - 6 month) contracts to allow for an expanded set of activities as well as more formal assessment and program monitoring These contracts were performance based and organized to allow learning on both the part of the CBOs and ACHAP on the most effective strategies

Based on assessment of contracted organization's performance, more effective demand creation interventions will be implemented in 2012. Key lessons learnt during the year include the deployment of community mobilisers whose age, culture and background resonates well with that of the target audiences to avoid cultural barriers; and the importance of consistency in messages which is mainly a function of the basic orientation of the mobilisers Challenges, such as client and mobilisers transport and the requirement of funding to support phone call costs for follow-up activities, have also served to improve 2012 program activities Of key importance during 2012 will be the application of the appropriate approaches for monitoring demand creation effectiveness and tracking success rates in terms of service uptake due to demand creation activities.

Objective 2 Prevention

During 2011, ACHAP finalised the proposal for the implementation of the prevention strategy and package of interventions targeting young women and girls aged 15-29 years in Botswana An International Think Tank (ITT), a Botswana Advisory Group (BAG) and technical working groups on research and communications as well as a youth advisory group, were set up for the purposes of generating information for the development of the proposal With their assistance a strategy was developed intended to reach 36,000 programme participants by mid-2014

After consultation with Board and funders, it was determined that it would be difficult for ACHAP to implement the strategy as planned and achieve measurable impact within the remaining period of the grant. In view of this, it was recommended that ACHAP present the proposal to NACA for consideration as part of its strategy This has been done and consideration for implementation of components of the strategy will be made by the National HIV Prevention Think Tank under NACA's coordination

Objective 3.

ACHAP facilitated a Thought Leadership Forum on innovative health financing during the month of October 2011 It was held in Partnership with GBC Health and Barclays Bank Botswana and provided an opportunity to share best practice and lessons learnt in Phase I and also share experience to date with regards to the implementation of the Phase II SMC programme in support to the Government of Botswana through the Ministry of Health The theme of the event was HIV/AIDS Co-Investment for Prevention and Sustainability Planning The keynote speaker was Mr Michael Schreiber, GBC Health Managing Director, addressing the theme - HIV/AIDS Co-Investment for Prevention and Sustainability Planning. Also speaking were Dr. Themba Moeti, ACHAP Managing Director and Mr Wilfred Mpai, Barclays Bank Managing Director and the discussion was facilitated by Ms Tjipo Mothobi and Mr. Brian Leamy of GBC Health The aim was to facilitate sharing of ideas by partners to actively engage over the course of the next 12 months

Attendants of the forum included Heads and CEOs of the multi-sectoral partners – private sector, civil society, government, media, academia and development partners. Honoured guests included Honourable Minister of Presidential Affairs and Public Administration Mr Mokgweetsi Masisi, Local Members of ACHAP Board of Directors; Senior Management of GBC Health, Barclays Bank Country Executive Committee & Board Members, UNAIDS Country Representative, UNICEF Deputy Representative, and Justice Nganunu.

Objective 4.

Discussions for transitioning treatment programme support were scheduled to be completed in 2011, with transition for programmatic support concluded in 2011. However for the KITSO ARV Training programme, while the programme coordination and data base infrastructure were successfully trasitioned to the Ministry of Health, due to capacity and financial constraints the technical support component was not completely transitioned The inability to fully transfer the technical support (skilled human resource) component to the MOH as expected led to an extension to 31st March 2012 The Ministry of Health ACHAP and the Botswana – Harvard Partnership (BHP) developed a plan to ensure that this process is successfully completed BHP was contracted by ACHAP to ensure that technical capacity is built within the MOH, and give time for the MOH to create positions for the master trainers and the full complement of coordination staff of KITSO Despite a freeze on new manpower positions, the Ministry of Health created three new positions as part of sustainable capacity development for the training programme In addition 16 nurses and doctors have been identified and trained as trainers to increase local capacity

The Merck medicine donation forecast was completed by the MOH/ACHAP and with progressive reduction of donated quantities and increasing Ministry of Health procurement until 2014 The forecast presented to Merck for their review and approval in October 2011. The Ministry of Health is, as of January 2012 procuring 75% of the requirements of one of dosage formulations for the donated products, while donation of another dosage formulation of the same medicine has ceased as per the plan

ACHAP has over the life of the project provided human resources to support development and implementation of the Masa ARV programme One of the key areas of ACHAP support has been support for the maintenance and development of IT solutions for the electronic database of the programme. As of December 2011, ACHAP concluded its secondment of IT human resource support which has since 2003 maintened information systems and supported the development of local capacity for the ARV programme.

As of March 2012, the support for two key positions, the HIV Clinical Advisor and the KITSO training coordinator were concluded The HIV Clinical advisor contributed to development of the revised ARV treatment guidelines, and provided technical input to resistance surveillance and medicines donation forecasting ACHAP will conclude its support by assisting local capcity development through procurement of equipment, training of personnel, and facilitation of maintenance of this database through a collaboration between the Africa Centre Monitoring and maintenance of low levels of drug resistance will be key to long term sustainability of the programme, as patient numbers are set to increase with the recent guideline changes

An important development that will assist future planning and decision making with respect to the treatment programme, was the conduct of the study on resource implications of expansion of access to HIV treatment The study included research on effect on other HIV interventions such as prevention of mother to child transmission, increasing access to testing and counseling and safe male circumcision This study provides modeling scenarios based on local data and realities, providing options for the government to consider in its decisions to or beyond the parameters of the revised WHO guidelines.

Objective 5

The TB/HIV strategy review with the support of WHO and participation of the Ministry of Health, WHO country office and other partners was successfully completed with recommendations to the MOH and ACHAP

The key areas of focus include

1) governance, leadership and coordination
2) scale up of TB/HIV collaborative activites – infection prevention, intensive case finding, isoniazide preventive therapy and early initiation of ARV treatment for co-infected patients
3) monitoring and evaluation
4) research and implementation science

Several detailed recommendations were made to Ministry of Health and ACHAP A TB/HIV implementation plan prioritizing recommendations from the review was developed by the Ministry of Health in consultation with partners in TB/HIV for 2012 These recommendations in conjunction with the TB/HIV Policy guidelines also guided priorities for ACHAP's TB/HIV work in 2012.

Below is a summary of progress made in the areas of a selection of recommendations

Recommendation	Action
Governance, leadership and coordination	
"Revitalizing the National TB/HIV Advisory Committee urgently and retain its top level status by ensuring that it continues to be chaired by a higher authority within the Ministry of Health (preferably the PS) so as to allow this committee to provide strategic guidance and effective coordination for the national TB/HIV response".	ACHAP has supported the revitalization of this committee Terms of reference and membership have been defined with the Permanent Secretary as its chair There is also greater involvement of the office of the Deputy Permanent Secretary responsible in pushing the TB/HIV agenda and supporting TB/HIV collaboration with ACHAP
Establish a TB/HIV technical working composed of key technical experts from both programmes and partner organizations working in Botswana.	With ACHAP involvement terms of reference for this committee have been developed, members have been identified and the interim committee has started to function
Establishment and strengthening of functional district TB/HIV committees under the auspices of the District Multisectoral Committees(DMSACs) in close collaboration with NACA and the Ministry of Local Government	Technical advisory committees in 11 ACHAP-supported districts under the DMSAC have formally started to address TB/HIV issues as part of their mandate with the support of ACHAP TB/HIV technical officers and the central ACHAP office in collaboration with the Ministry of Health.
Urgently improve coordination of the national HIV and TB programmes by combining the two programmes under one department	The Ministry is in the process of merging the departments of HIV/AIDS and Public Health (includes TB programme)
Scale up of collaborative TB/HIV activities & TB HIV Service delivery, Research and Implementation Science.	
Supporting the conduct of the joint TB/HIV training course run by the IUATLD for ACHAP, MOH, DHMT and other key partners to facilitate district level TB/HIV planning and implementation	ACHAP supported the conduct of a TB/HIV training workshop in collaboration with the IUATD
Preparation of a national plan to scale up nation-wide implementation of community based TB care guidelines with NGO involvement	ACHAP will support the expansion of community TB care model in two more districts with lessons from this experience being used to scale up care by Government in other districts
National ART guidelines should be revised in line with the current WHO recommendations withTB patients qualifying for TB treatment without	This is now in place and in some ACHAP supported districts with the community care model rates of ART uptake in the CTBC have been noted

requirement for CD4 count	to be higher than the district average
Address the issue of the MDR clinic at Princess Marina Hospital IDCC ACHAP has facilitated progress on this issue through high level consultation with the MOH and CDC	A TB MDR clinic prefab facility has now been built at a different site
Establish a high level focal point or unit for TB infection control in the MOH that will mainstream TB infection control as akey function.	ACHAP has supported the deployment of two focal personnel to lead TB infection control activities in the MOH, and training of staff and assessment of facilities for implementation of infection control plans has begun in Q1 2012.
Supporting implementation research and expansion of TB diagnostic services including the WHO recommended molecular test (Xpert MTB/RIF) in diagnostic services in existing and newly established IDCCs in close collaboration with partners active in Botswana	In 2012 through collaboration with the CDC and MOH ACHAP will support the introduction of GeneXpert and through the conduct of implementation research by MOH/CDC through the provision of 4 Xpert Machines conduct of necessary renovations for site readiness in ACHAP supported districts as well as availing support through existing capacity at district level

- ACHAP participated in the development of the 2011 TB treatment guidelines and their alignment with WHO 2010 guidelines as recommended in the above review
- In addition new TB/HIV policy guidelines were successfully launched nationally with ACHAP support and disseminated in ACHAP supported districts
- The implementation of these guidelines is a key tool for addressing the majority of the review recommendations and advancing the TB/HIV service integration agenda
- The Community TB/HIV care guidelines and the Community TB/HIV care project was launched
- The KAP survey for TB/HIV successfully done and the report is almost complete This report has been used to develop the TB Advocacy communication, social mobilization strategy

Objective 6.

The database for the collaborative community TB care programme with the Botswana Retired Nurses Society and Ministry of Health was developed. Its use supported implementation of the project during the year under review. This data base is built on DHIS II platform and has been customised to capture patient level data During the same period MERD updated the ACHAP organisational data base with SMC and HAART data and made various analysis used in preparing board packs and programmes review meetings.

In 2011 ACHAP also developed and implemented two additional reporting tools the Organisational scorecard for enhanced quarterly reporting with our funders. The second new reporting tool is the Madikwe Forum dashboard which is used to update key government of Botswana policy makers on the implementation status of ACHAP and to highlight key operational bottlenecks that need addressing by the forum The organisational milestones, scorecard and the dash boards are maintained on the organisational intranet for easier access by members of staff

In 2011 ACHAP working together with various local and international partners undertook a number of studies to generate information to assist in programme development and implementation. These studies were namely the Models of Care study, evaluation of SMC Short-term Communication Strategy, TB/HIV KAP study, The Cost and Impact of Treatment Guideline Changes and Prevention Efforts in Botswana, , Bomme study; HIV positive and pregnant, factors contributing to repeat pregnancy among HIV positive women as well as some qualitative assessments The following key peer review journal articles were produced in 2011.

- Supervie V, Barrett M, Kahn JS, Musuka G, Moeti TL, Busang L, Blower S **Modeling dynamic interactions between pre-exposure prophylaxis interventions & treatment programs: predicting HIV transmission & resistance.** Sci Rep. 2011,1.185. Epub 2011 Dec 7.
- G George, C. Reardon, J Gunthorp, T L. Moeti, I Chingombe, L. Busang & G. Musuka **The Madikwe Forum: a comprehensive partnership for supporting governance of Botswana's HIV and AIDS response** African Journal of AIDS Research 2012, 11(1): 27–35.
- Michelle Marian Schaan, Myra Taylor, John Puvimanasinghe, Lesego Busang, Koona Keapoletswe , Richard Marlink **Sexual and Reproductive Health Needs of HIV Positive Women in Botswana - A Study of Health Care Worker's Views** Accepted AIDS Care

An abstract entitled 'Enabling Continuity of a Public Health ARV Treatment Program in a Resource-Limited Setting The Case of the Transition of the African Comprehensive HIV/AIDS Partnerships (ACHAP) Support to the National ART Program to the Government of Botswana' was presented at the 3rd International Conference for Improving Use of Medicines (ICIUM) conference which took place in Turkey in November 2011 Another abstract entitled 'Impact of being HIV positive on womanhood in Botswana', was presented at the The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA).

ACHAP contributed a chapter outlining the contribution of its work in assisting Botswana's progress towards the attainment of the Millennium Development Goals (MDGs) This chapter will appear in 2013 in a book entitled **'SUSTAINABLE DEVELOPMENT: The Millennium Development Goals, The Global Compact and The Common Good**

III. Plans for the Next Reporting Period

Discussion of project plans for the next period, including expected results (including anticipated source of

Objective 1: Safe Male Circumcision:

ACHAP aims to support the circumcision of 51,600 men through ACHAP funded SMC teams in the calendar year 2012 and support the Government in circumcising a total of 100,000 men during the GOB 2012/13 fiscal year which ends 31 March 2013

Service Delivery

2012 activities are focused on improving both service delivery and demand to enable achievement of targets The most significant change in the 2012 plan is the expansion of the number of nurses and counsellors used in each SMC team to allow for implementation of MOVE strategies in service delivery 2012 SMC staff will be configured into 6 Full MOVE teams, 4 Modified MOVE teams and 2 roving teams A full MOVE team includes 1 doctor, 5 nurses, 3 counsellors and 1 health care auxillary A modified MOVE team includes 1 doctor, 3 nurses, 1 counsellor and 1 health care auxiliary and a roaming team includes 2 doctors, 2 health care auxillaries, 2 nurses each Full MOVE teams will be used in facilities where space and local population allow for high volumes, modified MOVE teams will be used in smaller facilities catering to less populated areas and the roaming teams will provide extra capacity during high volume periods and relief during annual and sick leave of staff The targets for the full and modified MOVE teams respectively are 40 and 20 SMC's on average per day

To support the improved service delivery capacity, selected renovations will take place to create adequate space and specific equipment will be purchased including beds and diathermy machines, to allow the use of the MOVE model. ACHAP will also purchase SMC kits to support ACHAP activities and thus contribute towards attainment of national targets Finally, training and mentorship of SMC teams will take place with a particular focus on the use of diathermy machines This will allow for more efficient use of time In addition, ACHAP program officers will work as site administrators, assisting with the management of SMC sites

Service delivery through the private sector will be explored in partnership with PSI and AFA to test the capacity of private sector efforts A target of 5,000 SMCs through private sector support has been set for 2012

Demand Creation
SMC demand creation poses the unique challenge of motivating healthy men to seek health services at the cost of time lost to personal endeavours and financial cost in the form of missed work time during the procedure and healing period In addition male circumcision has many cultural and social implications Therefore, prospective clients and their partners or parents need to be very convinced of the benefit of SMC To meet this challenge ACHAP will employ labor intensive interpersonal demand creation interventions, activities targeting local community and national mass media activities

ACHAP will provide national support for demand creation through partnering with the MOH, PSI and creative designers to provide financial and technical support of the Long Term SMC Communication Strategy The strategy will include mass media packages for radio and television such as 30 second spots, interactive radio shows and promotion of the Champions developed music video and song promoting circumcision, "Let's Circumcise". ACHAP will also provide financial and technical assistance to the Botswana National Youth Council initiative "Month of Youth Against AIDS", which has a focus on promoting SMC throughout the entire year through community activities, interpersonal communication and consistent branding targeted at youth.

Interpersonal demand creation strategies will work in conjunction with community activities These activities are used to introduce concepts, obtain support of community/traditional leaders and draw initial interest They will be followed by interpersonal activities used to share more indepth information, persuade and provide logistical information Community activities were initiated with mapping of population groups around the health facilities followed by targeted health talks focused on Kgotla (traditional community councils), community centres, churches, schools, and larger work places Interest is gained and general information is shared through road shows, jam sessions, theatre performances and football tournaments with mobilizers engaging potential clients in one on one conversations at all of these events and HIV testing services being provided at the majority of these events. Mobilizers then follow up with registered clients via phone calls or home visits to answer more questions or help determine transportation In addition, specific neighbourhoods are targeted for house to house visits for one on one or partner/family discussions

One major strategy is the targeting of in-school adolescent boys through school campaigns. Working with the Ministry of Education, school officials, teachers and PTAs, ACHAP will continue to target junior and senior secondary schools, with the majority of related circumcisions taking place during school holidays Another important strategy is the planned use of recently circumcised men as champions, advocates and mobilizers Incentives (branded t-shirts, water bottles, caps, cellphone air time, etc) will be given to those who are mobilizing their peers to assist the "snowball" effect Finally, popular local musicians, footballers and radio personalities will also be used as champions to motivate potential clients

Objective 3: Communications & Advocacy:

In 2012 Communications & Advocacy will support the strategic objectives, discussed earlier through a number of key initiatives

A main focus will continue to be the support of programmatic objectives and GOB activities, key initiatives in this area include

- Support GOB in the development of long term SMC Communications Strategy
- Establish a mobile/SMS platform to channel programmatic messages on SMC and TB/HIV as well as share good practices and lessons learned with target audiences
- Support the implementation of the Advocacy Communication and Social Marketing Strategy for TB/HIV

- Support partner and stakeholder engagements at operational areas (OAs) and build capacity of OAs to manage external relations and reputational challenges
- Support implementation of District Multi-sectoral AIDS Committee Communication Strategy

Other Communications & Advocacy activities are strategically designed to support programmatic objectives as well as ACHAP organizational and reputational goals

Thought Leadership Forum designed to promote dialogue, information sharing and develop actionable outcomes for multi-sectoral partners In Q1 a forum focused on Innovative Health Financing will be held in collaboration with UNAIDS and Barclay's Bank, additional forums are planned for August focused on Shared Responsibility and October focused on multi-sectoral Partnerships.

Parliamentarian Select Committee and House of Chief Workshops will be held to facilitate ACHAP's advocacy and policy frameworks By engaging with the Parliamentary Select Committees and Traditional Leadership, ACHAP will sensitize and provide strategic information to support decision-making and provide an opportunity to dialogue on key barriers impacting programmatic objectives

Power of Partnerships documentary series will be commissioned in the first half of 2012 and will serve as a platform for addressing HIV/AIDS related issues aligned to Phase II priorities and show case the key successes of Phase I.

Local Media Forum focused on improving public perception of ACHAP as well as understanding and support of objectives and priorities. The local media forum will develop relationships and positive awareness with local media outlets through regular engagement

Living the Values Campaign will be a joint effort between C&A and HR to ensure that ACHAP staff have a meaningful understanding of ACHAP values so that they can be consistently demonstrated in work behaviour, decision making, interpersonal and public interactions. The values include· Passion, Integrity, Respect, Transparency and Accountability

In addition, Communications & Advocacy will develop a database to support access of strategic information to partners and stakeholders, publish a quarterly newsletter and annual report highlighting key activities and accomplishments, develop an image bank showcasing ACHAP activities particularly those in the OAs and participate in regional and international conferences including IAS and the GBC Health conference to support ACHAP's positive reputation

Objective 4 Treatment Transition and Enhancement:

Support for the ARV treatment programme including the support for strentgthining the health service was a key element of success in the Phase I Program. In 2012, ACHAP will continue to transition key elements of treatment program management to the GOB as well as look at ways of enhancing the treatment program The majority of transition activities will run through the end of Q1 2012 In addition the Ministry has requested that Merck consider extending medicines donation support beyond 2014.

KITSO a program dedicated to training government health care workers in management of HIV treatment will completely transition training management to the GOB in 2012. Developed and initially managed by the Harvard School of Public Health, the last phase of transition is being managed by the Botswana Harvard Partnership, which was awarded a contract through the end of March 2012. As part of a strategy agreed with the Ministry of Health for sustainable development of local training capacity, KITSO embarked on a trainers of trainers programme in the 4th quarter of 2011 KITSO is now working through a Training of Trainers (TOT) system to support the development of 2 master and 20 district trainers ACHAP will also support the training of 200 Nurses on ARV treatment management while sharing costs with the MOH This will be an important component of providing additional human resources for the anticipated increase in patient load with the change in treatment guidelines

The Ministry of Health has formally through the Honourable Minister of Health presented a request to the funders for extra support for the training program This request is based on the anticipated need for additional trained staff to support the adoption of revised WHO guidelines shifting the need of ARVs from 250 to 350 CD4 cell count, and given existing capacity and financial resource constraints

Secondary Resistance Surveillance Database – as discussed earlier, ACHAP supported MOH to develop this database in 2011 Support for maintenance of the database will continue through Q1 2012

Merck Medicine Donation - In 2012 ACHAP will continue to support the Merck Medicines Donation through participation in MOH costing and forecasting technical work groups, the annual donation audit and stock counts. The forecast will continue the progressive scale-down of donated supplies with the intention of completing the donation by December 2014 and developing a sustainability plan that reduces the likelihood of treatment interruption ACHAP has also received a request from the Ministry of Health for consideration of extension of the medicines donation beyond 2014 ACHAP awaits formal submission of a written request which will be forwarded to Merck

Advocacy for Treatment Enhancement As discussed earlier ACHAP supported a study on the resource implications of revising treatment eligibility guidelines to CD4 350, and for various high priority treatment groups In 2012 ACHAP will continue to advocate for the implementation of the revised guidelines.

In addition to the activities above, ACHAP will support HIV Testing and Counselling activities through SMC and TB/HIV Integration activities ACHAP will ensure that these activities have effective linkages to treatment through the establishment of effective referral systems for HIV positive individuals that are identified ACHAP will also work closely with the MOH to track program quality, coverage and effectiveness data including 5 year survival rates of patients on HAART, proportion of eligible patients on HAART, the rate of migration from 1st to 2nd line drugs and other related variables

ACHAP's second phase programme was conceptualised at a time when evidence for the prevention benefits of ARV treatment at the individual and population level was not yet conclusive Given strong evidence of the benefit of treatment as prevention, the Madikwe Forum has resolved that ACHAP should provide support that will contribute to optimisation of the prevention benefits of treatment by supporting the implementation of suitable combination prevention interventions. To this end, the Madikwe Forum has recently made a request to the funders to permit the reprogramming of some of ACHAP's existing resources towards the development of a programme that will enhance treatment access and impact through the development and implementation of of a cutting edge programme that will again put Botswana at the forefront of the global HIV/AIDS response.

ACHAP in collaboration with the Ministry of Health, will develop a proposal for combination prevention intervention support for consideration by its funders The proposal will complement the population based combination prevention trial and implementation research work to be undertaken by the partnership between the US Centres for Disease Control, The Botswana Harvard Partnership and the Ministry of Health

Areas for consideration include

- strengthening linkages between ACHAP's safe male circumcision programme support to improvement of treatment access for identified HIV positive individuals;
- supporting interventions to improve access to testing and counselling services in voluntary testing and counselling and health facilities,
- increasing population level demand for earlier knowledge of HIV status to increase uptake of treatment and prevention programmes,
- including advocacy for promising ARV treatment based prevention interventions such as PrEP and microbicides

ACHAP in collaboration with the Ministry of Health will develop by early May a costed proposal for the implementation of such combination prevention based treatment enhancement programme Given this development, which represents a change in the strategic approach to treatment support and would require commitment of additional funds to the treatment area, the ACHAP Board has made a decision to defer consideration of the request for extension of support for the KITSO training programme, so as to take a more holistic approach to possible treatment enhancement support

Objective 5: TB/HIV Integration

In 2012 ACHAP will focus on strengthening Community based TB Care, TB/HIV coordination, intensified TB case finding, case management training and infection prevention At the same time, ACHAP will continue supporting the GOB in the implementation of the TB/HIV policy guidelines and the recommendations made as part of the TB strategy review discussed earlier.

Community TB/HIV Care Sub-awards: ACHAP will continue support of BORNUS in Gaborone, which was discussed earlier In Francistown and Ghanzi ACHAP will provide support for additional TB/HIV community care activities each based on the specific demographics and challenges of those locations. An RFP was released in 2011, intended awardees have been selected and ACHAP in Francistown ACHAP has sub awarded to a well established NGO, the Botswana Christian AIDS Intervention Programme (BOCAIP) with which has a long track record of HIV work in Botswana. In Ghanzi given the peculiarities of the district, its remote settlements and farm based populations spread over very wide distances ACHAP will likely work through the District Health Management team to gain access and provide services to these remote populations.

Strengthening TB/HIV Coordination: Coordination activities will be strengthened at the national and district level, through supporting the revitalisation of the National TB/HIV Advisory Committee, the establishment and operationalisation of a national TB/HIV Technical working group, and the development of functional District TB/HIV Committees The International Union Against TB and Lung Diseases has been engaged to conduct a training on TB/HIV collaboration

Intensified Case finding at point of care: ACHAP is supporting a research study on the effectiveness of Gene Xpert diagnostic machines to assist in intensified case finding and early detection of TB. This will be discussed in further detail in the Monitoring and Evaluation section below

TB case management training: In keeping with the recommendation from the TB strategy review, ACHAP will support training of health care workers and facility managers on the new TB Case management guidelines which includes ART initiation for all co-infected TB patients.

TB infection prevention: Another recommendation from the strategy review was to address some of the critical gaps in infection control ACHAP will support the training of 3 key staff from each supported district to enable them to conduct TB Infection Control Assessments and enable them to develop an infection control plan ACHAP will also support the development of local training capacity for infection prevention assessments. Finally, 13 IDCCs will be supported to ensure compliance with TB infection control while scaling up provision of ART among TB patients

In addition ACHAP will continue to, support GOB data management capacity by funding 13 data clerks, documenting best practices and lessons learnt during implementation. In addition, support fr a bench marking visit to South Africa will be used to advocate for the enhancement of access to ART services for co-infected patients through greater use of nursing personnel for treatment initiation

Objective 6: Monitoring Evaluation Research and Documentation

In 2012 M&E will continue to strengthen national strategic information systems, mechanisms for knowledge building dissemination and use while implementing an internal monitoring and evaluation system. Key Monitoring and Evaluation Activities by Objective are described below

Objective 1 - SMC:

- M&E will collaborate with the MOH and CDC to conduct a study on the average cost of SMC in Botswana, identifying key cost drivers and options to assist in lowering costs

- Support the MOH in analyzing and disseminating the findings of the SMC short term communication study that was conducted in 2011. Findings from this study will directly impact the implementation of the long-term communication strategy

Objective 4 - Treatment

- Continue dissemination of the Models of Care study which was completed in 2011 and discussed earlier.

- Continue dissemination of modelling work on the cost of implementing the WHO recommendation on raising CD4 levels for treatment initiation

Objective 5 - TB/HIV Integration:

- Provide support to enable the conduct of an operations research study by the CDC and MOH to evaluate the impact of Gen Xpert diagnostic equipment in TB case finding and determine cost effectiveness of use in Botswana Gene Xpert is a new rapid diagnostic molecular test for TB endorsed by the WHO for improved diagnosis of MDR TB and TB in high HIV prevalence settings ACHAP's provision of funding support for the procurement nof four GeneXpert machines and renovations to improve site readiness in four districts in which ACHAP is providing TB/HIV support This support enables increased geographic covereage of this study, as well as improving the opportunities for assessment of the impact and feasibility of use of this technology in point of care settings an area of particular interest with the potential to address two main TB concerns in Botswana, the accuracy and speed of TB diagnosis in nthis high HIV prevalence setting.

Strengthen national systems and implement Internal M&E system: M&E will continue to provide technical support (on data management/analysis and documentation) and financial support to the GOB In 2012 M&E will participate in national M&E reference groups, training and mentoring activities and national conferences and workshops ACHAP will also complete the transition of 13 M&E officer positions to the GOB In addition M&E will orient, train and mentor implementing partners and OA staff on the M&E system and analyse programmatic data for improved program implementation ACHAP will also document good practices and lessons learnt from implementing partners and staff, with a goal of enhancing capacity internally as well as sharing lessons learnt externally through a number of efforts including development of abstracts and papers

ACHAP's second phase will pass the mid-point of allocated time in 2012 This is a crucial milestone in the programme for the organisation to evaluate the programmes implemented since inception of the phase in order to identify shortcomings and successes in order to refine and refocus the programme going forward The proposed mid-term evaluation will be conducted with assistance of external consultants in order to enhance objectivity and reliability of the findings

Programme Management/Cross Objective Activities:

In 2012 increased support of HQ staff to the Operational Area offices is expected Regular support visits are being scheduled by all HQ based departments to provide guidance and technical assistance to teams Operational Area staff are also anticipating a great deal of travel within their catchment areas to support SMC clinics and demand creation activities as well as district TB/HIV integration meetings and workshops. ACHAP is planning twice yearly meetings with the MOH to facilitate budgeting, planning and programme review

IV. Financial Update for the Reporting Period

BUDGET NARRATIVE

Variances for the Reporting Period

A total amount of $10,756,622 was spent in 2011 wth program expenditure at $8,343,835 and Operations/Indirect Cost expenditures charged at $1,107,977. Program spending was significantly below the budgeted amount of $12,222,451 as a result of programmatic delays, the majority of the underspend was from the safe male circumcision objective.

Objective 1: Safe Male Circumcision

There was extensive underspendng in the SMC objective with savings in personnel 45% ($638k) supplies 18%($324k) and sub-contracts 93% ($464k) being the main drivers of the $1 6 million underspend In developing the 2011 SMC budget ACHAP envisioned rolling out 10 additional SMC teams during the year, to accelerate implementation Agreement to bring on board these teams was to be contingent on agreement from MOH on implementation methods and facility readiness Delay in implementation of this agreement caused ACHAP to postpone recruitment until 2012, and the smaller number of staff had a direct impact on travel costs 62%($45k). Equipment funds were budgeted for renovations which were delayed until 2012 Demand creation sub-contracts were signed exclusively for the Palapye Operational Area, with other operational areas using services and supplies budgets to host one-time events and activities to promote SMC demand

Objective 2:

The Youth Prevention Objective budget was developed anticipating programmatic spending against the objective for approximately six months in 2011 The decision to forgo implementation significantly impacted spending against the budget with the $429k spent against objective 2 in 2011 being exclusively for program development with costs under consultancy and supplies Consultancy costs include both the actual amount going to consultants as well as travel, accomadation and supply costs required to support the program development retreats

Objective 3:

The Communications & Advocacy Budget was underspent by 55% ($562k), with the majority of the underspend ($307k) under the supplies budget as a result of the delay in developing and launching the SMC Long Term Communication Strategy Other major drivers of underspend in Communications & Advocacy include $129k in consulting resulting from a delay in the launch of the Voices from the Field series and $44k in personnel as a result of a delay in hiring a Business Development Manager, who had been budgeted for 6 months.

Objective 4:
The Treatment Transition objective is the only objective where an overspend occurred. The total overspend for the objective is currently at 26% at $232k The cause of the overspend was extension of the KITSO project which was intended to completely transition by 31 December 2011, however the amount will likely be reduced to roughly $180k subject to determination of final claims by HSPH for KITSO project actual costs

Objective 5:
TB/HIV Integration is 30% underspent for the objective ($459k) with the largest drivers of the underspend being supplies ($316k), personnel ($165k), and consulting ($98k) Subcontracts were overspent by ($138k) The personnel budget was underspent as a result of the delay in hiring infection control personnel until mid-year and supplies budget related to infection control training was impacted Consulting costs were partly delayed as a result of the infection control project which had $50 k budgeted and also as a result of savings on the KAP study that was conducted during the year.

Objective 6:

Monitoring and Evaluation was 17% ($243k) underspent with main drivers of underspending being Subcontracts ($150k) and Consulting ($77k); M&E was 27% ($12k) overspent on travel. Underspending

of subcontracts was a result of the decision not to support the HSPH study on SMC impact Underspending in consultancy costs were a result of delay in documentation of treatment programme lessons, and overspending in travel was related to increased participation in in conferences

Program Management was 22% underspent ($513) and the main drivers of underexpenditure were personnel at $161k, equipment at $143k and travel at $101k Personnel expenditure was below budget as a result of several operational area staff joining later than initially anticipated, and a move to not filling admin and finance positions for Molepolole and Gaborone Operational Areas Equipment was far below budget based on a decision to avoid purchase of additional vehicles, instead repurposing HQ vehichles for operational area use and travel was under spent as a result of delayed SMC activities and removal of Young Women's Prevention objective reducing the need for local and regional travel.

Interest

Interest income for the year was $91,443, but was overtaken by exchange loses totaling $429,379

Budget for the Coming Year

The total forecasted budget for 2012 is $12,870,040, with a forecast of $9,982,125 budget prior to September 14 and $2,906,784 budgeted for expenditure between 15 September 2012 and the end of the year. The submitted budget assumes a 50% split between BMGF and Merck for funding pre September 14th.

Objective	Total	Pre Sept 14	Post Sept 14
Obj 1. SMC	**$4 704 417**	$3 452 387	$1 164 030
Obj 3: Communications	**$1 047 217**	$867 699	$255 685
Obj 4:Treatment Transition	**$352 584**	$352 584	$0
Obj 5: TB/ HIV Integration	**$1 575 167**	$1 261 044	$314 123
Obj 6: MERD	**$1 487 091**	$1 308 299	$193 472
Program Management	**$2 077 896**	$1 495 632	$507 926
SUB TOTAL Program Costs	**$11 244 372**	**$ 8 737 645**	**$ 2 435 236**
Operational/ Indirect Costs	**$ 1 626 028**	**$ 1 154 480**	**$ 471 548**
TOTAL	**$12 870 400**	**$ 9 892 125**	

The 2012 budget includes a $1.2 million reduction from the budget that was shared with funders in February, with $393k reduced from program expenditure and $859k reduced from the Operational or Indirect Costs charged to the project. There are also some significant changes in cost category and objective allocations, which can be noted in the table below.

Cost Category	Total	Personnel	Travel	Consultants	Supplies	Sub-Contracts	Equipment	Total USD
SUB TOTAL Program Costs	$11 244 372	$ 5 081 712	$478 242	$ 626 000	$3 099 628	$ 1 943 405	$ 15 385	$ 11 244 372
Operational/ Indirect Costs	$ 1 626 028							$ 1 626 028
TOTAL	$12 870 400	$ 5 081 712	$478 242	$1626 000	$3 099 628	$ 1 943 405	$ 15 385	$ 12 870 400
Budget Shared with Funders in February		$ 5 689 569	$546103	$599478	$3031678	$1530571	$240000	$ 11 637 399
Program Budget Change		$ -607 857	$ -67861	$ -26 522	$ -67950	$ -412 834	$ -224 615	$ -393 027

Personnel charges for programmatic personnel have reduced from $5 6 million to $5.1 million, mostly due to the removal of a previously budgeted cost of living adjustment. Travel costs have reduced by $67k, as

a result of basing international travel budget on economy flights The consultant budget has increased by $27k as a result of the decision to use a consultant as a replacement for the TB specialist position in keeping with the organization's decision to limit new HR contracts beyond December 2012 The supplies budget has increased by $68K and the sub contracts budget has increased by $412k as a result of increased budget for SMC demand creation activities, supplies was also effected by the decision to rent porta cabins to allow sufficient space for MOVE implementation, instead of purchasing them which has reduced Equipment costs by $224k The decision to rent portacabins is based on reducing risk as well as difference in delivery speed

The budget does includes an increase in the SMC budget and a decrease in the budgets for all other objectives The increase in the SMC budget is being used to fund demand creation activities, and will be discussed in detail in the SMC budget narrative section detail below

Indirect Costs for 2012 were calculated based on funder requirements of a maximum of 15% charge on modified direct costs and 15% on the first $100,000 of sub-grant and sub-contract costs. Anticipated payments for 2012 sub-contracts and sub-grants with relavant IDC charges are shown in the table below

Objective	Operational Area	Org and Project Name	2012 Payment Total	IDC Amount
SMC	Francistown	Francistown Demand Creation Estimate	$ 194 700	$ 29 205
SMC	Gaborone	BOCAIP SMC Learning	$ 39 162	$ 5 874
SMC	Gaborone	Huana People to People	$ 65 227	$ 9 784
SMC	Gaborone	Youth for Youth	$ 39 260	$ 5 889
SMC	Gaborone	Generation Y	$ 133 242	$ 15 000
SMC	Gaborone	Mama Theatre	$ 94 805	$ 14 221
SMC	National	Boswana National Youth Council	$ 75 371	$ 11 306
SMC	National	Orbis Secure SMC Support	$ 100 000	$ 15 000
SMC	Palapye	Madiba Drama Group	$ 60 825	$ 9 124
SMC	Palapye	Tselakgopo Cultural Communi	$ 76 821	$ 11 523
Treatment	Molepolole	Botswana Harvard Partnership - KITSO	$ 160 000	$ 15 000
TB	National	BOCAIP Community TB	$ 74 967	$ 11 245
TB	National	BORNUS Community TB Care	$ 202 439	$ 15 000
M&E	National	Mid term Evaluation	$ 200 000	$ 15 000
M&E	National	SMC Op Research	$ 75 000	$ 11 250

Total IDC charged or budgeted for 2012 sub-contracts and grants is $218,191 Modified Direct Costs totaled $9 4 million with an IDC charge of $1 4 million budgeted against them Indirect costs were split pre September 14 and post September 14 based on a calculation of the number of days for the relevant periods

DETAILS	Total	Equipment	Contracts	Other Costs
SUB TOTAL Program Costs	$11 244 372	95 385	1 763 405	9 385 582
Operational/ Indirect Costs	$1 626 028		218 191	1 407 837
TOTAL	$ 12 870 400			

Detailed information on each of the cost categories can be found in the description by objective below The attached personnel sheet includes more detail on personnel costs across the various objectives

Travel costs include both international and local travel. As mentioned previously international travel has been reduced from the initial budget presented in February 2012 While the number of trips has remained the same, estimates have been adjusted to use economy class flights, creating a significant reduction in the travel budget In addition, local travel costs to support SMC have been increased to account for the amount of outreach based travel anticipated in 2012 The majority of travel costs $330k is for local travel to provide technical support to operational areas or carry out program activities $148k is budgeted for international and regional travel for conference attendance and benchmarking visits

Row Labels	international	local	Grand Total
C&A	$ 25 500	$ 4 618	$ 30 118
ME	$ 25 000	$ 78 000	$ 103 000
PM	$ 42 500	$ 123 239	$ 166 239
SMC	$ 28 000	$ 96 385	$ 124 385
TB	$ 27 000	$ 27 500	$ 54 500
Grand Total	**$ 148 000**	**$ 330 003**	**$ 478 003**

Objective 1 Safe Male Circumcision

Safe Male Circumcision remains the largest portion of the 2012 budget at 36.6% of the budget The largest cost category in the SMC budget is personnel budgeted at $2 5 million, followed by sub-contracts budgeted at $1 15 million and supplies budgeted at $925k

SMC personnel costs include provision for 6 Full MOVE teams, 4 Modified MOVE teams and 2 roving teams. A full MOVE team includes 1 doctor, 5 nurses, 3 counsellors and 1 health care auxillary A modified MOVE team includes 1 doctor, 3 nurses, 1 counsellor and 1 health care auxiliary and a roaming team includes 2 doctors, 2 health care auxillaries, 2 nurses each. Additional SMC staff include one Manager who coordinates project activities across the operational areas and provides technical assistance for National activities, an SMC technical advisor who is seconded to the GOB and focuses on national demand creation, 4 data clerks one based in each operational area to provide support to data collection and M&E activities and several cleaners who support the SMC MOVE teams.

SMC Sub-contract costs are budgeted at $1 15 million and include $100k for private sector SMC contracts, anticipated in Q3 and Q4 and $1 05 m in demand creation contracts, with $194k budgeted for the Francistown Opeartional Area (OA), $371k budgeted for Gaborone OA, $133k budgeted for the Molepolole OA , $137k budgeted for the Palapye OA and $212k budgeted for national demand creation activities The amount of Demand Creation funds budgeted per operational area are based on previous spending and population size of the target districts A target amount of P150 (roughly $20) per trackable circumcision has been set for community based mobilisation We anticipate that additional untrackable circumcisions will result from the demand creation activities through mass media campaigns, circumcised men promoting circumcision through peers and other activities In addition to demand creation costs budgeted in the SMC objective, the Communications and Advocacy budget includes funds to support the long term demand creation activities

The main drivers in the supplies budget include $360k to support the purchase of SMC kits, $158k to support SMC demand creation, $125k for the production of IEC and motivational materials, and $162k for small renovations and rental of portacabins to provide efficient space for MOVE implementation in select high demand facilities

Travel is budgeted at $124k The travel budget includes $96k for travel and accomadations related to SMC outreach and $28k to fund two benchmarking visits, one to Kenya and Rwanda the other to Tanzania.

No Equipment or Consultant costs are budged for 2012

Objective 3 Communications & Advocacy

The Communications & Advocacy (C&A) budget includes $573k for supplies, $260k for personnel and $183k for Consultants and $30k for for Travel.

Personnel costs are budgeted at $260k and include Communications Director, a Communications Specialist and a Communications Officer, the previously budgeted Business Development Officer has been removed from the budget C&A personnel are responsible for providing technical assistance for communication and advocacy programmes and projects based in both the target districts and nationally, as well as supporting ACHAP interaction with media, international bodies, local and national government and coordinating Board and Madikwe meetings and intereactions.

The major driver of the Supplies and Services budget is $200k for support of the long term communication strategy and $62k for the development of an SMS platform, Other supplies costs include $36 to facilitate the development of a sustainability strategy, $31k to support the development of "Voices From the Field" and $31k to support ACHAP activities at IAS All of these activities are described in detail in the C&A section on plans for the next reporting period.

Consultant costs include $150k to support the development of the sustainiability framework, and $25k for the development of "Voices From the Field" and $7 7k to support the roll out of the long term communication strategy

Travel budget includes $25 5k to support travel to IAS and $5k for local travel to support operational area activities.

No funds were budgeted under the Equipment cost category

Objective 4 Treatment Transition

While a request for additional treatment transition support is anticipated, the current budget includes only previously approved activities With most costs being budgeted for Q1 2012.

Personnel costs for Treatment Transition are $51k, and support two seconded positions both of which ended on 31 March 2012 Consultanat costs at $16k support are to support the maintenance of the resistance database, Supplies costs at $120k include repatriation funds for the two terminated positions, as these were both expatriates whose contracts require repatriation support, limited nurse training support to provide for task shifting to nurses for ARV patient management and the purchase of 10,000 HIV test kits Finally $166k was budgeted for KITSO BHP activities BHP was awarded a short term contract to support transition of the Health Care Worker training programme to the government late in 2011 This contract expires on 30 April 2012, with programme activities ending on 31 March 2012.

Objective 5· TB/HIV Integration

Major costs in the TB/HIV budget include Supplies ($591k), Personnel ($498k) and Sub-Contracts ($277k)

TB/HIV personnel include. 4 TB Technical Officers, one based at each OA providing technical assistance to DHMTs and local government including training on revised policies and best practices; 13 data clerks based with the MOH, budgeted through August 2012 to support the collection of TB and co-infection data; and an infection control doctor and nurse, supporting infection control training and technical assistance at the national level The TB specialist position has been vacant since the beginning of 2012 and will be

filled with a consultant to support Community TB care projects, technical assistance across all TB/HIV areas at the national level and coordination of TB technical officers

TB Travel is budgeted at $54k, with $27.5k supporting local travel to support operational area activities and trainings and $27k budgeted for international travel including a benchmarking trip to South Africa and participation in international conferences for ACHAP staff and GOB delegates

Consultants are budgeted at $162k including $50k for the TB Specialist discussed earlier, $100k to support TB/HIV integration consultants and $12k to support finalization of the Advocacy, Communications and Social Mobilization strategy

Supplies is budgeted at $582k, the major cost driver is $381k to support the training of 630 health care workers on TB care management, particularly to facilitate the uptake of ARV for co-infected patients Additional drivers include $80k to support the renovation of facilities to support infection control efforts, $42k to support TAC and TB/HIV district meetings, and $40k to support IEC materials aimed at scale up of the 3Is

Sub-contracts includes $277k to support community TB care activities This includes sub-contracts to BORNUS in the Gaborone, Tklowkweng and Mogoditshane areas and BOCAIP in Francistown Both projectsare aimed at promoting community based DOT

No funds are budgeted for equipment costs

Objective 6. Monitoring Evaluation Research and Development

M&E is budgeted at $1.49 million with major cost drivers being personnel ($501k), Supplies ($353k) and Sub-Contracts($350k).

M&E Personnel include M&E Director, 2 M&E Specilaist, 1 SPO Documentation and Research and a Seconded Staff SPM working with the Ministry of Local Government M&E staff support monitoring and evaluation efforts across all program areas, technical assistance to the GOB, MOH and other district and national governing bodies as well as management of ACHAP funded research projects and dissemination of data from programme learning and research projects

Travel is budgeted at $100k and includes $25k in conference travel, and $75k in travel to support district, OA and programmatic travel.

Consultants are budgeted at $179k, with $100k budgeted for Operational research on young women's prevention activities, $12k budgeted for consultant support to the GOB for a resistance surveillance database, and $50k for SMC operational research through collaboration with the MOH and USG on a costing study

Supplies and services are budgeted at $353k with the major driver of supply costs being $200k for support of BAIS (Botswana AIDS Impact Survey) IV Other major supplies costs include $38k for repatriation and relocation costs and $30k to support workshops disseminating findings from the Models of Care study

Sub-contracts are budgeted at $350k, with $200k budgeted for the mid-term evaluation (described earlier in the report), $70k budgeted for the SMC costing survey and $80k budgeted for support of the GenExpert TB study

Program Management

The final objective, program management, includes costs to support programmatic activities and staff that work across multiple objectives This includes all operational area staff and program management staff, with the exception of the TB Program Officers

Personnel costs for program management are budgeted at $1 27million and include the Managing Director, a PA supporting the MD, 1 Programme Director, 1 Behavior Change Specialist, 4 SPOs and 8 POs based in the Operational areas, Drivers and Finance Officer's based in Palapye and Francistown The other 2 Operational areas are supported by Drivers and Finance assistance in the Head office

Travel costs for Program Management are budgeted at $166k and includes $123 5 to support travel to districts supported by the operational areas and travel between HQ and Operational areas for travel support. It should be noted that each operational area supports several districts, some up to 100km away from the office, making fuel costs currently at roughly $5 a gallon in Botswana a major program cost Additional travel costs ($42 5k) are budgeted to allow for MD travel and program staff attendance to conferences

Supplies costs in program management include; funds to support review and planning meetings with the MOH and support for managing the operational area offices.

Equpment cost in program management is related to the purchase of one combi/small bus to support transportation in the operational areas The cost is below the full purchase price of the van due to an accident and insurance reimbursement from an earlier vehicle being used to supplement the budgeted amount

There are no sub-contracts or grants budgeted under program management

Sub-grantees and Subcontractors
Report all amounts in U S. dollars

Organization Name	Location (city, country)	Total contracted amount	Actual disbursement for this reporting period
Botswana Retired Nurses	Tlokweng, Botswana	$289,895	$229,437
Madiba Drama Group	Palapye, Botswana	$16,862	$15,401
Tebelopele	Palapye, Botswana	$13,760	$3,985
Tselakgopo Cultural Commune	Serowe, Botswana	$13,692	$12,505
Pilikwe United Football Club	Palapye, Botswana	$12,858	$3,474
Harvard School of Public Health - MOC	Boston, USA	$397,996	$276,418
Botswana Harvard Partnership – KITSO	Gaborone, Botswana	$286,405	$120,000
University of Pennsylvania	Philadelphia,USA	$675,000	$208,436
Harvard School of Public Health – KITSO	Boston, USA	$599,642	$125,000

Other Sources of Project Support
Report all amounts in U.S. dollars

Donor	Amount	Received or Potential
Merck MSD	$23,837,746	Contract Received

Description of in-kind support, if any

V. Optional Attachments

CLINICAL STUDIES AND REGULATED RESEARCH QUESTIONS

Question	Yes or No
Will the project involve a clinical trial[1]? According to the definition provided, what phase(s) will the project include (Phase I, II, III, or IV)?	No Phase
Does your project involve research using human subjects[2] and/or vertebrate animals?	**Yes**
Does your project involve the use of recombinant DNA?	**No**
Does your project involve the use of biohazards or genetically modified organisms or plants?	**No**
Will the project involve the use of pathogens/toxins identified as select agents[3] by U S law?	**No**

[1] clinical trials
[2] human subjects
[3] select agents

If you answered "yes" to any of the questions above, you must complete the Clinical Studies and Regulated Research Assurances Attachment and submit it along with your progress report

TECHNOLOGY AND INFORMATION MANAGEMENT QUESTIONS

Please provide a response to the following questions using the definition of terms provided below. If you have submitted an annual report previously and nothing has changed from your previous submission, please indicate "no change"

Question	Yes/No/No Change
Do any Third Parties[1] have Rights[2] to Background Technology[3]?	**No**
Do any Third Parties have Rights in Project Technology[4]?	**No**
Have you filed any copyright registrations for or patent applications claiming any Project Technology?	**No**

[1] **Third Parties** All individuals, organizations or companies that have not executed a foundation approved collaboration agreement associate with the project
[2] **Rights:** (i) Any interest in patents, patent applications and copyrights (e g license, ownership, option, security interest and (ii) the rights to use any technologies, information, data or materials
[3] **Background Technology** All technologies and materials, and all associated Rights, used as part of your project that were created prior to or outside of the project
[4] **Project Technology** All technologies and materials created, conceived or reduced to practice as part of your project and all associated Rights

If you answered "yes" to any of the questions above, you must complete the Technology and Information Management Attachment and submit it along with your progress report

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PROGRESS REPORT
ATTACHMENT

BILL & MELINDA GATES *foundation*

Clinical Studies and Regulated Research Assurances Attachment

Grants that involve humans, animals, or sensitive/regulated research must provide annual updates to assurances to indicate that the project will continue to observe fully the governing regulations of all sites and host countries Consult with your assigned program officer if there are any questions regarding how these details should be provided, especially when such activities are not fully defined

GRANT INFORMATION

Project Name	Phase II Subcontract Models of Care		
Organization Name	ACHAP – sub-contract Marlink Group, Harvard School of Public Health		
Grant ID Number	52352	**Foundation Program Officer**	David Allen
Report Period From	1 December 2011	**To**	31 December 2011

1. **RESEARCH ASSURANCES**
   Complete a separate table (below) for each study, or protocol, in your project Include any studies terminated during the reporting period and provide the reason for the termination. Types of assurances may include but are not limited to the following:

   - **Animal Research** The status and date of your most recent Institutional Animal Care and Use Committee (IACUC) approval, or equivalent
   - **Research on Human Subjects/Clinical Trials**. Include the status of regulatory agency approval, informed consent approval, and Institutional Review Board/Independent Ethics Committee (IRB/IEC) approval, including the date and name of the IRB/IEC Enrollment data and any interim analyses should be described in the narrative progress report
   - **Liability Insurance and Treatment of Research Related Injuries.** Please provide status of provisions for liability insurance and treatment coverage
   - **Other regulated research assurances related to the use of any of the following substances**
     - Recombinant DNA
     - Pathogens/toxins identified as "select agents" by U S law
     - Biohazards or genetically modified organisms

Study/Protocol 1: Bomolemo Study

Assurance Type	Date of original approval	Date of most recent approval (Expiry Date)	IRB Protocol / Reference Number
HSPH IRB Approval	9 September 2008	8 September 2011	HSPH IRB Protocol # 16470
HRDC Approval	11 September 2008	9 September 2011	HRDC Reference # PPME-13/18/1 Vol VI (87)

Study/Protocol 2: Kgatelopele Study

Assurance Type	Date of original approval	Date of most recent approval (Expiry Date)	IRB Protocol / Reference Number
HSPH IRB Approval	9 July 2008	12 June 2011	HSPH IRB Protocol # 16084
HRDC Approval	21 October 2008	31 May 2011	HRDC Reference # PPME-13/18/1 Vol VI (6)

Study/Protocol 3: Botsogo Extension Study

Assurance Type	Date of original approval	Date of most recent approval (Expiry Date)	IRB Protocol / Reference Number
HSPH IRB Approval	2 October 2008	14 October 2011	HSPH IRB Protocol # 10366
HRDC Approval	17 December 2007	11 November 2011	HRDC Reference # PPME-13/18/1 Vol V (89)

2. **STUDY/PROTOCOL CHANGES**
If you are planning a **new** study that was not described in your original proposal, or study plans were indefinite or have changed significantly since the inception of the grant, please briefly describe below. Relevant information would include study locations and populations, approximate timelines; regulatory authorities from which you are seeking approval, and provisions for liability insurance and treatment of research related injuries **Note:** You may be asked to complete a Clinical Studies and Regulated Research Module for more detailed information.

3. SAFETY

If any of the following have occurred with regard to any study/protocol in your project and you have NOT previously informed the foundation, please provide details below regarding:

a Any adverse action taken by a regulatory authority, for example a clinical hold

b Any unscheduled notification (oral or in writing) to a regulatory agency regarding a safety-related issue, i e a notification separate from your regular filing obligations

4. COMPLIANCE

	Yes or No
You represent that all studies in your project have been conducted in compliance with International Conference on Harmonisation (ICH) guidelines	**Yes**
If no, please explain	
You represent that all studies in your project have been conducted in compliance with the applicable laws in the countries in which the study is being conducted	**Yes**
If no, please explain	

[redacted] GLOBAL HEALTH
PROGRESS REPORT
ATTACHMENT

BILL & MELINDA
GATES *foundation*

STATEMENTS OF GRANTEE
Grant Period: January 2011 – December 2011

1 Grantee hereby confirms that it has made all expenditures of foundation grant funds, including expenditures of income or currency gains earned on the grant funds, in furtherance of the stated purpose of the grant

2. Grantee hereby confirms that it has complied with all of the terms and conditions of the grant specified in the grant agreement signed by the Grantee and the foundation dated September 2009

3 Grantee's budget (or prior report) indicates that Grantee will purchase (or has purchased) capital equipment with the Foundation's grant funds Please complete the attached Capital Equipment Report for each item of capital equipment purchased with the foundation's funds, and confirm, by signing below, that. (A) all capital equipment purchased with foundation funds continues to be used for the stated purpose of the grant, and (B) such equipment has not been used for any of the following purposes (i) to carry out propaganda or otherwise attempt to influence legislation, (ii) to influence the outcome of any public election or to carry on, directly or indirectly, any voter registration drive; (iii) to make a grant to any individual for travel, study or similar purposes or to make a grant to any other organization; or (iv) for any purpose other than charitable, scientific, literary or educational purposes

I declare that I am authorized to sign this report on behalf of Grantee, that I have examined the foregoing statements and related attachments, and that to the best of my knowledge, they are true, correct and complete

Themba C Moeti — 17th April 2012

Name.Dr Themba Moeti
Title Managing Director
Date

CAPITAL EQUIPMENT REPORT INSTRUCTIONS

Please complete the following table for all items of capital equipment (e.g , vehicles, office furniture, computers, copiers, medical equipment) with a per-item value in excess of $5,000 (U.S) purchased with foundation grant funds.

In completing the table, do not combine multiple items with individual values of less than $5,000 into one entry. For example, if you purchase four computers for a total price of $6,000, the computers would not constitute capital equipment because individually, no one item should exceed the $5,000 threshold

The foundation must receive capital equipment reports on each item purchased by you for the "useful life" of that equipment This reporting period may extend beyond the term of the grant Thus, your obligations under the grant agreement are not satisfied until all purchases of capital equipment have been fully reported to the Foundation The following table should help you determine the useful life of commonly-purchased equipment·

Type of Equipment	"Useful Life" or reporting term** (from date of purchase)
Computers and Peripheral Equip	3 years
Office Furniture, Fixtures and Equip.	7 years
Data Handling Equip. (excluding computers) Includes copiers, calculators, etc.	5 years
Automobiles and trucks	5 years
High technology or medical equip.	5 years

For each year that you complete a capital equipment report, you must include not only the equipment purchased in the report period, but any capital equipment purchased in prior reporting periods that must continue to be reported through its useful life

For example, assume a vehicle is purchased in May, 2006 (5 year reporting period), and a computer is purchased in June, 2007 (3 year reporting period). The capital equipment report for the period ending July 31, 2006 would include only the vehicle. The capital equipment report to the Foundation for the period ending July 31, 2007 must list both the vehicle purchased in 2006 and the computer purchased in 2007 For the report for the period ending July 31, 2008, the report must list the vehicle, the computer and any new equipment purchased in fiscal year 2008

If you have any questions about whether an item is "capital equipment," or the length of an item's "useful life," please contact your foundation grants administrator and/or program officer

Please note that facilities or equipment with a useful life exceeding 7 years, such as a building, may NOT be purchased with Foundation funds under any circumstances

** If you are a U S. private foundation, the useful life for all capital equipment is 3 years

[redacted]
PROTOCOL TO REPORT
ATTACHMENT

BILL & MELINDA GATES *foundation*

Annual Expenditure Responsibility Capital Equipment Report
For Fiscal Year Ending «bmgf_opid_cid_bmgf_fiscalyearendday»31.12.11

CAPITAL EQUIPMENT REPORT

Type of Equipment	Brief Description of Item	Cost of Item (In USD)	Date of Purchase	Date Useful Life expires
NOTE: ACHAP is a US Private Foundation so useful life for all capital equipment is 3 years.			**dd/mm/yy**	**dd/mm/yy**
	YEAR 2011			
Automobiles	1 Nissan Horse Engine T10 YOHO – B 369 AOV	$66,083 92	25/02/2009	25/02/2012
Automobiles	1 Toyota D/Cab 2 7 Raider Palapye OA – B 920 ASD	$36,911 45	29/10/2010	29/10/2013
Automobiles	1 Toyota D/Cab 2 7 Raider F/ Town OA – B 921 ASD	$36,911 45	29/10/2010	29/10/2013
Automobiles	1 Toyota D/ Cab 2 7 Raider Molepolole OA – B 609 ASG	$37,086 07	31/12/2010	31/12/2013
Data Handling Equipment	1 Power Edge M610 Blade Server (MERD & Finance)	$ 5,196 39	28/05/2010	28/05/2013
Data Handling Equipment	1 Photocopier Printer Laser-jet (Programs)	$10,705 45	31/08/2010	31/08/2013
Office Furniture, Fixtures and Equipment	Retractable Records Storage System	$ 5,787 00	22/08/2011	22/08/2014
Automobiles	Toyota Hilux Double Cab – BORNUS – B 795 ATA	$38,768 00	19/04/2011	19/04/2014
Other	1 Porta cabin – BORNUS – Marope Ward, Mogoditshane	$11,824 62	18/04/2011	18/04/2014
Other	1 Porta cabin – BORNUS – Nkoyaphiri	$11,824.62	18/04/2011	18/04/2014
Other	1 Porta cabin – BORNUS – Tsolamosese	$11,824 62	18/04/2011	18/04/2014
Other	1 Porta cabin – BORNUS – Mogoditshane Community Hall	$11,824 62	18/04/2011	18/04/2014
Other	1 Porta cabin – BORNUS – Gaborone West Youth Centre	$11,824 62	18/04/2011	18/04/2014
Other	1 Porta cabin – BORNUS - Bontleng Community Hall	$11,824 62	08/09/2011	08/09/2014
Other	1 Porta cabin – BORNUS - Old Naledi Community Hall	$11,824 62	08/09/2011	08/09/2014
Other	1 Porta cabin – BORNUS - Old Naledi Market Place	$11,824 62	08/09/2011	08/09/2014
Other	1 Porta cabins – BORNUS – Tlokweng Old Choppies	$11,824.62	08/09/2011	08/09/2014
Other	1 Porta cabin – BORNUS - Tlokweng Brigade	$11,824 62	28/10/2011	28/10/2014

中国-默沙东
艾滋病
合作项目

China-MSD
HIV/AIDS
Partnership

China- MSD HIV/AIDS Partnership (C-MAP)

2011 Annual Expenditure Summary

Mar. 2012

Contents

China-MSD HIV/AIDS Partnership

Ⅰ. C-MAP Governance & Operations

1. OC Meeting and its Decision

C-MAP OC meeting of 2011 was held in Beijing in November 11th, 2011. Delegation from Ministry of Health, NCAIDS, Sichuan Health Bureau, People's Government of Liangshan Yi Prefecture, Merck (China) and three levels C-MAP Program office, 25 people in total, attended the meeting. The meeting was hosted by vice director of International Cooperation Department of MOH, Mr. Li Ming zhu. Achievements that gained by the project in these four years have been fully appreciated. And the suggestion for adjusting remainder of 2011 budget in the first project phrase and the principle of 2012 plan have been approved.

2. Public Communication Plan

2.1 C-MAP received the Chinese Charity Award from Ministry of Civil Affair

C-MAP initiated the application for the top honor of charity--Chinese Charity Award–from Ministry of Civil Affair in 2011. After the process of recommendation, primary selection, secondary selection, internet voting and final selection, China-MSD HIV/AIDS Public-Private-Partnership program has successfully gained the awards of most influential charity program. The chairman and president of MSD China Michel Vounatsos was interviewed by Chinese vice Prime Minister Hui Liangyu.

2.2 Disseminate best practices & successful stories of C-MAP to general populations

Based on the communication plan, C-MAP collect, edit and publish routine implementation news and release newsletter through various channels. The news were uploaded to websites of NCAIDS, China HIV information network website, Liangshan Health Bureau and other websites of project area to publicize and popularize the project achievements and extend its influence. By the end of December 2011, there are 504 news have been published. Furthermore, there are six newsletters have been released.

Meanwhile, since this is the 5th year of C-MAP, the C-MAP video has been made. In details, the program publicity film 'THE MISSION' produced by national project office has been delivered in English and Chinese. The documentary on sexually

transmission route of HIV, known as 'Home', 'Future' and 'Evil of HIV' have been filmed by Sichuan program office and broadcasted by local TV. The record video 'Let the world be lit up with the love of sunshine' has been produced by Liangshan program office.

2.3 Demonstrate the achievements among professional groups

After 5 year's implementation, C-MAP has successfully gained valuable experiences on fighting against HIV/AIDS among ethnic groups in remote areas. C-MAP has taken action to demonstrate those effective models through the international HIV/AIDS conference and academic journals in 2011. C-MAP was invited by International AIDS Society (IAS) to share experiences on operating PITC among ethnic groups in remote areas of China at the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Besides, there are 5 abstracts from C-MAP have been selected by the 10th International Congress on AIDS in Asia and the Pacific (ICPAA10). Furthermore, C-MAP supported HIV/AIDS association to host a satellite meeting named "Together" on ICPAA10. The legal representative presented the achievement of C-MAP during the satellite meeting.

C-MAP was also actively involved in the 6th Experience Exchange Conference of International Cooperation Programs on HIV/AIDS in China. The chairman and president of MSD China Michel Vounatsos demonstrated C-MAP's achievements in fighting against HIV/AIDS in China, shared the social responsibility tradition of Merck, and declared the hope and commitment in public-private-partnership in the future. C-MAP group made presentations to share successful experiences on program management, expanding PITC, intervention targeted low level FCSW, people to people HIV/AIDS comprehensive management, PMTCT as well as report on drug-resistant in this conference.

C-MAP organizes staff from executive organizations to write academic papers. By now 9 articles have been submitted and four of them have been accepted by Chinese journal of AIDS & STD, the rests are still under review.

3. C-MAP Beijing Representative Office

After successful registration for Beijing Representative Office in the MCA on Sep.18th 2007, C-MAP has had independent fund management and optimized payment flows thereafter. As MOH and MCA request all foreign Foundations to submit annual project report and audit report every March, C-MAP Beijing Rep. Office completed an independent audit through a professional audit firm and will soon submit C-MAP 2011 Project Annual Report attaching with finance audit report to MOH and MCA by end of March, 2012.

4. Financial Management

During 2011, two audits were conducted by independent professional audit firm. One was requested by Ministry of Health & Ministry of Civil Affairs for annual examination purpose with focus on previous accounting period, and the other was conducted on left of former C-MAP Beijing Representative Office Chief Representative, Hugues Malonne. The audit result indicated that C-MAP financial statements fairly presented financial position of C-MAP operation in all material respects.

Auditing on implementing organizations at three levels responsible for 2009-2010 initiatives has also been carried out by auditing firms at different levels. Although no material misconduct was found, there were still areas for improvements. Problems found in the auditing have been listed as priorities of our own financial management of field check.

During 2011, two financial training workshops were provided to implementing organizations from Sichuan province and Liangshan prefecture respectively. More than 200 financial staff received training. For 2012, on-going follow ups, periodical on-site checks and annual audit have been planned to ensure continuous policy compliance.

5. Application for the Second Phase Project

The first phase of the project will end on December 31st, 2012. To guarantee the sustainability of the project, Director of International Cooperation Department of MOH, Mr. Ren Minghui has made a discussion with the Chairman of Merck Foundation, Ms. Geralyn S. Ritter. In the discussion, Merck Foundation has agreed on providing continuous financial and technical support to the second phase C-MAP. After that, the national project office started to prepare the application of the second phase project since May 2011. Workshops have been held. Experts and delegations from MOH, NCAIDS, Merck Foundation, Sichuan Health Bureau, Sichuan CDC, Liangshan Health Bureau, Liangshan CDC and International Organizations had several discussions and drawn the draft of application of the second phase C-MAP. The application has been reported to International Cooperation Department and Diseases Control Department of MOH. And after verification, the formal proposal has been submitted to Merck Foundation by the end of December 2011 as required.

II. Program progress and achievement in 2011

1. Activity accomplishment

Table 1 Activity planned and implemented in 2011

Level	Planned	Implemented	Accomplished
National	22	20*	20
Provincial	61	61	60**
Prefectural	40	40	39***

* Cancel two activities according to the decision by NCAIDS leadership committee

** Project planning workshop was held in the beginning of 2012

*** Technical support by Prefecture hospital of infectious diseases has been integrated with integrative monitor of prefectural HIV/AIDS Prevention and Control Committee.

2. Performance of key indicators in 2011

Table 2 Key Metrics in 2011

Metrics	Planned	Achieved	Rate
Mass Education			
NO of migrant workers received HIV information	500,000	1541681	308 34%
NO of people covered by HIV education TV ads		19354732	
NO. of middle school students received training	105000	871736	138 37%
Interventions			
NO. of people received interventions (IDUs,FSWs, MSMs, STD clinic outp'ts)	78200	111006	141 95%
person-time of people received interventions (IDUs,FSWs, MSMs, STD clinic outp'ts)		402615	
NO of lubricants for MSMs	100000	305679	305 68%
NO of condoms for FSWs, MSMs,HIV+/AIDS, STD clinics outp'ts	1550000	1584418	102 22%
NO of needles for IDUs	160,000	271596	169.75%
Testing & Treatment			
NO. of people tested for HIV (PITC initiative)	141700	202234	142.72%
Person-time of HIV+/AIDS patients received follow up	31345	37128	118 45%
NO. of new identified HIV+/AIDS patients received CD4 testing	10,600	16210	152.92%
NO. of diagnosed AIDS patients received ART	2500	2888	115.52%
Care & Support			
NO. of HIV+/AIDS & their families received support to join New Rural Cooperative Medical Scheme	11400	11596	101.72%
NO of PLHWAs(including orphan affeted by HIV/AIDS) received care & support		4181	
Strategy #5 Capacity Building			
NO. of staff received project management /professional training	225	297	132.00%
NO. of staff recruited	569	569	100%

Monitoring & Evaluation			
NO of target populations received base line survey & comprehensive surveillance	71030	77695	109 38%

3. Outcomes and impacts

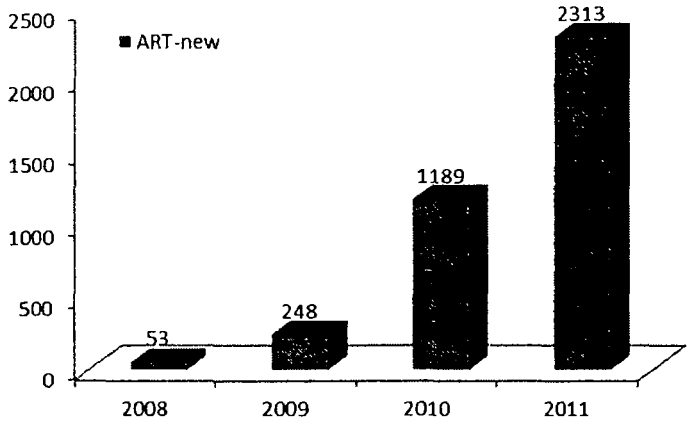
3.1 Promote the capacity of Liangshan government in fighting against HIV/AIDS

As rapid development of HIV/AIDS prevention and control in Liangshan, framework of response mechanism to HIV/AIDS has been developed, and the matured mechanisms on education and intervention has been transferred from C-MAP to Liangshan Prefecture government in 2011. In 2011, C-MAP concentrated on HIV testing, ART treatment and patient management, through promoting the intensive following up strategy at community level, and conducting HIV test and CD4 test at township level. Under the support of C-MAP, the technical support and project monitoring from national and provincial level were strengthened, which improved the quality of project implementation. Moreover, C-MAP promoted the resource integration by Liangshan government, with the development of "Overall AIDS control fund allocation protocol in Liangshan" .

3.2. Overcome the bottleneck and extend treatment

Through the training and monitoring supported by C-MAP, ARV centers of prefectural and county levels has further clarified their own responsibility on AIDS treatment and developed the principal role. And the project helped enhance transferring system among county CDCs, MCHs and township healthcare centers. It extended the ARV coverage effectively. Focusing on the concrete requirement of ARV in Liangshan, C-MAP has held ARV training workshop twice and invited experts from national level, Sichuan, Yunnan and Henan to make lecture and provide site supervision. And the revised scheme of ARV first-line treatment was strongly promoted based on the investigation. The ART treatment to discordance family in 2012 is prepared. ARV of Liangshan in 2011 has gained great achievement. Number of new ARV in 2011 increased dramatically, compared with that in the former years.

Figure 1 Capital of New ARV in Liangshan



(2008-2011)

3.3 **Developed HIV prevention service package**

During the five years implementation, C-MAP has explored and developed local-friendly HIV/AIDS prevention services in project areas, which included effective mechanisms on governmental advocacy, mass population education, sub-high risk population intervention and high risk population intervention. Moreover, C-MAP generated several creative models in education and interventions, include the education to minority migrant population, education to tourism, face to face education to women in ethnic area, needle exchanging to IDUs, methadone maintenance treatment branch services, condom promotion among low level sex workers, etc.

Ⅲ. **Financial Summary**

1. *Funding Commitments*

Overall, the Merck Company Foundation committed US$30 million to fund the administration and program of C-MAP.

The total accumulative income of C-MAP during the 7 years period (2005~2011) is $30,488,485 which includes cash transfer from the Foundation, donation from MSD China and CMAP bank interest. The total accumulative cost during the 7 years is $25,297,472 which includes administration expenses and programs. The total

accumulative net income during the 7 years is $ 5,191,013.

2. C-MAP Expenditures in 2011

As of December 31, C-MAP has spent an amount of $6,245,712 during the year, which includes $333,837 on administration expenses and $5,911,875 on programs.

The administration expenses included staff costs, office expenses, business travel, office telecommunications, translation, legal and other outside services, depreciation, gains or losses due to exchange rate changes. In 2011, the recording currency of CMAP books has maintained as RMB according to local regulations. The 2011 Income Statement and Balance Sheet were converted from RMB to USD by using 2011 year-end exchange rate of RMB 6.3009/ USD 1.

As of 31 December 2011, C-MAP spent a cumulative amount of $5,911,875 on programs during 2011 with six strategic focuses.

Strategy 1 Awareness and Mass Education	623,738
Strategy 2 Intervention with High Risk Populations	670,254
Strategy 3 Treatment, Care & Support	1,121,340
Strategy 4 Alleviating the Negative Impact of HIV/AIDS	150,182
Strategy 5 Innovation & Capacity Building	2,568,752
Strategy 6 Surveillance, Monitoring & Evaluation	777,608
Total Programs	**$5,911,875**

3. Accounting for Grant from the Merck Company Foundation

(1) Grant and Transfer of Funds

The Merck Company Foundation made grant in one installment of $7,000,000 to C-MAP in April of 2011.

(2) Cash flow During 2011

Total actual cash spent in 2011 was $5,551,959 on administration and programs. The overall cash flow resulted in a closing cash balance of $3,478,158 on 31 December 2011, including interest income. The closing cash balance will be carried forward and utilized to support programs and administration expenses of 2012.

Summary Table

TMCF + MSD Contribution + Interest Income

	Carryover from Last Year	Funds Received	Funds Spent	Remaining Balance
2005	0	1,150,371	0	1,150,371
2006	1,150,371	3,608,388	1,078,745	3,680,013
2007	3,680,013	4,145,388	1,675,774	6,149,627
2008	6,149,627	3,032,907	5,695,155	3,487,379
2009	3,487,379	4,521,169	7,149,169	859,378
2010	859,378	6,976,468	5,859,505	1,976,342
2011	1,976,342	7,053,775	5,551,959	3,478,158

The C-MAP 2011 financial statement is attached at the end.

(3) Capital Spending

There was no capital purchase occurred in 2011.

(4) Expenditure Responsibility

During 2011, all program funds were used for C-MAP and all administration funds were used in support of C-MAP programs. For programs initiated in 2011, a grant of $349,558, $2,393,714 and $2,745,354 were made to Chinese Center for Disease Control and Prevention, Sichuan Provincial Health Bureau and Liangshan Prefecture Health Bureau respectively on National, Provincial and Prefecture levels based on the 2011 Work Plan developed jointly by above three levels and approved by the C-MAP Board.

(5) Use of Funds

All grant funds were expended for the purposes set forth in the grant letters from The Merck Company Foundation, and none of the funds were diverted from the purpose of the grants. None of the funds were used for any of the purposes described in section 4945(d) of the Code. No funds were used to carry on propaganda or otherwise attempt to influence legislation. No funds were used to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drives. The grants made by C-MAP to other organizations above are all related to its charitable purpose of advancing HIV/AIDS prevention, care, treatment and support in China. C-MAP does not undertake any activities for a non-charitable purpose.

ANNEX :C-MAP Financial Statement as of 31 December 2011

2011 Annex

Reported by

Xiaoye Wang
Chief Rep of CMAP BJ Rep Office

March 26, 2012

Merck Childhood Asthma Network, Inc. (MCAN)
Expenditure Responsibility Report
2011

RESOURCES

Funding and Support The most important resource for MCAN is The Merck Company Foundation, which provides grant funding for operations (including salaries) and programs. Merck provides equipment, information technology, technical, financial, legal, and human resources support. MCAN reports administratively through Merck's Global Public Policy and Corporate Responsibility division.

Advice and Consultation MCAN benefits greatly from the expertise of its Board of Trustees and National Advisory Board. In 2011, MCAN utilized the consultation services of JTxCo, LLC, Visionary Health Education Consulting Services, LLC and the communications services of the Health360 Strategies team of the Chandler Chicco Agency LLC.

2011 ACTIVITIES

Goal 1: Improve *access* to and the *quality* of asthma healthcare for children, especially the vulnerable and medically underserved

Community Healthcare for Asthma Management and Prevention of Symptoms (CHAMPS)
CHAMPS is an innovative translational research, and community-based clinical partnership funded by MCAN and led by the George Washington University (GWU) School of Public Health and Health Services. Additional partners include Rho, Inc., and the RCHN Community Health Foundation. The project is designed to demonstrate how tailored, evidence-based asthma management programs proven efficacious in controlled trials, can be implemented in Community Health Centers, where many children and families most in need get care. CHAMPS incorporates lessons learned in the implementation of the "hybrid" case management/environmental mitigation of triggers intervention in the Head-off Environmental Asthma in Louisiana (HEAL) project conducted in New Orleans post-Katrina and to the Changing pO_2licy report authored by GW that identified CHCs as an ideal setting for treating high-risk children with asthma. The project was funded in October 2010 for four years $4,000,000 and $1,274,008 for 2011.

Activities in 2011 included selecting the four federally qualified health centers that will implement the intervention, establishing a project management structure (steering committee, advisory committee, executive committee and three work groups), documenting the legal and policy context of childhood asthma at the state and local levels where the project will be implemented, preparing the IRB submission and negotiating subcontracting agreements with the health centers.

Care Coordination Program Sites
Through the Care Coordination grant portfolio, MCAN is seeking to demonstrate the feasibility and effectiveness of implementing and sustaining care coordination models that were developed in MCAN Phase 1 (2005-2009) in communities with significant childhood asthma morbidity and/or outcome disparities. The following projects are funded for $900,000 over four years, (2010-2014) and $787,000 for 2011:

1. **Los Angeles Unified School District, 'Yes We Can Children's Asthma Program'**
   The program involves a care coordination and education model that will extend beyond the immediate school clinic to include system changes between health, educational and community settings. The program will triage students and families into the appropriate level of intervention, improve the coordination of care between schools, clinics and community providers, and will focus on measuring symptom reduction and school days missed.

2. **Respiratory Health Association of Metropolitan Chicago, 'Addressing Asthma in Englewood'**
   The program centers around a community educator model and links children with asthma to appropriate services, education programs in schools, community groups, and local agencies; and a home visit case management program to enhance asthma education, identification and mitigation of asthma triggers.

3. **RAND Corporation, 'La Red de Asma Infantil de Merck de Puerto Rico'**
   The program involves evidence-based interventions as part of an asthma care coordination program across home, health care and community settings. Implemented in the Nemesio Canales Housing Project in San Juan, Puerto Rico, "La Red" aims to promote asthma-friendly communities throughout the island of Puerto Rico and to enhance access to quality asthma healthcare for this highly vulnerable and underserved community.

4. **Children's Hospital of Philadelphia, 'Asthma Health Care Navigator Program'**
   Asthma health care navigators located within four primary care centers operated by the hospital will work with primary care providers as an integral member of the family's asthma care team assisting families in the identification and reduction of asthma triggers in the home, providing self-management education, and other support and resources for families of high risk children with asthma.

In 2011, Care Coordination Program Sites worked with the Center for Managing Chronic Disease (CMCD) at the University of Michigan on finalizing and implementing the cross-site evaluation tool in Spanish and English, and provided baseline data on their participants. Sites also provided baseline data on several process outcomes such as their project's key partnerships, targeted policy goals, and sustainability plans. The CMCD and the sites also made significant progress on developing a fidelity/translation component of the Cross-site evaluation. In addition, MCAN worked with the University of Michigan to develop a cost analysis evaluation in the Philadelphia Care Coordination program site.

HEAL, Phase II

The Head-off Environmental Asthma in Louisiana (HEAL) project, Phase II is a continuation of the work of HEAL, a post-Katrina research project that studied the effects of mold and other indoor allergens on children with moderate to severe asthma, and the effectiveness of an asthma case management/environmental mitigation intervention in improving childhood asthma management. HEAL was funded by MCAN, the De Laski Family Foundation and the NIH from 2006 to 2009. HEAL Phase II, funded by MCAN for $1.8 million over four years (2010-2014), and $442,112.27 in 2011 is led by the Xavier University of Louisiana Center for Minority Health & Health Disparities Research and Education (CMHDRE) working closely with the Daughters of Charity Services of New Orleans (DCSNO) and the Children's Health Fund (CHF). The collaboration with CHF is funded by the Merck Company Foundation.

In HEAL Phase II certified asthma educators provide tailored counseling for individual children with asthma (ages 2-18) and their families to improve asthma management and avoid exacerbation of symptoms. The identified population in HEAL Phase II are children who are patients of the Daughters of Charity Services of New Orleans' Carrollton, St. Cecilia and Metairie Clinics. The program will also enroll children who receive care at the Children's Health Fund-Tulane University Health Sciences Center Department of Pediatrics mobile clinic that currently serves Fredrick Douglas High School and A.D. Crossman Esperanza Charter School.

In 2011, the HEAL Phase II team developed a study protocol and implementation plan that included the adaptation of evaluation tools from the original HEAL study. The project team established a community advisory board and an expert advisory board and made several presentations on the study design at scientific meetings.

Comprehensive Asthma Project

The Comprehensive Asthma Project (CAP) is a collaboration between MCAN and the American Academy of Pediatrics (AAP). The purpose of CAP is to improve the quality of asthma care provided to pediatric patients by providing support to chapters and member practices to implement asthma guidelines established by the National Asthma Education and Prevention Program (NAEPP) of the National Heart Lung and Blood Institute (NHLBI). The CAP program has two phases: 1) Chapter Quality Network (CQN) Asthma Pilot Project, which concluded in 2010; and 2) the Medical Home Chapter Champions Project on Asthma (MHCCPA) which will conclude in 2012.

The Medical Home Chapter Champions Project on Asthma facilitates the dissemination of best practices and advocacy related to the implementation of the NHLBI asthma guidelines within medical homes at the AAP chapter and/or state level(s). As of December 2011, 54 pediatricians had been indentified to serve as medical home chapter champions (MHCC) which represents approximately 92 percent of all US AAP Chapters. The MHCC convened in 2011 for a two day conference to foster in-depth discussions of programmatic activities, strategies, tools and resources, as well as to provide interactive Continuing Medical Education sessions related to medical home and asthma. The chapter champions were also provided with networking opportunities to establish and build on existing relationships with the other champions. In addition throughout 2011, the Champions participated in webinars, conference calls and meetings on medical home and asthma topics.

Goal 2: Advance *policies* that expedite dissemination, implementation, and sustainability of science-based asthma healthcare

Policy Brief: Addressing the Challenges of Reporting on Childhood Asthma in a Changing Health Care System: Building Better Evidence for High Performance

This policy brief, authored by researchers at The George Washington University (GWU) Department of Health Policy, was a follow-up to the *Changing pO$_2$licy· The Elements for Improving Childhood Asthma Outcomes* report published in 2010. The brief was supported by MCAN and the RCHN Community Health Foundation and was distributed to over 2,000 stakeholders in June 2011. In the brief, GWU researchers identified both barriers and opportunities to improve the quality of care for children with asthma after conducting an exhaustive review of the nation's data collection framework for childhood asthma. The authors put forth recommendations for standardizing surveillance measures and expanding existing reporting functions and systems to improve data collection on children with asthma. The brief is available at: http://www.mcanonline.org/pdf/AsthmaDataBrief.pdf

Childhood Asthma Coalition

In 2011, MCAN established a partnership with The George Washington University (GWU) Department of Health Policy and First Focus, a bipartisan advocacy organization, to develop a Childhood Asthma Coalition, dedicated to improving the prevention, diagnosis, treatment and management of childhood asthma through federal policy change and targeted state efforts. This long-term project will build upon not only the findings and recommendations from the Changing pO_2licy report and subsequent policy briefs, but also will be grounded on future best practices and in evidence-based policy analyses.

NIH Asthma Outcomes Workshop

The impetus for the NIH Asthma Outcomes Workshop began in 2006 when MCAN commissioned RAND to conduct a meta-analysis to quantify and characterize the gap of what is known and what is done in managing childhood asthma, as well as the estimated cost in closing the gap. Their findings suggested the need for economic evaluation of the impact of these gaps and the need for research using standard definitions and outcomes to allow comparison across studies and aggregation of data.

These findings of RAND, which were presented at MCAN's State of Childhood Asthma Conference, formed the basis of a recommendation for the NIH to initiate a consensus process to establish and promote a set of standard definitions and recommended metrics for key variables in asthma-related clinical trials and translational research.

This consensus process led to recommendations from subcommittees and participants at a workshop in March 2010 co-chaired by the National Heart, Lung, and Blood Institute (NHLBI) and the National Institute of Allergy and Infectious Diseases (NIAID). Other workshop sponsors and planning committee members included MCAN, the National Center for Minority Health and Health Disparities, the National Institute of Child Health and Human Development, the National Institute of Environmental Health Sciences, the Agency for Healthcare Research and Quality, and the Robert Wood Johnson Foundation.

In 2011, the final recommendations of the committees were assembled into manuscripts and submitted as a supplement to *The Journal of Allergy and Clinical Immunology*. MCAN provided support for the publication of the supplement, which will be released in March, 2012.

Congressional Allergy & Asthma Caucus

Dr. Malveaux met with the following Co-Chairs and members of the Congressional Allergy & Asthma Caucus to brief them on MCAN's mission and provide information on how MCAN might be an educational resource for the caucus: Joe Barton (R-TX); Bill Cassidy (R-LA); Eliot Engel (D-NY); Nita Lowey (D-NY); John Lewis (D-GA).

Goal 3: Increase *awareness* and *knowledge* of childhood asthma and quality asthma care

RAND-MCAN Study: Assessing the Business Case for Better Asthma Care

In 2007, MCAN commissioned RAND to examine the relationship between adherence to use of recommended controller medications and unscheduled health care utilization for asthma using medical claims records filed with private insurers. Findings of this study, published in the April 2010 issue of the Journal of Asthma (Mattke, et. al), suggested that, in general, savings generated

by a reduction in high-cost events like emergency department visits do not offset the increased payments for maintenance therapy.

In 2009, RAND and MCAN pursued this same research question among children with asthma and enrolled in Medicaid and CHIP. The findings from this study suggest that a business case for disease management interventions that aim to improve adherence to anti-inflammatory drugs cannot be made because of the increased costs of care. RAND authors submitted the results of this study to *PharmacoEconomics* in 2011, and it was published in January 2012 (Herndon, JB, Mattke, S, Cuellar, AE, et. al. Anti-Inflammatory Medication Adherence, Healthcare Utilization and Expenditures among Medicaid and Children's Health Insurance Program Enrollees with Asthma. PharmacoEconomics 2012 January 23.)

Supplement to *Health Promotion Practice*, "Translation of Evidence-Based Pediatric Asthma Interventions in Community Settings: The MCAN Experience" (Volume 12, Supplement 1, November 2011)

This supplement details the results, lessons learned and best practices of the five childhood asthma programs that MCAN funded in Phase 1 (2005-2009) to implement evidence-based interventions targeting low-income and medically underserved children. These programs were conducted in Chicago, Los Angeles, Philadelphia, New York City and San Juan, Puerto Rico over a four-year period and mostly served children with poorly controlled asthma who had multiple emergency room visits and/or hospitalizations. Notable findings include:

- Most sites noted reduced rate of emergency room visits and asthma-related hospitalizations by at least half
- Asthma-related school absences were reduced in at least 80 percent of children across all sites
- Nearly all parents or caregivers of children with asthma felt empowered and more confident in their ability to control their child's disease and had taken steps to reduce exposure to environmental allergens and irritants in the home
- Distribution of asthma actions plans from healthcare providers to children and their families increased from 26% at the start of the program to 81% after 12 months of the interventions.

AsthmaCommunityNetwork.org

Together with Allies Against Asthma, a program of the Robert Wood Johnson Foundation, and the U.S. EPA, MCAN continued to support www.asthmacommunitynetwork.org, an online Network designed for community-based asthma programs and organizations that sponsor them—including representatives of health plans and providers, government health and environmental agencies, nonprofits, coalitions, schools to interact and learn in real-time about best practices in asthma management.

National Ambulatory Medical Care Survey

The National Ambulatory Medical Care Survey (NAMCS) is a national survey of physicians to better understand how care is being delivered in providers' offices. In 2011, MCAN began a partnership with the Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS) to provide support and expertise on the development of specific questions on the 2012 NAMCS on the National Asthma Education and Prevention Program (NAEPP) Guidelines for asthma and their use. This will allow evaluation of guideline implementation from the healthcare provider's perspective and identification of barriers to the uptake of critical elements of guideline-based management of asthma. These findings can inform ongoing strategies to increase effective implementation of the NAEPP Guidelines. Other partners include:

the National Institutes of Health (NHLBI, NICHD, NIEHS, NIAID) the Centers for Disease Control and Prevention (NCEH, NIOSH, NCHS), the Environmental Protection Agency and the Agency for Healthcare Research and Quality.

Webinar with *ADVANCE for Respiratory Care & Sleep Medicine:* Implementing Community-based Asthma Management, April 13, 2011

This one-hour webinar was attended by 260 participants, and provided an overview of MCAN and best practices from three of the MCAN program sites. Participants included respiratory therapists, nurses (school, registered, practitioners, pediatric), asthma educators/counselors, community and public health educators and other healthcare professionals (pulmonologists, pediatricians, physician assistants).

CMS webinar and CMS Medicaid/CHIP Quality Conference

Dr. Malveaux represented MCAN at several meetings as a presenter, panelist or speaker in 2011. One of the more notable opportunities was in July 2011, when Dr. Malveaux was one of three presenters in a CMS sponsored webinar, "Using Evidence-based Interventions and Collaborative Partnerships to Improve Asthma Care and Lower Costs" for Medicaid and CHIP State Directors. He presented information to the group on the prevalence of asthma, the costs associated with the disease, and the evidence-based interventions that MCAN program sites are implementing across the country. Dr. Malveaux made a similar presentation a few weeks later to the CMS Medicaid/CHIP Quality Conference: Improving Care, Lowering Cost. The objective of the conference was for state representatives to be able to discuss and identify emerging CMS/HHS priorities that may positively impact State quality improvement efforts in the CHIPRA demonstration efforts or Medicaid/CHIP Programs.

Partnership with Alpha Kappa Alpha Sorority

MCAN provided technical assistance and leadership support to the Alpha Kappa Alpha Sorority, Inc. (AKA) in the development and administration of their Asthma Prevention and Management Initiative. This initiative, in partnership with the Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health, will mobilize thousands of members in the 950 AKA chapters nationwide to raise the level of awareness of childhood asthma as a significant public health problem is communities nationwide and the importance of proper management of this condition. Dr. Floyd Malveaux participated in the launch of the initiative at the National Press Club in Washington DC in June, 2011 and the subsequent kick-off at the AKA Leadership Conference in Atlanta in July, 2011. He presented data on the prevalence of the disease and the problem of disparate asthma outcomes in children, as well as information on MCAN's programs and mission.

News/Media Highlights

In 2011, news of MCAN programs and partnerships reached an audience of more than 21 million people.

MCAN Press Release, November 9, 2011 "Studies Reveal Community-Based Care Coordination Highly Effective For 'Real World' Asthma Management Programs"

MCAN distributed a press release announcing the publication of results from the first phase of care coordination sites in the *Health Promotion Practice* journal of the Society for Public Health Education (SOPHE). The results show that the use of a care coordination approach was proven to be most effective in the community setting. The following outlets included news of the publication:

- ***ADVANCE for Respiratory Care and Sleep Medicine***: "Asthma Management Must Extend Beyond Doctor's Office into 'Real World'"
- The press release was picked up by News-Line.com
- News of the publication was shared via social media sites (Twitter and Facebook) by SOPHE, reaching nearly 2,200 people.

MCAN Press Release, October 20, 2011 "Innovative Partnership Delivers Quality Asthma Care To New Orleans Children Whose Care Centers Were Flooded By Hurricane Katrina"

This release, distributed in partnership with Xavier University, Children's Health Fund and Daughters of Charity, highlighted the launch of the second phase of the HEAL program. On October 22, HEAL partners held a kick-off event at the Daughters of Charity Services health fair in New Orleans. The event was attended by more than 300 people from the surrounding community, local dignitaries and staff from partner organizations.

- Event Highlights
  - **Charlotte Parent**, Deputy Director of Health, City of New Orleans, helped kick-off the partnership with remarks given on behalf of New Orleans Mayor Mitch Landrieu and Health Commissioner Karen deSalvo. She mentioned that partnerships like HEAL are necessary to bring about positive outcomes for children with asthma in New Orleans.
  - **New Orleans City Council issued a proclamation to all HEAL partners** thanking each for bringing the HEAL program to New Orleans and for being committed to improving the lives of children with asthma in the area.
  - **Local dignitaries issued commendation certificates** to HEAL partners including A.G. Crowe, Louisiana State Senator, District 1; Cynthia Willard-Lewis, Louisiana State Senator, District 2; Karen Carter Peterson, Louisiana State Senator, District 5; David Heitmeier, Louisiana State Senator, District 7; and, Austin Badon, Louisiana State Representative, District 100
- Media Highlights
  - **Associated Press** wrote a brief about the partnership entitled "Xavier Expands Childhood Asthma Education Program," that outlined how Xavier will use the grant money. The article also highlights findings of the program MCAN funded following the aftermath of Hurricane Katrina. Dr. Malveaux and Leonard Jack Jr. from Xavier University were quoted extensively. The article was distributed by the following outlets:
    - NOLA.com (Times Picayune online)
    - NECN.com (New England Cable News)
    - WJTV.com (CBS Jackson, MS)
    - *USA TODAY* and its affiliate *The Daily World*
    - MSNBC.com
    - Gainesville Sun
    - Erie Times-News (GoErie.com)
    - RAMP Newsletter
  - **"Sunday Journal with Hal Clark" (WYLD-FM)** aired a segment featuring Maureen Larkins, Daughters of Charity VP, Strategic and Community Affairs.
  - **COX4 New Orleans** "Cox Connexions" aired a segment on October 19 that featured Daughters of Charity President & CEO Michael Griffin and Dr. Denise Woodall-Ruff discussing the health fair and HEAL program.

- Dr. Floyd Malveaux and Dr. John Carlson appeared live on **WYLD-FM** from the health fair, encouraging people to come out for important screenings and to learn more about childhood asthma.
- **NOA-TV (New Orleans Access TV)** aired a segment featuring Dr. Floyd Malveaux discussing the health fair, HEAL program and the issue of childhood asthma in New Orleans.
- **Louisiana Weekly** ran a story and photos from the partnership kick-off event.

MCAN Press Release, October 5, 2011 "Non-Profit Merck Childhood Asthma Network Invests Millions In Community Health Centers To Help Children Better Manage Asthma"

MCAN, in partnership with the George Washington University, RCHN Community Health Foundation and Rho, distributed this press release announcing funding for five community health centers around the country to implement the CHAMPS program to combat childhood asthma. The following outlets included news of the CHAMPS program:

- **Associated Press**, "Grand Rapids Sites Will Have Role in Asthma Study," which states that the Cherry Street Health Services, Baldwin Health Center and Clinica Santa Maria clinics are participating in the four-year study to better understand the best ways to control asthma. The article was picked up by the following outlets:
  - The Oakland Press
  - The World Asthma Foundation
  - WWMT.com (Kalamazoo, MI)
- ***ADVANCE for Respiratory Care and Sleep Medicine***: "MCAN Funds CHAMPS Partnership to Increase Access to Comprehensive Asthma Care for Impoverished, Medically Underserved Children and Families"
- **El Vocero Hispano**: "Clinicas Locales Reciben Donaciones"
- **EPA Asthma Community Network Newsletter**: "MCAN Invests Millions to Help Children Better Manage Asthma"
- ***Grand Rapids Press***: "Grand Rapids Health Centers Among 5 in Study of Children's Asthma"
- **KVOA-TV (NBC Tucson)**: "El Rio Health Center Gets Funds to Help Fight Asthma"
- ***RT Magazine: For Decision Makers in Respiratory Care***: "Merck Childhood Asthma Network Invests Millions in Health Centers to Help Children Better Manage Asthma"

- The press release was picked up by the following:
  - Asthmaspot.com
  - Association of Schools of Public Health
  - BioPortfolio.com
  - BioSpace.com
  - Health and Medicine Foundation
  - Newswise.com
  - PharmaLive.com
  - Physorg.com
  - Silobreaker.com
  - Vertical News
- News of the CHAMPS program was shared via social media sites (Twitter and Facebook) and reached nearly 6,600 people. Organizations that shared via social media include GW Medical Center, National Association of Community Health Centers and the Michigan Primary Care Association.

"Rebuilding the Health of New Orleans' Children from the Ground Up" by Floyd J. Malveaux, MD, PhD, on The Huffington Post 8/30/11

- 'Blog' post that served as a call-to-action for innovation in delivering health care to children with asthma in New Orleans and a "curtain raiser" for the HEAL Phase II partnership between Xavier University, Daughters of Charity, and Children's Health Fund. The Huffington Post is a news and politics website that reaches more than 750,000 unique visitors per day and is considered one of the most influential hubs on the Web.

"Addressing Childhood Asthma – and the Millions That Have It" by Floyd J. Malveaux, MD, PhD, on The Huffington Post 6/30/11

- Dr. Malveaux's blog post highlights a report released in May 2011 by the Centers for Disease Prevention and Control stating that progress against asthma in the U.S. has stalled. Dr. Malveaux provides resources and solutions to address this issue and drives home the important point of not letting more time go by without making marked progress for people with asthma.
- Dr. Malveaux's post was also highlighted under well-known writer and doctor Deepak Chopra's blog posts about children's health.
- The blog was also picked up by the "ATS Morning Minute," the daily newsletter of the American Thoracic Society.
- The Huffington Post is a news and politics website that reaches more than 750,000 unique visitors per day and is considered one of the most influential hubs on the Web.

Ongoing Communications Activities

eMCAN Alerts

In 2011, MCAN communicated with stakeholders, partners, Merck colleagues, and policymakers through an electronic newsletter called an 'eMCAN Alert.' Sent out on a periodic basis, this email communication provided important groups with pertinent and timely information on exciting MCAN happenings such as the distribution of the policy brief, "Addressing the Challenges of Reporting on Childhood Asthma in a Changing Health Care System: Building Better Evidence for High Performance," and the publication of the November 2011 supplement to *Health Promotion Practice*. In 2011, MCAN distributed six eAlerts to an average of more than 2,100 stakeholders. On average, the eAlerts had an open rate of 24 percent – slightly higher than the industry average of 21 percent. The average "click-through" rate of the eAlert is 27 percent – meaning those readers clicked through at least one of the links in the email. This rate was higher than the industry standard for government agencies (7 percent) and non-profits (12 percent).

MCAN Exhibits

MCAN sponsored and participated in exhibits at the following meetings in 2011: American Thoracic Society, American Academy of Allergy, Asthma and Immunology, and the American Academy of Pediatrics. Exhibits highlighted MCAN's programmatic activities by distributing MCAN brochures, CDC National Center for Health Statistics' "Asthma Prevalence, Health Care Use, and Mortality: United States, 2005-2009," the MCAN sponsored report, "Changing pO_2licy: The Elements for Improving Childhood Asthma Outcomes," the policy briefs, "The Affordable Care Act, Medical Homes, and Childhood Asthma: A Key Opportunity for Progress ," and "Addressing the Challenges of Reporting on Childhood Asthma in a Changing Health Care System: Building Better Evidence for High Performance," and materials on

AsthmaCommunityNetwork org and the MCAN/NEA online curriculum, "Managing Asthma in the School Environment."

MCAN Website· www mcanonline org.
MCAN continued to update and maintain its website as a comprehensive childhood asthma information portal with information on the Project Sites and other MCAN initiatives. Total visits in 2011: 154,819 (up from 111,387 total visits in 2010).

ACCOUNTING FOR GRANT FROM THE MERCK COMPANY FOUNDATION

The Merck Company Foundation made a grant to MCAN of $5,391,895.00 during 2011. Of this amount, $4,437,425.13 was spent during 2011 on MCAN operations and programs. There were payments to consultants and a grant that were made and intended for 2010 but because of the migration to the new payment system, they were not processed in time. The total amount that was not paid in 2010 as a result was $227,469.00 and is reflected in this 2011 Annual Report. Financial statements for 2011 are available. All additional expenditures referred to above were approved by The Merck Company Foundation. All of MCAN's activities are related to its charitable purpose of supporting and advancing evidence-based programs that improve the quality of life for children with asthma and their families and reducing, through the dissemination of effective interventions, the burden of the disease on them and society.

Floyd J. Malveaux, MD, PhD
Executive Vice President
March 19, 2012

Merck Institute for Science Education
Highlights
First Quarter, 2011

The Professional Development Design Workshop

The Professional Development Design Workshop (PDDW) was held from January 27-29 at the Princeton Marriott Hotel and Conference Center at Forrestal in Princeton, NJ. Sixty-three teachers, administrators, district supervisors, consultants and MISE staff members were in attendance. The PDDW was held for the purpose of supporting Instructional Team Members (ITs) as they prepared for and began to plan 18 summer Peer Teacher Workshops (PTWs). The PDDW focused on developing the ITs' knowledge of professional development design for module-based workshops. ITs deepened their understanding of effective science instruction, practiced facilitation skills for adult learners, and drew on these enhanced understandings to design and plan for the Peer Teacher Workshops.

The focus of this year's workshop was on teaching the nature of science, providing ITs opportunities to consider how science is both a body of knowledge and a way of knowing. Other subjects discussed during the workshop were the integration of a suite of curriculum tools designed to support teachers in their understanding of how key concepts are developed within a science module, as well as a review of the elements of effective science instruction, which had been introduced in the year prior. The discussions of the nature of science and the elements of effective science instruction were connected to the Academy for Leadership in Science Instruction, creating coherence in MISE professional development programs.

The PDDW also included a session for new ITs focused on providing background and context about the Partnership and the theory behind our professional development programs, as well as information about facilitation skills and an introduction to the elements of effective science instruction.

The Academy for Leadership in Science Instruction Academic Year Session – Cohort 2

The Cohort 2 Academic Year Session for the Academy for Leadership in Science Instruction was held in Princeton, NJ. On February 23, eighteen Cohort 2 School-based Teams and six District-based Teams participated in Day 14 of the Academy curriculum. A total of one hundred nineteen participants were involved in the session.

Day 14 was designed to help the School-based Teams recognize the momentum they have created for school change through their School Based Inquiry (SBI) research process. Teams developed inquiry journey maps which illustrated the year-long progress they have made, shared their journeys and "lessons learned" with other teams and projected "next steps" in their SBI process to carry them through the end of this school year and into the summer. The SbTs also reviewed the tools of leadership that they have experienced thus far in the Academy and identified ways in which these tools could support their future leadership.

Assessment Working Group

As part of it's approach to supporting school district use of student achievement data, MISE has convened a working group to examine and recommend student assessment tools and techniques. The Partnership Assessment Working Group, comprised of district representatives, MISE staff and consultants from Horizon Research, Inc., met twice in the first quarter of 2011. In a January 5th meeting the Group decided to pursue a pilot of student assessments at two grade levels, five and seven. The pilot will provide an

opportunity to explore three concerns involving assessment work: (1) the challenge and possibility of developing assessment instruments as part of the Partnership's ongoing work; (2) the demands on district resources for administering, scoring, and reporting on assessments that are useful to teachers; and, (3) the capture and use of assessment information for Partnership evaluation work. At the second meeting on March 3, the Working Group reviewed assessment items addressing the two instructional modules that are the target of the pilot. This meeting also provided an opportunity to anticipate the required logistics and to agree on roles and responsibilities in implementing the pilot. The Group anticipates having results of the pilot by the end of the school year to guide their future work.

MISE/NPS Strategic Planning Session

In August 2010, the Merck Institute of Science Education (MISE) entered into a partnership with the Newark Public Schools (NPS). The goals of the collaboration were to.

- Raise the participation and performance of NPS students in science
- Make science teaching and learning a priority in the district
- Adopt, promote, and support the use of inquiry in science teaching and learning
- Build capacity to sustain and continuously improve science teaching and learning at scale

On Friday, January 21st and Tuesday, January 25th a strategic planning session designed to guide the implementation of this partnership was held at the Dr. Marion A. Bolden Student Center in Newark, NJ. Twenty –five participants, including NPS leadership, MISE Advisory Board members, MISE staff, community partners in science education, and external consultants with expertise in urban education participated in the strategic planning session. The meetings were facilitated by Tom Corcoran and Gail Gerry from the Consortium for Policy Research in Education.

The strategic planning session provided an opportunity for review of data gathered through a needs assessment of the science education program in Newark. The needs assessment included a document review including NPS's science curriculum and scope and sequences, and data from site visits to 10 of the district's schools. The data collected was intended to inform MISE and district leadership of the general conditions in NPS for science teaching and help the partnership co-design a plan for providing effective science instruction to all students in the Newark Public Schools. Participants identified the critical and most pressing challenges in science education in NPS and suggested next steps and strategies to address those challenges.

National Conference on Science Education

MISE presented four sessions at the National Conference on Science Education held by the National Science Teachers Association on March 10-12 in San Francisco, CA. Two of the sessions, led by MISE staff and district colleagues, disseminated lessons learned through the design of the Academy for Leadership in Science Instruction; one session focused on developing leadership through School-based Teams, and one on designing and facilitating the Academy curriculum. Two additional sessions focused on *Ready, Set, SCIENCE!,* one session on how MISE has used *Ready, Set, SCIENCE!* in professional development, and one specifically focused on how educators could design a study group focused on Chapter 2 of the book.

Additionally, MISE provided travel and registration funds to support 17 teachers and administrators from our seven Partner school districts to attend the conference. The National Conference is a significant professional development event, providing opportunities for educators to learn more about effective science teaching, preview new classroom materials, and network with other educators. Attendees

typically return with notes, handouts, and information to enrich the professional lives of their school and district colleagues.

West Point - Family Science Day

This event engaged over 300 participants in hands-on activities based on the "wizarding-science" of the Harry Potter books and movies. Merck families with children in grades 3 – 8 attended a 3-hour session in either the morning or afternoon. Participants entered the *Mugglebumps School of Magical Science* and were sorted into three separate "scientist houses." At each session, they were engaged in activities during three classroom periods. In the first *Potions* class, they created polymers and explored the properties of each one. For *Charms* class, participants used their engineering skills to create an autonomous writing machine using a motor, an AA battery, and various household materials such as rubber bands, a plastic cup, tongue depressors, clothespins, an eraser and markers. The third *Owl Emporium* class required participants to dissect an owl pellet to learn about an owl's eating preferences. Before the session ended, the participants learned about owls from a presentation given by The Raptor Trust of Millington, NJ. Approximately 40 volunteers facilitated the sessions.

Golden Torch Award

On March 26 Merck was presented with the National Society of Black Engineers Golden Torch Award at the organization's national convention in St. Louis. Merck was honored for its "longstanding and unwavering commitment" to improve precollege science education through the establishment of MISE and its extensive efforts to diversify the workforce.

Merck Institute for Science Education
Highlights
Second Quarter, 2011

Kenilworth – Family Science Day
May 7, 2011 – This event engaged over 300 participants in hands-on, inquiry centered activities based on the "wizarding-science" of the Harry Potter books and movies. Merck employees from the Kenilworth, Summit and Rahway sites along with their children in grades 3 – 8 attended a 3-hour session on Saturday in either the morning or afternoon. Participants entered the *Mugglebumps School of Magical Science* and were first sorted into three separate "scientist houses." At each session, they were engaged in activities during three classroom periods. In the first *Potions* class, they created polymers and explored the properties of each one. For *Charms* class, participants used their engineering skills to create an autonomous writing machine using a motor, an AA battery, and various household materials such as rubber bands, a plastic cup, some tongue depressors, two clothespins, a large pink eraser and 4 markers. The third *Owl Emporium* class required participants to dissect an owl pellet to learn about an owl's eating preferences Before the session ended, the participants learned about owls from a presentation given by The Raptor Trust of Millington, NJ. Approximately 40 Merck employee volunteers participated in this event.

The Academy for Leadership in Science Instruction – Academic Year Session, Day 21
May 23rd was a celebratory culmination of the 21-day Academy program for the Cohort 1 School-based Teams (SBT). The day began with an inspirational conversation with Dr. Mistalina Sato, reinforcing for the teams their capacity for practical leadership. The Academy has focused on the capacity of the School-based Team members to enact practical leadership through knowing their school culture, building relationships and seeing opportunities to make decisions that work best in a given situation.

On Day 21, the Academy recognized that since this was the last formal program for Cohort 1, many of the School-based Teams would have concern about their "next steps" as a leadership team. MISE staff and District-based Teams took this opportunity to confirm the importance of the SBTs leadership in improving science instruction and shared their Partnership commitments to support the teams' leadership beyond Day 21 and into the next 5 years. District-based Teams offered support in the way of time, resources and expertise. In addition, MISE offered a grant of $1000 to each team to support their leadership efforts.

The SBTs then had the opportunity to tell their Academy leadership stories. In preparation for Day 21, each team collaboratively wrote an *Academy Leadership Story*, recounting their journey over the past three years. The purpose of this activity was for the teams to delineate the leadership they have enacted and take pride in their efforts for the past three years. Each team member had the opportunity to tell their team's story out loud to a partner and celebrate their accomplishments as well as celebrate the accomplishments of the other colleague.

The day culminated with a panel discussion led by four MISE Advisory Board members who spent the day at the Academy visiting the teams as they told their leadership stories. The Advisory Board members articulated specific examples of how the Academy School-based Teams and their leadership development are aligned with the Board members' knowledge of and experiences with teacher leadership, school culture/school change, science education and sustaining leadership. The panel used what they learned from the day, in addition to what they know as background from several years serving on the Advisory Board, to affirm the teams' impact, note challenges that they believe the teams will face, and offer ideas for support.

The Academy for Leadership in Science Instruction Cohorts 2 and 3 Retreats

A one-day Academy Faculty Retreat for Cohort 2 Year 3 was held on May 19 at the Merck Institute for Science Education. This retreat was attended by 13 participants including district faculty members, MISE staff and consultants with expertise in science content, pedagogy and professional development design.

The year three curriculum focuses on life science, specifically natural selection, as well as school culture, leadership development and School Based Inquiry. This is the second year the Academy has implemented the year 3 curriculum. All of the 13 faculty members returned to facilitate this curriculum for a second time. Since the design team made adjustments to some of the sessions and developed new sessions based on the feedback and experience from the previous year, the retreat time was allotted to focus on the newly developed study group sessions and revisions to only a select few of the science pieces. Through their experiences, the Academy Faculty could offer feedback which the Academy design team subsequently incorporated into the curriculum.

A two-day, residential Academy Faculty and Team Facilitator Retreat for Cohort 3 Year 1 was held on June 29 – 30 at the Princeton Marriott Hotel and Conference Center at Forrestal. The year one curriculum focuses on physical science, specifically atomic molecular theory, as well as the practices of science, developing communities of learners and school culture. This retreat was attended by 22 participants including MISE staff and consultants with expertise in science content, pedagogy and professional development design and fourteen "graduates" of cohort 1 assuming the role of Team Facilitator. This year, the role of Team Facilitator was created to support the Academy's newest members, the cohort 3 School-based Teams. Each Team Facilitator was assigned to work with one of the cohort 3 teams. Drawing from their former experience as cohort 1 School-based Team members, the Team Facilitators were expected to orient and increase the comfort level of the new teams to the Academy. Additionally, the Team Facilitators were a source of formative feedback on the progress of teams toward their learning goals.

This is the third year the Academy has implemented the year 1 curriculum and it has gone through significant revisions based on formative feedback from School-based Teams, faculty members and our evaluators. The retreat provided the Team Facilitators with professional development in science content, the practices of science represented in the Framework for K-12 Science Education, and strategies for working with adult learners. The residential aspect of the retreat allowed for an evening session on the *Practices of Science* by Dr. Jonathan Osborne, one of the primary authors of the new science framework. In addition, discussions to help the Team Facilitators acclimate to their role and develop clear responsibilities and expectations were facilitated by the Academy design team members.

PhRMA Award

On April 14 the Pharmaceutical Research and Manufacturers of America (PhRMA) presented to Dr. Carlo Parravano the Champions Award for his leadership of MISE. The award recognizes PhRMA member company employees "who have been exemplary advocates for the pharmaceutical industry and for their efforts to help elevate awareness and advance the issues important to the industry." The award was presented by Mr. John Castellani, PhRMA President and CEO, and Mr. Richard Clark, Merck's former CEO during PhRMA's annual meeting in Jersey City.

Merck State Science Day

On June 7, 2011 twenty-two New Jersey high school students were honored by MISE and the New Jersey Science Teachers Association (NJSTA) for their performance in the 61st annual Merck State Science Day competition. These students, known as Merck Scholars, received their awards at a ceremony and luncheon at Merck Research Laboratories in Rahway. MISE staff

members welcomed the students, their parents, and teachers - over 80 guests. A tour of selected MRL labs was made possible as MISE staff recruited MRL volunteers and coordinated lab visits.

A total of about 1,600 students from almost 90 high schools in New Jersey competed in the Merck State Science Day academic competition, which gives students an opportunity to demonstrate their knowledge of science. Participating students take a test in either biology, chemistry, physics, integrated science, or advanced integrated science. Integrated science competitors are usually sophomores and juniors. Students taking the other tests are usually juniors and seniors. MISE and NJSTA gave awards to the four highest scoring students on each test.

Since 1950, Merck has recognized New Jersey high school students with exceptional abilities in science through its support of the Merck State Science Day competition. Current sponsorship of the competition is overseen by MISE. In their partnership, MISE supports the NJSTA as the competition organizer while ensuring resources for administering the competition and recognizing outstanding students and school teams. Supporting the competition contributes to the long-term commitment of Merck to improve science education in New Jersey and Pennsylvania.

Merck Institute for Science Education
Highlights
Third Quarter, 2011

The Academy for Leadership in Science Instruction
Two cohorts attended the Academy for Leadership in Science Instruction this summer in Princeton, NJ. Cohort two, comprised of 97 educators and eighteen K-12 School-based Teams, entered into its third year of the Academy curriculum. Cohort three, comprised of 98 educators and eighteen K-12 School-based Teams, experienced its first year of the Academy curriculum. This cohort also included teams representing our new partner, the Newark Public Schools. Seven District-based Teams joined the School-based Teams for a day and a half at each Academy summer session.

Cohort two attended the Academy from July 18th – 22nd. This cohort continued their study of the research on effective science instruction through experiences that modeled the Nature of Science and how knowledge is constructed in science. In this year, all of the major elements of the Academy content -- developing a clear vision of effective science instruction, providing equitable access to effective science instruction for all students in their schools, practicing and implementing norms of collaboration as a tool for functioning productively as a community of learners, understanding school culture in the context of leadership, and implementing School Based Inquiry as a tool to enact leadership -- have been introduced. Additionally, this week provided a specific emphasis on the importance of the claims, evidence and reasoning framework by engaging participants in analyzing and interpreting data, constructing scientific explanations and using logical reasoning to support their claims with evidence.

Cohort three attended the Academy from August 1st – 5th. This cohort engaged in experiences focused on developing a vision of effective science instruction and building the team's capacity to function effectively at the summer Academy and with their colleagues during the academic school year. To support their vision development, School-based Teams engaged in the practices of science to experience science content as adult learners and then analyze how they learned science. Teams also had the opportunity to discuss and describe the importance of developing collaborative norms in order to function as a community of learners. Participants were also introduced to the concept of "school culture" to help them analyze their own school culture and increase their capacity to function as an effective team with colleagues to improve science instruction in their schools.

Peer Teacher Workshops
In June and August, 17 Peer Teacher Workshops were held in Elizabeth, NJ and Lansdale, PA attended by 159 educators from throughout the Partnership. Six of the workshops were Tier 1, or implementation workshops. These introductory workshops are designed for teachers new to a set of instructional materials and provided participants the opportunity to experience each investigation in the modules, with a focus on conceptual development, classroom management techniques, assessment opportunities and alignment to the New Jersey Core Curriculum Content Standards and Pennsylvania State Standards. Additionally, there were six Tier 2 workshops, designed for teachers who had experience using the instructional materials in their grade level to deepen their understanding of the science content in order to support meaningful implementation of the modules. Tier 2 workshops made use of Curriculum Frameworks, tools developed by Horizon Research, Inc. (HRI) to identify the key concepts in the module and how the activities within the modules support understanding of the key concepts. For the first time this year, Tier 1/Tier 2 Combination Workshops were also offered (five were offered). The first two days of these six-day workshops focused on implementation of the module. On the third day, the participants were joined by colleagues for whom a Tier 2 workshop was more appropriate, those who were experienced teachers of the module. This combination design was designed so that a larger number of

workshops could be offered for a wider audience. These PTWs were the first widely attended by teachers from our new Partner distinct, the Newark Public Schools. Forty-nine teachers from Newark attended.

Peer Teacher Workshops were designed and facilitated by instructional teams composed of two to three teachers including an accomplished teacher with experience with the curricular materials focused on at the workshop, a content specialist, who is someone identified as having deep content knowledge in the subject area, and an experienced professional developer, who has facilitated a PTW in the past.

Council of Sate Science Supervisors Meeting

On September 30 through October 1, MISE staff participated in a meeting in Nashville, Tennessee to become more familiar with the National Research Council's *A New Framework for Science Education*. The event was sponsored by MISE, led by the Council of State Science Supervisors and the Tidemark Institute, and attended by 45 state science supervisors. The meeting marked the beginning of intensive professional development for state science supervisors to gain fluency and utility with the *Framework*, and also introduced a multi-year initiative to support the capacity of states to disseminate the *Framework* and the Next Generation Science Standards.

The initiative has three primary goals: to increase the knowledge among major state-based stakeholders about the vision of the *Framework*; to prepare state-level teams to work with state leaders, educators, businesses, non-profits and other key actors to increase their capacity to disseminate and implement the major ideas in the *Framework* and Next Generation Science Standards; and to facilitate building alliances among states to advance dissemination of the *Framework* and guide state-based strategies in continuing the dissemination. The next meeting is scheduled for February, 2012 in North Carolina.

Family Science Day at MRL Boston

A MISE Family Science Day event was held at the MRL Boston site on Saturday, September 17 to engage children in grades Pre-K to 8 and their parents. With this being the sixth event held at the site, there were 8 Merck volunteers who led activities and interacted with the families. In addition, eight student volunteers with various science concentrations from Emmanuel College helped guide families in the science activities. The morning session was held between 9:30 a.m. and 12 p.m. with a total attendance of 150 adult and child participants. The children in grades K - 2, and their parents, were engaged in 10 activities that focused on "Squishy, Squashy Sponges." These activities involved matching, sorting, holding water, and painting with the sponges. The grades 3 - 8 students and their families experienced activities based on the "wizarding-science" of the Harry Potter books and movies. Participants created and explored the properties of polymers, used their engineering skills to create an autonomous writing machine, and dissected an owl pellet to learn about an owl's eating preferences. At scheduled times during the morning activities, families gathered in the auditorium to learn about owls from a presentation given by The Massachusetts Audubon Society at Drumlin Farm.

Merck Institute for Science Education
Highlights
Fourth Quarter, 2011

The Academy for Leadership in Science Instruction Academic Year Sessions – Cohorts 2 and 3

Two Academic Year Sessions for the Academy for Leadership in Science Instruction were held in Princeton, NJ in October 2011. Twenty Cohort 2 School-based Teams and six District-based Teams participated in Day 20 of the Academy curriculum on October 19th. Eighteen Cohort 3 School-based Teams and seven District-based Teams participated in Day 6 of the Academy curriculum on October 26th. A total of two hundred seven participants were involved in these sessions. Both sessions were designed to provide the School-based and District-based Teams with professional development and support for achieving the Academy goals.

Functioning as a community of learners is a cornerstone of the Academy curriculum and one of the teams' goals. On Day 6, Cohort 3 teams participated in a large group discussion which focused on the *Elements of Teachers' Professional Community* and *Norms of Collaboration*. The purpose of this discussion was to increase their ability to engage with colleagues and utilize norms of collaboration in their interactions at the Academy and in their school communities. A study group experience on the Practices of Science followed the discussion, providing an opportunity for participants to apply those norms of collaboration to their interactive study. The focus of the study group was the article, *Teaching the Practices of Science* by Jonathan Osborne. Teams discussed the eight Practices of Science as represented in the article and the new National Frameworks for K-12 Science Education. Each team constructed a description of each practice and identified its importance in teaching and learning science. This study group discussion was designed to help the teams create and articulate a vision of effective science instruction, another Academy goal. The experience also served as a model for engaging their school colleagues in collaborative study, a third goal of the Academy. Finally, to enhance their understanding of the Practices of Science and inform their vision of effective science instruction, the Cohort 3 teams engaged in an air pressure investigation. They were encouraged to use their norms of collaboration, engage intellectually with the air pressure phenomenon and think about *what they learned* and *how they learned* it. Then as teachers, they analyzed the teaching and learning process using the Practices as a framework and relating their understanding to a team vision of effective science instruction.

On Day 20, the Cohort 2 teams were provided with opportunities to be reflective on their progress toward the goals since they began the Academy. In the morning, teams reported on the range of opportunities they have had to articulate their vision of effective science instruction, a primary Academy goal, to colleagues, parents and other stakeholders. They discussed the impact that sharing their vision has had on them as leaders in science instruction and on motivating others to be more interested, knowledgeable and involved in science instruction. Next, the teams described the leadership approaches they have enacted in their schools over the past two years, and reviewed their colleagues' feedback regarding the impact of their leadership. From a large group presentation, the teams were guided to revisit the Academy vision of leadership, specifically referred to as *Practical Leadership*. The concept of *Practical Leadership* focuses on knowing the local culture, building relationships and seizing opportunities to influence in comparison to typical role-based leadership which is characterized by acquiring specialized knowledge and disseminating it to others. With *Practical Leadership* in mind, the teams engaged in small group discussions assessing their leadership approaches. Each School-based Team set expectations for this school year by identifying the range of opportunities relative to their school culture when they could influence colleagues and involve them in efforts to improve science instruction for all students.

Newark Strategic Planning Meeting

On October 13 and 14, MISE hosted a strategic planning workshop to initiate work with the Newark Public Schools (NPS). The partnership with Newark was announced in late 2010 and the October meeting culminated preliminary discussions and data sharing between MISE and NPS. There were 24 participants at the workshop including MISE staff, MISE Advisory Board members, and Newark Public School science education leaders and administrators.

Prior to the workshop, participants were provided with a report on the status of science instruction in Newark Public Schools; the report was the product of 18 full-day school visits where 121 lessons were observed. Additionally surveys were completed by 17 principals and 287 teachers. Telephone interviews of Newark central office administrators were also used as input for the report. At the workshop, participants used the report to develop recommendations for improving science instruction around broad goals in six science program elements: curriculum, student engagement, administrative support, instructional materials support, professional assessment, and assessment. Strategic planning guidelines from the National Sciences Resource Center were used to develop the agenda for the workshop that resulted in a draft strategic plan.

High School Peer Teacher Workshop Planning Group

On December 14, 2011, twelve high school teachers and six Partnership liaisons met with MISE staff to discuss potential Peer Teacher Workshops (PTWs) for high school teachers. In preparation for the meeting, participants surveyed their peers to ascertain their professional development priorities and interests. They also read excerpts from *America's Lab Report* and *Instruction in High Schools The Evidence and the Challenge,* both of which discuss instructional challenges at the high school level. At the meeting, participants discussed these articles in the context of their school colleagues' stated needs and made recommendations for summer PTWs. Recommendations were focused on strengthening inquiry-based laboratory experiences with an emphasis on student engagement and motivation, use of student groups, use of technology, conceptual change, and connections to the "real world." Following the meeting, a summary of the recommendations was shared with individuals with expertise in high school reform and are currently under review

Curriculum Materials Pilot

On December 8, Partnership liaisons and their district colleagues participated in a meeting to become more familiar with the *Seeds of Science/Roots to Literacy* curriculum materials. The meeting was facilitated by Justine Hargreaves, Product Manager of the *Seeds/Roots* program and a member of the Lawrence Hall of Science staff, who introduced the group to the materials. The meeting marked the beginning of the planning process for intensive professional development and piloting of the materials that link science content and literacy support.

New Jersey Science Convention

On October 12, 2011, MISE presented a session at the New Jersey Science Convention in Somerset, NJ. The Convention is sponsored by the New Jersey Science Teachers Association. The session, entitled *Connecting the Dots: Tools to Help Teachers Make Conceptual Connections for Middle School Students,* was designed to introduce and to develop an understanding of Framework tools. The Framework tools are used in Peer Teacher Workshops to support teachers in understanding how science concepts are developed throughout classroom materials used by Partnership schools and a number of other schools throughout the state. Middle school teachers from around the state attended, as did representatives from the New Jersey State Department of Education. In addition to the presentation, MISE participated in the Convention as an exhibitor providing information about our programs and resources as well as copies of useful publications to the approximately 900 visitors to its booth.

2010 Annual Report
Cover Sheet

Grant from the Merck Company Foundation to MISE	$4,271,150
Unspent funds	$213,970

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Dr. Carlo Parravano
Executive Director
Merck Institute for Science Education

Date

Merck Institute for Science Education
2011 Grant Report

Program	Amount Budgeted	Spent Funds	Unspent Funds
MISE K-12	$3,971,150	$3,757,180	$213,970
Merck/AAAS Undergraduate Science Research Program	$300,000	$300,000	$0
TOTAL	**$4,271,150**	**$4,057,180**	**$213,970**