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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
JHPIEGO CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3910 KESWICK ROAD NO N4327B

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21211

**D Employer identification number**
23-7424444

E Telephone number
(410) 537-1800

**G** Gross receipts $ 295,649,398

**F** Name and address of principal officer
EDWIN J JUDD
3910 KESWICK ROAD N4327B
BALTIMORE,MD 21211

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW JHPIEGO ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1973

**M** State of legal domicile MD

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
JHPIEGO ENHANCES THE HEALTH AND LIVES OF WOMEN AND FAMILIES IN LOW-RESOURCE SETTINGS JHPIEGO WORKS TO EMPOWER FRONT-LINE HEALTH WORKERS IN DEVELOPING COUNTRIES BY IMPLEMENTING EFFECTIVE, LOW-COST, HANDS-ON- SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE FOR WOMEN AND THEIR FAMILIES IN LOW-RESOURCE SETTINGS BY ESTABLISHING EVIDENCE-BASED HEALTH INNOVATIONS INTO EVERYDAY HEALTH CARE SETTINGS, JHPIEGO WORKS TO BREAK DOWN BARRIERS TO HIGH-QUALITY HEALTH CARE FOR THE WORLD'S MOST VULNERABLE POPULATIONS

**2** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 3 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 0 |
| **5** | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | **5** | 0 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 0 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue **8** | Contributions and grants (Part VIII, line 1h) | 225,702,834 | 286,237,461 |
| **9** | Program service revenue (Part VIII, line 2g) | 9,468,896 | 9,173,831 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 226,118 | 238,106 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 82,156 | 0 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 235,480,004 | 295,649,398 |
| Expenses **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 75,289,239 | 92,491,568 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 48,816,295 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 36,000 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶350,476 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 161,141,957 | 142,384,710 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 236,467,196 | 283,692,573 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | -987,192 | 11,956,825 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances **20** | Total assets (Part X, line 16) | 60,386,286 | 76,052,689 |
| **21** | Total liabilities (Part X, line 26) | 32,691,057 | 36,277,274 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 27,695,229 | 39,775,415 |

## Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

**Sign Here**

▶ Signature of officer — 2015-05-13 Date

▶ EDWIN J JUDD CHIEF OPERATING OFFICER
Type or print name and title

**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 | |

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

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

JHPIEGO ENHANCES THE HEALTH AND LIVES OF WOMEN AND FAMILIES IN LOW-RESOURCE SETTINGS JHPIEGO WORKS TO EMPOWER FRONT-LINE HEALTH WORKERS IN DEVELOPING COUNTRIES BY IMPLEMENTING EFFECTIVE, LOW-COST, HANDS-ON SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE FOR WOMEN AND THEIR FAMILIES IN LOW-RESOURCE SETTINGS BY ESTABLISHING EVIDENCE-BASED HEALTH INNOVATIONS INTO EVERYDAY HEALTH CARE SETTINGS, JHPIEGO WORKS TO BREAK DOWN BARRIERS TO HIGH-QUALITY HEALTH CARE FOR THE WORLD'S MOST VULNERABLE POPULATIONS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 275,535,241 including grants of $ 92,491,568 ) (Revenue $ 9,173,831 )

EDUCATION AND RESEARCH ARE PROVIDED THROUGH GOVERNMENT AND PRIVATE SPONSORS INFORMATION ABOUT THE ACTIVITIES OF JHPIEGO IS AVAILABLE AT WWW JHPIEGO ORG

**4b** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4c** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ 275,535,241

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 0 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | 3a | | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | Yes | |
| b | If "Yes," enter the name of the foreign country ▶ AF , AL , AO , BC , UV , BM , CM , CD , GH , IV , ET , GH , GV , HA , IN , ID , KE , LT , LI , MA , MI , MZ , NP , NI , PK , RW , SF , SU , TZ , TO , ZA<br>See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | 14b | | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year . . . . . | **1a** | 3 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent . . . . . | **1b** | 0 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | | **5** | | No |
| **6** | Did the organization have members or stockholders? . . . . . | | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | | | **7a** | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | | | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | |
| **a** | The governing body? . . . . . | | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? . . . . . | | | **8b** | | No |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | | | **9** | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? . . . . . | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . | **11a** | Yes | |
| **b** | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . . | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? . . . . . | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? . . . . . | **14** | | No |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official . . . . . | **15a** | Yes | |
| **b** | Other officers or key employees of the organization . . . . . | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | **16a** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | **16b** | | |

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ▶ AL , AK , AR , CA , CO , CT , DC , FL , GA , HI , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ CONTROLLER JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N5112
BALTIMORE,MD 21211 (443)997-8688

**Part VII** **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JONATHAN LINKS PHD<br>CHAIR, DIRECTOR | 1 00<br>50 00 | X | | X | | | | 0 | 269,118 | 53,896 |
| (2) ROBERT LIEBERMAN PHD<br>VICE CHAIR, DIRECTOR | 1 00<br>50 00 | X | | X | | | | 0 | 449,061 | 45,111 |
| (3) LESLIE MANCUSO PHD RN FAAN<br>PRESIDENT/CEO, DIRECTOR | 50 00 | X | | X | | | | 0 | 378,489 | 64,035 |
| (4) EDWIN J JUDD MSW<br>SECRETARY, COO | 50 00 | | | X | | | | 0 | 219,823 | 27,500 |
| (5) MICHEL ZEITOUNY MBA<br>TREASURER, CFO | 50 00 | | | X | | | | 0 | 164,144 | 28,050 |
| (6) TERRY PADGETT<br>INTERIM CFO | 50 00 | | | X | | | | 0 | 141,185 | 31,095 |
| (7) ALAIN DAMIBA MD MPH MBA<br>SR VICE PRES/JHU ASSOC | 50 00 | | | | X | | | 0 | 221,361 | 40,505 |
| (8) HARSHADKUMAR SANGHVI MD<br>VICE PRES INNOVATIONS/MEDICAL DIR | 50 00 | | | | X | | | 0 | 258,624 | 54,579 |
| (9) RONALD MAGARICK PHD<br>VICE PRES/JHU ASST PROF | 50 00 | | | | X | | | 0 | 198,628 | 41,785 |
| (10) KOKI AGARWAL MBBS PHD<br>DIRECTOR MCHIP/VP DC OPERATIONS | 50 00 | | | | X | | | 0 | 199,786 | 26,778 |
| (11) MANJUSHREE BADLANI MA SPHR<br>CHIEF HUMAN RES AND ADMIN | 50 00 | | | | X | | | 0 | 162,499 | 40,468 |
| (12) FRANCIA GURDIAN-SANDOVAL MA<br>CHIEF OF PARTY, ANGOLA | 50 00 | | | | | X | | 0 | 256,855 | 16,641 |
| (13) MARYJANE LACOSTE MA<br>COUNTRY DIRECTOR, TANZANIA | 50 00 | | | | | X | | 0 | 271,707 | 33,795 |
| (14) ANNE HYRE BSN MPH CNM<br>CHIEF OF PARTY, INDONESIA | 50 00 | | | | | X | | 0 | 239,798 | 34,914 |
| (15) HALLY MAHLER MHS<br>HIV/AIDS DIRECTOR, MCHIP | 50 00 | | | | | X | | 0 | 285,164 | 27,735 |
| (16) CATHERINE MCKAIG<br>TECHNICAL DIR/JHU ASSOCIAT | 50 00 | | | | | X | | 0 | 239,178 | 22,811 |
| (17) SCOTT ZEGER PHD<br>FORMER VICE CHAIR, DIRECTOR | 0 00<br>50 00 | | | | | | X | 0 | 390,428 | 70,099 |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JONATHAN BAGGER PHD<br>FORMER VICE CHAIR, DIRECTOR | 0 00<br>50 00 | | | | | | X | 0 | 391,627 | 73,201 |
| | | | | | | | | | | |
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| | | | | |
|---|---|---|---|---|
| 1b | **Sub-Total** . . . . . ▶ | | | |
| c | **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| d | **Total (add lines 1b and 1c)** . . . . . ▶ | 0 | 4,737,475 | 732,998 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

| | | | Yes | No |
|---|---|---|---|---|
| 3 | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . | 3 | Yes | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . | 5 | | No |

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . | 1a | | | | |
| | b | Membership dues . . . . | 1b | | | | |
| | c | Fundraising events . . . . | 1c | | | | |
| | d | Related organizations . . . | 1d | | | | |
| | e | Government grants (contributions) | 1e | 260,922,197 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 25,315,264 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 286,237,461 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | CONTRACT REVENUE | 541700 | 9,173,831 | 9,173,831 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 9,173,831 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 238,106 | | | 238,106 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | | |
| | 5 | Royalties . . . . . ▶ | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . | a | | | | |
| | b | Less direct expenses . . . | b | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . | a | | | | |
| | b | Less direct expenses . . . | b | | | | |
| | c | Net income or (loss) from gaming activities . . ▶ | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | a | | | | |
| | b | Less cost of goods sold . . | b | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 295,649,398 | 9,173,831 | 0 | 238,106 |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 66,897,596 | 66,897,596 | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 25,593,972 | 25,593,972 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 40,526,110 | 40,326,689 | 199,421 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 8,290,185 | 8,235,954 | 54,231 | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | 5,214,813 | 4,939,966 | 257,913 | 16,934 |
| b Legal | 167,597 | 112,966 | 54,631 | |
| c Accounting | 251,887 | 175,163 | 76,724 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 11,003,250 | 10,595,343 | 344,331 | 63,576 |
| 12 Advertising and promotion | 10,485 | 7,468 | 2,626 | 391 |
| 13 Office expenses | 24,119,780 | 23,580,907 | 492,134 | 46,739 |
| 14 Information technology | 2,550,646 | 1,952,501 | 598,145 | |
| 15 Royalties | | | | |
| 16 Occupancy | 6,974,494 | 6,661,106 | 313,388 | |
| 17 Travel | 44,212,450 | 43,154,519 | 1,018,423 | 39,508 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 791,832 | 717,541 | 66,377 | 7,914 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,497,910 | 1,497,910 | | |
| 23 Insurance | 930,442 | 897,661 | 32,781 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a LEASED EMPLOYEES | 36,800,824 | 32,430,435 | 4,196,332 | 174,057 |
| b PROGRAM SUPPLIES | 6,265,826 | 6,247,556 | 18,270 | |
| c OTHER MISCELLANEOUS | 1,334,506 | 1,302,538 | 31,571 | 397 |
| d MEMBERSHIP FEES/LICENSE | 257,968 | 207,450 | 49,558 | 960 |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 283,692,573 | 275,535,241 | 7,806,856 | 350,476 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 35,427,294 | 1 | 34,921,728 |
| | 2 | Savings and temporary cash investments | | 9,193,626 | 2 | 12,373,470 |
| | 3 | Pledges and grants receivable, net | | 4,509,602 | 3 | 13,428,026 |
| | 4 | Accounts receivable, net | | 78,357 | 4 | 81,281 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 102,980 | 8 | 92,374 |
| | 9 | Prepaid expenses and deferred charges | | 5,989,595 | 9 | 8,634,135 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 8,653,977 | | | |
| | b | Less accumulated depreciation | 10b 3,393,133 | 3,993,052 | 10c | 5,260,844 |
| | 11 | Investments—publicly traded securities | | 299,527 | 11 | 352,212 |
| | 12 | Investments—other securities See Part IV, line 11 | | 792,253 | 12 | 908,619 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 60,386,286 | 16 | 76,052,689 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 9,908,069 | 17 | 7,561,226 |
| | 18 | Grants payable | | 599,579 | 18 | 1,094,296 |
| | 19 | Deferred revenue | | 22,183,409 | 19 | 27,621,752 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 32,691,057 | 26 | 36,277,274 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 27,695,229 | 27 | 39,775,415 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 27,695,229 | 33 | 39,775,415 |
| | 34 | Total liabilities and net assets/fund balances | | 60,386,286 | 34 | 76,052,689 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 295,649,398 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 283,692,573 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 11,956,825 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 27,695,229 |
| 5 | Net unrealized gains (losses) on investments | 5 | 123,361 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 39,775,415 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133034495

# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**
JHPIEGO CORPORATION

**Employer identification number**
23-7424444

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

**e** ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)** | | No |
| **(ii)** A family member of a person described in (i) above? **11g(ii)** | | No |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | No |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) JOHNS HOPKINS UNIVERSITY | 520595110 | 501(C)(3) | Yes | | Yes | | Yes | | 5,755,497 |
| | | | | | | | | | |
| **Total** | | | | | | | | | 5,755,497 |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test | | |
|---|---|---|
| | | |
| Return Reference | Explanation | |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**
JHPIEGO CORPORATION

**Employer identification number**
23-7424444

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

## Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 8,653,977 | 3,393,133 | 5,260,844 |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 5,260,844 |

**Part VII** **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII** **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
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| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| | |
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| | |
| | |
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| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

**Part X** **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| | |
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| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | |

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | |

**Part XII** **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | |

**Part XIII** **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

| Return Reference | Explanation |
|---|---|
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
JHPIEGO CORPORATION

**Employer identification number**
23-7424444

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|---|---|---|---|---|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 28 | 815 | | | 25,872,982 |
| b Total from continuation sheets to Part I | 61 | 2,421 | | | 138,301,581 |
| c **Totals** (add lines 3a and 3b) | 89 | 3,236 | | | 164,174,563 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| (1) See Add'l Data | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
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| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 87

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
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| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

## Part IV Foreign Forms

| | | | |
|---|---|---|---|
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* | ☐ Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* | ☐ Yes | ☑ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* | ☐ Yes | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* | ☐ Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* | ☐ Yes | ☑ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* | ☑ Yes | ☐ No |

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2 | JHPIEGO REQUIRES THAT WHEN APPROVING INVOICE PAYMENTS TO SUBRECIPIENTS OF GRANTS AWARDED TO IT, THE VALIDITY OF EXPENSES MUST BE VERIFIED ALONG WITH ACHIEVEMENT OF PROGRAM AND TECHNICAL PROGRESS BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE. THIS VERIFICATION INCLUDES SIGN OFF BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE ON THE INVOICE APPROVING IT FOR PAYMENT. IN ADDITION, SITE VISITS ARE MADE TO SUBRECIPIENTS FOR BOTH PROGRAMMATIC AND FINANCIAL REVIEW PURPOSES. SUBRECIPIENT INVOICES SHOULD INCLUDE INFORMATION THAT CONFORMS TO THE ADMINISTRATIVE REQUIREMENTS AS PRESCRIBED IN OMB CIRCULARS A-110 AND A-133. SUBRECIPIENTS EXEMPT FROM A-133 AUDIT REQUIREMENTS ARE REQUIRED TO MAKE THEIR FINANCIAL RECORDS AVAILABLE FOR REVIEW OR AUDIT BY FEDERAL AGENCIES OR PASS-THRU ENTITIES AS REQUESTED, UNDER THE TERMS AND CONDITIONS OF THEIR AGREEMENT. THE FORM 990 IS BASED ON FINANCIAL STATEMENTS THAT ARE PREPARED USING AN ACCRUAL ACCOUNTING METHOD. TO IDENTIFY EXPENDITURES FOR FOREIGN ACTIVITIES, JHPIEGO HAS ADDED NEW REPORTING ATTRIBUTES TO THE COST OBJECTS (OR ACCOUNTS) WHERE EXPENSE ACTIVITY IS RECORDED IN ORDER TO IDENTIFY THE IRS REGION (COUNTRY) AND ACTIVITY TYPE FOR EACH COST OBJECT. IN SOME CASES, ONE REGION COULD NOT BE IDENTIFIED SO IN THOSE CASES THE EXPENDITURES ARE NOT INCLUDED IN THE TOTALS REPORT IN COLUMN (F). THE EXPENSES REPORTED ARE THE DIRECT EXPENSES FOR ACTIVITIES CONDUCTED IN THE REGION BASED ON THE ACCOUNTING RECORDS |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 23-7424444
**Name:** JHPIEGO CORPORATION

### Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| CENTRAL AMERICA AND THE CARIBBEAN | 1 | 13 | PROGRAM SERVICES | JHPIEGO DESIGNS AND IMPLEMENTS EFFECTIVE, LOW-COST, HANDS-ON SOLUTIONS TO STRENGTHEN THE DELIVERY OF HEALTH CARE SERVICES AND BUILD SUSTAINABLE LOCAL HEALTH CARE SYSTEMS GLOBALLY, PRINCIPALLY THROUGH HEALTH TRAINING AND TECHNICAL INTERVENTIONS IN THE FOLLOWING AREAS MATERNAL AND CHILD HEALTHFAMILY PLANNING AND REPRODUCTIVE HEALTHHIV/AIDS PREVENTION AND CAREINFECTION PREVENTION AND CONTROLMALARIA PREVENTION AND TREATMENTCERVICAL CANCER PREVENTION AND TREATMENTHUMAN CAPACITY DEVELOPMENTSTANDARDS AND GUIDELINES DEVELOPMENTEDUCATION, TRAINING AND CURRICULUM DEVELOPMENTPERFORMANCE AND QUALITY IMPROVEMENT | 443,002 |
| EAST ASIA AND THE PACIFIC | 12 | 311 | PROGRAM SERVICES | SEE STATEMENT | 10,531,942 |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 1 | PROGRAM SERVICES | SEE STATEMENT | 1,289,976 |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| MIDDLE EAST AND NORTH AFRICA | 0 | 0 | PROGRAM SERVICES | SEE STATEMENT | 61,771 |
| NORTH AMERICA - CANADA AND MEXICO, BUT | 0 | 0 | PROGRAM SERVICES | SEE STATEMENT | 371,091 |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | SEE STATEMENT | 96,025 |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | GENERAL SERVICES AND ADMINISTRATION | 11,789 |
| SOUTH ASIA | 15 | 490 | PROGRAM SERVICES | SEE STATEMENT | 13,067,386 |
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | GENERAL SERVICES AND ADMINISTRATION | 554,979 |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| SUB-SAHARAN AFRICA | 61 | 2,421 | PROGRAM SERVICES | SEE STATEMENT | 132,839,764 |
| SUB-SAHARAN AFRICA | 0 | 0 | PROGRAM SERVICES | GENERAL SERVICES AND ADMINISTRATION | 515,375 |
| CENTRAL AMERICA AND THE CARIBBEAN | | | BUSINESS TRAVEL | | 39,779 |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| EAST ASIA AND THE PACIFIC | | | BUSINESS TRAVEL | | 942,276 |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | | | BUSINESS TRAVEL | | 478,898 |
| MIDDLE EAST AND NORTH AFRICA | | | BUSINESS TRAVEL | | 102,169 |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| NORTH AMERICA - CANADA AND MEXICO, BUT | | | BUSINESS TRAVEL | | 3,898 |
| SOUTH AMERICA | | | BUSINESS TRAVEL | | 39,557 |
| SOUTH ASIA | | | BUSINESS TRAVEL | | 427,881 |

**Form 990 Schedule F Part I - Activities Outside The United States**

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|---|---|---|---|---|---|
| SUB-SAHARAN AFRICA | | | BUSINESS TRAVEL | | 2,357,005 |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | WILL WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN YEI RIVER, IBBA AND MUNDRI WEST COUNTIES TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO-FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES | 2,796,926 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | FINALIZE SCOPE OF WORK AND BUDGETS FOR SUBCONTRACT AGREEMENTS, RECRUIT ADDITIONAL ADMINISTRATIVE STAFF FOR OFFICES, DOCUMENT SUCCESS STORIES AND BEST PRACTICES, ORIENT 35 LIP REPRESENTATIVES ON INDICATORS, PMP AND NEW TOOLS AND REPORTING FORMATS, SUPERVISE 35 LIPS, DEVELOP UTILIZATION TOOLS/GUIDELINES, REVIEW 4 PERFORMANCE MEETINGS, PERFORM 38 EXIT INTERVIEWS, TRAIN 18 TOTS ON CSI, SUPERVISE VISITS ON MENTORSHIP/OJT | 1,318,308 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | AMANDA MARGA UNIVERSAL RELIEF TEAM (AMURT) COVERS 6,000 OVC THROUGH THE APHIA PLUS KAMILI PROGRAM WITH REGARD TO OVC SERVICES, THE SUBGRANTEE ENSURES THAT THE 6+1+1 KEY CORE SERVICES THAT INCLUDE FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT, AND ECONOMIC STRENGTHENING THESE WILL BE HOUSEHOLD AND COMMUNITY LEVEL THOROUGH ESTABLISHED STRUCTURES | 108,304 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | COMMUNITY COUNSELING AND TESTING ("CCT") IN HEALTH ACTIVITIES, INCLUDING HIV I AIDS COUNSELING AND TESTING, IN THE DISTRICTS OF MORRUMBENE AND JANGAMO, PROVINCE OF LNHAMBANE, MOZAMBIQUE | 14,999 | EFT WIRE | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | (1) MOBILIZE THE COMMUNITY IN THE TARGETED AREAS FOR HIV COUNSELING AND TESTING, (2) COUNSEL AND TEST FOR HIV, (3) REFER PEOPLE LIVING WITH HIV TO HEALTH FACILITIES, (4) MONITOR AND EVALUATE, AND (5) MANAGE PROJECT | 2,398 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | PROVIDE A ZONAL MANAGER FOR THE CENTRAL EAST ZONE AND NORTH ZONE OF MALAWI FOR THE MALAWI SERVICE DELIVERY PROJECT | 2,949,195 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 356,799 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 76,439 | EFT WIRE | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | WITH SUPPORT FROM APHIAPLUS, THEY ARE SUPPORTING 3,000 OVCS AND 565 HBC OVCS 1) HEALTH CARE - EDUCATION AND PROVISION OF MATERIALS2) EDUCATION3) HOUSEHOLD ECONOMIC STRENGTHENING - EDUCATION ON BUSINESS, MICROCREDITS, ETC 4) FOOD AND NUTRITION5) LEGAL PROTECTION - SOCIAL, CHILD PROTECTION, ACQUISITION OF BIRTH AND DEATH CERTIFICATES6) SHELTER - HOUSE RENOVATION, MATTRESSES, AND BLANKETS7) PSYCHOSOCIAL SUPPORT8) QUALITY IMPROVEMENTHBC 1) SHELTER - PROVISION OF MATTRESSES AND BLANKETS2) NUTRITION - EDUCATION ON NUTRITION3) LEGAL PROTECTION - SUPPORT WORLD AIDS DAY AND EDUCATION ON RIGHTS4) PSYCHOSOCIAL SUPPORT | 77,646 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | CHEER UP SELF HELP SEEKS TO RESPOND TO THE CRITICAL NEED IN KENYA'S FIGHT AGAINST HIV-AIDS THROUGH COMMUNITY MOBILIZATION TARGETING PEOPLE INFECTED AND AFFECTED BY HIVAIDS IN A BID TO REDUCE HIV PREVALENCE RATE BY I) PROVIDING SERVICES TO OVC & HBC SERVICES WILL INCLUDE 1) EDUCATION AND LIFE SKILLS, 2) FOOD & NUTRITION, 3) PSYCHOSOCIAL SUPPORT, 4) SHELTER, 5) HEALTH CARE, 6) LEGAL PROTECTION 7) ECONOMIC STRENGTHENING II) ESTABLISHING LINKAGE BETWEEN PLWHIV AND OVC WITH ALL LOCAL HEALTH FACILITY PROVIDERS WHO ARE PROVIDING ART AND HTC SERVICES III) MOBILIZING FORMATION OF SUPPORT GROUPS AND STRENGTHENING OF EXISTING CATEGORIES TO PROVIDE PEER AND PSYCHOLOGICAL SUPPORT AND ALSO KEEP TRACK FOR THOSE WHO ARE ON ART IV) ESTABLISHING CAPACITY BUILDING EFFORTS OF THE NETWORKS GROUPS TO STRENGTHEN PEER SUPPORT PROGRAMS, COUNSELING, AND TESTING SERVICES | 54,846 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE GOAL OF THE APHIAPLUS ZONE 4 SERVICE DELIVERY PROJECT IS TO IMPROVE THE HEALTH AND WELLBEING OF KENYANS LIVING IN THE SOUTHERN PORTION OF KENYA'S EASTERN PROVINCE AND IN CENTRAL PROVINCE, SPECIFICALLY WITH A FOCUS ON IMPROVING ACCESS TO QUALITY HEALTHCARE SERVICES AND ADDRESSING THESE COMMUNITIES' SOCIAL DETERMINANTS OF HEALTH CHAK SUPPORTS ACHIEVEMENT OF THESE GOALS WITH RESOURCES PROVIDED BY JHPIEGO | 200,341 | EFT WIRE | | | |
| | | NORTH AMERICA | COMMUNICATION INITIATIVE WILL PROVIDE 1) COUNTRY-LEVEL POLIO COMMUNICATION TECHNICAL REVIEW GROUP PROCESSES, 2) PARTICIPATION IN COUNTRY TECHNICAL ADVISORY GROUP MEETINGS AND REGIONAL MEETINGS FOR POLIO AND IMMUNIZATION, 3) POLIO COMMUNICATION INDICATORS, 4) DISTILLING, PUBLISHING & DISSEMINATING POLIO COMMUNICATION STRATEGIC KNOWLEDGE, AND 5) NETWORKING AND KNOWLEDGE SUPPORT | 521,898 | EFT WIRE | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | COMMUNITY BASED TB/HIV ORGANIZATION (CBTO) WILL SUPPORT THE TRAINING OF 180 COMMUNITY CARE AND TREATMENT SUPPORTERS (CCTS) THIS IS TO COVER FOR ATTRITION AS WELL AS INCREASING THE NUMBER OF THIS CADRE IN ORDER TO REDUCE THE WORKLOAD OF QUALIFIED STAFF THE FOCUS WILL ALSO BE ON STRENGTHENING SUPPORTIVE SUPERVISION AND EXPLORING AN INTEGRATED SYSTEM THAT INCLUDES HIV/TB/PMTCT CBTO WILL CONDUCT SIX TRAININGS FOR 30 COMMUNITY VOLUNTEERS EACH A TOTAL OF 120 CCTS WILL BE FOLLOWED UP DURING THE SAME PERIOD | 147,602 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVES OF THIS PROJECT ARE TO WORK ALONGSIDE THE REGIONAL HEALTH TEAMS AND JHPIEGO/MCHIP PROJECT OF JHPIEGO TO CONDUCT ADVOCACY ACTIVITIES IN ORDER TO PROMOTE VOLUNTARY MEDICAL MALE CIRCUMCISION ("VMMC") IN THE COMMUNITIES AROUND SERVICE DELIVERY SITES AND AROUND NJOMBE REGION THESE ACTIVITIES WILL PUT A SPECIAL EMPHASIS ON MAKING VMMC DESIRABLE TO ADULT MEN, INCLUDING MARRIED MEN, AND THEIR FEMALE PARTNERS | 81,894 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVE OF THIS PROJECT IS IMPLEMENTATION OF COMMUNITY COUNSELING AND TESTING (CCT) IN HEALTH ACTIVITIES, INCLUDING HIV/AIDS COUNSELING AND TESTING, IN THE DISTRICT OF MARRACUENE, PROVINCE OF MAPUTO, MOZAMBIQUE | 66,050 | EFT WIRE | | | |
| | | SOUTH ASIA | ENCOURAGE FAMILY PLANNING, REDUCE INFANT MORTALITY AND LIMIT THE SPREAD OF HIV/AIDS IN WEST AND CENTRAL AFRICA | 1,554,722 | EFT WIRE | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | THE OBJECTIVE OF THIS PROJECT IS TO PROVIDE TRAINING TO PHARMACY ASSISTANTS AS WELL AS TO UPDATE AND UPGRADE COURSES FOR MILITARY MEDICAL ASSISTANTS, SO THAT THE DSHS MAY CONSOLIDATE ITS ROLE IN SUSTAINING CAPACITY BUILDING ACTIVITIES IN THE ZAMBIAN DEFENCE FORCES, ENSURING AVAILABILITY OF TRAINED MANPOWER TO DELIVER QUALITY HEALTH SERVICES | 64,643 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY ON CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 53,935 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE PROJECT IS GIVING SERVICES TO 3,000 OVC IN THE FOLLOWING DOMAINS - HEALTH, EDUCATION, PSYCHOSOCIAL SUPPORT, PROTECTION AND LEGAL SERVICES, FOOD AND NUTRITION, SHELTER AND HOUSEHOLD ECONOMIC STRENGTHENING THE MAIN AIM IS TO IMPROVE THE QUALITY OF LIFE FOR THE OVC THEY ARE ALSO PROVIDING SERVICES TO 1,000 HBC CLIENTS IN THE COMPONENTS OF MEDICAL AND CLINICAL CARE, FOOD AND NUTRITION, SHELTER, PROTECTION AND LEGAL SERVICES, AND PSYCHOSOCIAL SUPPORT | 81,083 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | CARE AND SUPPORT FOR OVC AND PLWHA | 75,155 | EFT WIRE | | | |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | IN SUPPORT OF JHPIEGO'S STRENGTHENING HUMAN RESOURCES FOR HEALTH (HRH) PROGRAM (1) CONTRIBUTE TO INCREASED SUPPLY AND AVAILABILITY OF SKILLED MIDWIVES, ANESTHETISTS, HEWS AND NON-CLINICAL HEALTH WORKERS, AS THEY RELATE TO ANESTHETISTS(2) CONTRIBUTE TO INCREASED SUPPLY AND AVAILIBILITY OF ANESTHETISTS(3) CONTRIBUTE TO IMPROVED QUALITY OF TRAINING OF ANESTHETISTS(4) IMPROVE FACULTY COMPETENCE, ENGAGED IN TRAINING OF ANESTHETISTS(5) DEVELOP STRATEGY FOR RETENTION OF ANESTHESIA PROFESSIONALS IN THE FIELD | 198,006 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | (1) TO ENSURE PROVISION OF QUALITY, STANDARDIZED BASIC OBSTETRIC AND NEWBORN CARE SERVICES ("BEMONC") COURSES FOR PROVIDERS WORKING IN 4 EMERGING REGIONS, AND ADDITIONAL REGIONS AS REQUESTED, AND (2) SUPPORT THE IMPLEMENTATION OF A PERFORMANCE IMPROVEMENT APPROACH (STANDARDS-BASED MANAGEMENT AND RECOGNITION) TO IMPROVE MNCH SERVICES | 217,707 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 201,812 | EFT WIRE | | | |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | THE OBJECTIVE OF THIS PROJECT IS SCALE UP EVIDENCE-BASED HIGH IMPACT MATERNAL, NEWBORN, AND CHILDREN HEALTH INTERVENTIONS MCHIP (MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM) AIMS TO HELP REDUCE MATERNAL AND CHILD MORTALITY BY 25% ACROSS THE 30 USAID PRIORITY COUNTRIES THROUGH FIELD-BASED IMPLEMENTATION AND GLOBAL LEADERSHIP FIGO WILL (1) IDENTIFY SIX COUNTRIES IN AFRICA IN WHICH TO INCREASE HEALTH WORKFORCE CAPACITY, IN PARTICULAR WITH RELATION TO REDUCING THE IMPACT OF PPH AND PE/E, GIVEN STRENGTH OF LOCAL ASSOCIATIONS, LEVEL OF ACTIVE MEMBERSHIP AND DEGREE OF INTEREST OF THE ASSOCIATIONS AND(2) ENGAGE WITH THE NATIONAL PROFESSIONAL ASSOCIATIONS TO FORM AN ADVOCACY GROUP OF MIDWIFERY, NURSING AND OBSTETRIC LEADERS THAT WILL ADDRESS PRACTICE QUALITY IMPROVEMENT THROUGH DEVELOPMENT OF CONTINUING EDUCATION AND PRACTICE STANDARDS | 75,769 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | (1) ESTABLISH A BOARD OF DIRECTORS AND CONDUCT MEETINGS, (2) OPEN AND OPERATE AN AMA NATIONAL OFFICE, (3) HIRE A MANAGEMENT TEAM OF FULL-TIME CORE STAFF, (4) REGISTER AS AN INDEPENDENT AFGHAN ASSOCIATION WITH THE GOVERNMENT OF AFGHANISTAN (MINISTRY OF JUSTICE/MINISTRY OF ECONOMY), (5) CONDUCT/CELEBRATE 7TH AND 8TH ANNUAL CONGRESSES, "INTERNATIONAL DAY OF THE MIDWIFE", AND GOVERNING BODY MEETINGS, AND (6) SUPPORT PARTICIPATION OF GROUP OF MIDWIVES IN THE ICM CONFERENCE AND PRESENT SYMPOSIA ON MIDWIFERY IN AFGHANISTAN | 32,456 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | (1) TO MOBILIZE THE COMMUNITY IN THE TARGETED AREAS FOR HIV COUNSELING AND TESTING, (2) TO COUNSEL AND TEST FOR HIV, (3) TO REFER PEOPLE LIVING WITH HIV TO HEALTH FACILITIES, AND (4) TO MONITOR AND EVALUATE THE PROGRAM | 5,668 | EFT WIRE | | | |
| | | SOUTH ASIA | (1) PERFORM PREPARATORY MEETING BEFORE FACILITATION OF HTSP DTOT IN 10 SUAAHARA DISTRICTS, FACILITATE DURING DTOT ON "STRENGTHENING HEALTHY TIMING AND SPACING OF PREGNANCY AND NUTRITION THROUGH COUNSELING" IN 10 DISTRICTS, PERFORM POST-TRAINING MEETING AFTER FACILITATION OF HTSP DTOT IN 10 SUAAHARA DISTRICTS (2) REPORT SUBMISSION OF EACH DTOTO OF HTSP, SUBMISSION OF COMPILED FILE DOCUMENT OF ALL 10 HTSP DTOT AFTER COMPLETION OF DTOT IN 10 DISTRICTS, PRESENTATION ON EXPERIENCE IN THE FIELD ON HTSP DTOT, MONITORING AND SUPERVISION OF HTSP ROLL OUT ORIENTATION IN 6 DISTRICTS | 31,281 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | COMMUNITY COUNSELING AND TESTING (CCT) IN HEALTH ACTIVITIES, INCLUDING HIV/AIDS COUNSELING AND TESTING, IN THE DISTRICTS OF CHIBABAVA AND MACHANGA, PROVINCE OF SOFALA, MOZAMBIQUE | 81,235 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | THE OVERALL OBJECTIVE TO BE ACHIEVED IS TO STRENGTHEN THE INTEGRATION OF HIV SERVICES FOR CLIENTS AND THEIR CONTACTS TO ENSURE IMPROVED COUNSELING, TESTING, MONITORING, COMPLIANCE, AND RETENTION IN CARE AND TREATMENT | 69,269 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 67,626 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY ON CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 153,097 | EFT WIRE | | | |
| | | EAST ASIA AND THE PACIFIC | THE OBJECTIVES OF THIS PROJECT ARE TO UNDERSTAND THE BARRIERS TO USING AND INCREASING THE UTILIZATION OF ANTENATAL CORTICOSTEROIDS (ACS) BY TESTING WHETHER TRAINING AND AN AUDIT/FEEDBACK PROCESS WILL INCREASE THE USE OF ACS AMONG WOMEN WITH INCREASED PROBABILITY OF PRETERM BIRTH HDRC WILL TAKE THE LEAD IN FACILITATING AND OVERSEEING THE EXECUTION OF THIS STUDY IN CAMBODIA | 39,385 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | EXPANSION OF CCT ACTIVITIES IN THE DISTRICTS OF CHANGARA, MOATIZE, AND ANGONIA, PROVINCE OF TETE, BY IMPLEMENTING HOME-BASED (DOOR-TO-DOOR) MODALITY, PROVIDING HEALTH EDUCATION AND COUNSELING, INCLUDING HIV, TO AT LEAST 10,000 PERSONS, PROVIDING HIV RAPID TESTING TO AT LEAST 10,000 PERSONS, AND REFERING ALL HIV-POSITIVE INDIVIDUALS FOR BASELINE CD4 COUNT, COTRIMOZAZOLE PROPHYLAXIS AND OTHER HIV CLINICAL CARE | 123,905 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE PROGRAM IN TANZANIA IS ALSO KNOWN AS THE UNIVERSAL HIV/AIDS INTERVENTION FOR COUNSELING AND TESTING (UHAI-CT) AND IS AIMED AT SCALING UP HIV COUNSELING AND TESTING SERVICES ACROSS TANZANIA WITH A FOCUS ON MOST-AT-RISK PERSONS THE MAIN APPROACHES FOR THIS PROGRAM ARE TO ASSIST THE MINISTRY OF HEALTH AND SOCIAL WELFARE TO IMPLEMENT PROVIDER-INITIATED COUNSELING AND TESTING NATIONALLY AND TO WORK WITH LOCAL CIVIL SERVICE ORGANIZATIONS TO BUILD THEIR CAPACITY IN OUTREACH COUNSELING AND TESTING AS A SUBGRANTEE ON THE UHAI-CT PROGRAM, ILULA ORPHANS PROGRAM ("IOP") WILL CONDUCT INNOVATIVE HIV OUTREACH COUNSELING AND TESTING IN 5 WARDS IN KILOLO DISTRICT 9 WARDS IN IRINGA RURAL DISTRICT | 17,867 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE SUBAWARDEE WILL LEAD THE DESIGN AND EXECUTION OF FIELD RESEARCH TO DETERMINE THE FEASIBILITY OF IMPLEMENTING SUSTAINABLE MODELS OF BIO INTENSIVE AGRICULTURE AND MORINGA FARMING AT MATERNAL WAITING HOMES IN MANSA AND SAMFYA DISTRICTS IN ZAMBIA | 34,990 | EFT WIRE | | | |
| | | SOUTH ASIA | IMC WILL PROVIDE SUPPORT FOR ACCESS SSP, VIA A 4-YEAR AWARD FROM USAID, WITH THE GOAL OF PROVIDING TECHNICAL ASSISTANCE AND IMPLEMENTATION SUPPORT TO NON-GOVERNMENTAL ORGANIZATIONS (NGOS) TO IMPROVE THE PLANNING, MANAGEMENT, INTERPRETATION, AND MONITORING OF THE DELIVERY OF QUALITY BASIC PACKAGE OF HEALTH SERVICES (BPHS) AND THE ESSENTIAL PACKAGE OF HOSPITAL SERVICES (EPHS) IN 13 PROVINCES IN AFGHANISTAN THE PURPOSE OF THE GRANTS PROGRAM IS TO TRAIN 300 COMMUNITY MIDWIVES WITHIN A 20-MONTH PERIOD TO SERVE A POPULATION OF BETWEEN 900,000 AND 1 8 MILLION AFGHAN WOMEN OF REPRODUCTIVE AGE | 1,669,761 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | THE OBJECTIVES OF THIS PROJECT ARE TO WORK ALONGSIDE THE REGIONAL HEALTH TEAMS AND MCHIP PROJECT OF JHPIEGO TO CONDUCT ADVOCACY ACTIVITIES IN ORDER TO PROMOTE VOLUNTARY MEDICAL MALE CIRCUMCISION ("VMMC") IN THE COMMUNITIES AROUND SERVICE DELIVERY SITES AND AROUND IRINGA REGION THESE ACTIVITIES WILL PUT A SPECIAL EMPHASIS ON MAKING VMMC DESIRABLE TO ADULT MEN, INCLUDING MARRIED MEN, AND THEIR FEMALE PARTNERS | 55,761 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVES OF THIS PROJECT ARE TO ASSIST THE MINISTRY OF HEALTH AND SOCIAL WELFARE TO IMPLEMENT PROVIDER-INITIATED COUNSELING AND TESTING NATIONALLY AND TO WORK WITH LOCAL CIVIL SERVICE ORGANIZATIONS TO BUILD THEIR CAPACITY IN OUTREACH COUNSELING AND TESTING THE SUBGRANTEE WILL CONDUCT INNOVATIVE HIV OUTREACH COUNSELING AND TESTING IN 10 WARDS OF IRINGA | 32,502 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | IMPLEMENTATION OF AN INTEGRATED HEALTH PROGRAM TO IMPROVE COMMUNITY ACCESS TO QUALITY HIV PREVENTION SERVICES AS WELL AS ESSENTIAL MATERNAL AND NEWBORN HEALTH (MNH) SERVICES | 35,525 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVES OF THIS PROJECT ARE TO IMPROVE HEALTH OUTCOMES AND IMPACT IN CENTRAL AND EASTERN PROVINCES THROUGH SUSTAINABLE, COUNTRY-LED PROGRAMS AND PARTNERSHIP HACARANDA DESIGNS WILL (1) CONTRIBUTE AND SUPPORT THE APHIAPLUS IN SCHOOLS YOUTH COMPONENT COMMUNICATION STRATEGY IN CONSULTATION WITH RESULT 3 TEAM LEADER (2) APPLY THE APHIAPLUS SCHOOLS COMPONENT COMMUNICATION STRATEGY FOR RESULT 4 IN THE CREATION, DEVELOPMENT AND PRODUCTION OF IEC, BCC AND EDUCATIONAL MEDIA AND MATERIALS USING THE YOUNG AFRICAN EXPRESS (YAE) AND OTHER MATERIALS SUITED FOR ICT PLUS OTHER MEDIA PLATFORMS (3) CREATE AND PRODUCE APHIAPLUS BRANDED MESSAGES IN THE YOUNG AFRICAN EXPRESS (4) PRODUCE AN EXCLUSIVE APHIAPLUS SCHOOL HEALTH MAGAZINE FOR SCHOOLS AND TEACHER COLLEGES AS WELL AS COMMUNITY HEALTH WORKERS, CLINICS AND HOSPITALS (5) ESTABLISH A MOBILE PLATFORM LINKING WITH SOCIAL MEDIA NETWORKS | 29,709 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN NAGERO COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO- FOLD 1)TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2)INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES | 592,833 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE PROJECT PROVIDES SERVICES TO 3,000 OVC IN NUTRITION, EDUCATION, HEALTH, PSYCHOSOCIAL SUPPORT, LEGAL PROTECTION, AND SHELTER AND HOUSEHOLD ECONOMIC STRENGTHENING IN ADDITION, THEY PROVIDE SERVICES TO 1,013 HBC CLIENTS IN CLINICAL AND NURSING CARE, NUTRITION, SHELTER, PROTECTION AND LEGAL SERVICES, AND PSYCHOSOCIAL SUPPORT | 70,070 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVES OF THIS PROJECT ARE TO REVIEW AND INTEGRATE IN THE CURRICULUM A COMPREHENSIVE ADULT AND PEDIATRIC HIV/AIDS PREVENTION, TREATMENT, CARE AND SUPPORT COMPONENT, STRENGTHEN AND EMPOWER FACULTY MEMBERS BY TRAINING THEM TO DELIVER THE NEW PRE-SERVICE CURRICULA FOR COMPREHENSIVE ADULT AND PEDIATRIC HIV/AIDS MANAGEMENT, DEVELOP AND IMPLEMENT E-LEARNING PROGRAMS IN HIV/AIDS IN ALL TRAINING INSTITUTIONS MENTIONED, IMPLEMENT THE INTEGRATED COMPREHENSIVE HIV/AIDS PREVENTION, TREATMENT CARE AND SUPPORT CURRICULUM TO TRAIN STUDENTS, AND TO DEVELOP SYSTEMS FOR QUALITY ASSURANCE IN TRAINING AND FOLLOW-UP | 98,843 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL COVER 3,000 OVC CLIENTS AND 1,800 HBC CLIENTS OF PLWHIV AND WILL ENSURE THAT BOTH OVC AND HBC INTERVENTIONS ARE HOLISTIC WITH REGARD TO OVC SERVICES, THE SUBGRANTEE WILL ENSURE THAT THE 6+1+1 KEY CORE SERVICES THAT INCLUDE FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING, ARE COVERED THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, FORMING AND TRAINING OVC QI TEAMS, AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SIMILARLY, THE SUBGRANTEE WILL ENSURE THAT THE HBC CLIENTS RECEIVE SERVICES THAT INCLUDE FOOD AND NUTRITION, PSYCHOSOCIAL SUPPORT, SHELTER, HEALTH CARE AND HOUSEHOLD ECONOMIC STRENGTHENING SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE | 99,957 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | TO PROVIDE TRAINERS AND HEALTH PROFESSIONALS IN HAITI WITH THE LATEST REPRODUCTIVE HEALTH TECHNOLOGY AND TO LINK INHSAC'S TRAINERS TO JHPIEGO'S TRAINERS NETWORK | 503,349 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVE OF THIS PROJECT IS TO SCALE UP EVIDENCE-BASED HIGH IMPACT MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS MCHIP AIMS TO HELP REDUCE MATERNAL AND CHILD MORTALITY BY 25% ACROSS THE 30 U S AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) PRIORITY COUNTRIES THROUGH FIELD-BASED IMPLEMENTATION AND GLOBAL LEADERSHIP | 71,666 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 109,645 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | TO INCREASE ACCESS TO UPTAKE OF INTEGRATED HIGH-QUALITY HTC SERVICES TO THE GENERAL POPULATION WITH FOCUS ON FIRST-TIME TESTERS, COUPLES AND MOST-AT-RISK POPULATION (MARPS) IN SUPPORTED DISTRICTS IN COLLABORATION WITH THE MOH, TO INCREASE ACCESS, DEMAND AND UPTAKE OF COMPREHENSIVE POST-RAPE CARE SERVICES AT HEALTH SERVICES AND INCREASE AWARENESS ON GENDER ISSUES AND GENDER-BASED VIOLENCE, TO REACH MOST-AT-RISK POPULATIONS WITH HIV PREVENTION INFORMATION USING PEER NETWORKS AND SUPPORT GROUPS, TO IMPLEMENT QUALITY MANAGEMENT SYSTEMS FOR HTC AND SGBV PROGRAMS IMPLEMENTED IN ZONE (QM ACTIVITIES WILL BE IN LINE WITH THE CENTRALIZED CONSORTIUM QA/QI ACTIVITIES) | 495,885 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | PROVIDES SUPPORT TO 2,000 OVC AND 300 HBC CLIENTS IN THE FOLLOWING DOMAINS HEALTH SERVICES TO THE ORPHANS AND HIV POSITIVE CHILDREN AND ADULTS, STIGMA REDUCTION TRAININGS, REFERRALS FOR HIV POSITIVE CHILDREN AND ADULTS, INTEGRATION OF HCT INTO ALL PROGRAMS EDUCATION PROVISION OF SCHOOL UNIFORMS, SCHOOL LEVIES, VOCATIONAL TRAINING, COUNSELING FOOD AND NUTRITION INTRODUCTION OF KITCHEN GARDENS AND DEMONSTRATION GARDENS THROUGH CAREGIVERS' SUPPORT GROUPS HEALTH EDUCATION TO ALL CAREGIVERS SHELTER AND CARE PROVISION OF MATTRESSES, BLANKETS AND RENOVATION OF HOUSES PROTECTION AND LEGAL SERVICES ASSISTING THE CAREGIVERS TO GET THE BIRTH CERTIFICATES FOR THE ORPHANS THROUGH MOBILE REGISTRATION EDUCATING THE CHILDREN ON THEIR RIGHTS PSYCHO-SOCIAL SUPPORT CHILDREN PLAYING THERAPY,HOME VISITS, CHILDREN FUN DAYS HES IN PARTNERSHIP WITH THE EQUITY BANK CAREGIVERS ARE TRAINED ON SAVINGS THEY ALSO HAVE TABLE BANKING AND VSL | 53,799 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY ON CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 28,343 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVES OF THIS PROJECT ARE TO FACILITATE SOCIAL AND BEHAVIOR CHANGE THAT SUPPORTS POSITIVE AND SUSTAINABLE CHANGES IN SOCIAL NORMS, ATTITUDES AND INDIVIDUAL AND HOUSEHOLDS PRACTICES LEADING TO IMPROVED HEALTH OF ALL MALAWIANS TARGETING 227,043 HOUSEHOLDS IN LILONGWE DISTRICT BY 2016 | 32,738 | EFT WIRE | | | |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN NAGERO COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO- FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES | 731,068 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | THE GOAL OF THE KENYA URBAN REPRODUCTIVE HEALTH INITIATIVE (KURHI) IS TO BRING ABOUT A 20 PERCENTAGE POINT INCREASE IN THE CONTRACEPTIVE PREVALENCE RATES OF SELECTED URBAN CENTERS IN KENYA DURING THE PROJECT PERIOD (THESE INCLUDE NAIROBI, MOMBASA, KISUMU, NAKURU), AND TO CONTRIBUTE TOWARD EFFORTS TO SIGNIFICANTLY EXPAND ACCESS TO QUALITY FAMILY PLANNING SERVICES THROUGH ADVOCACY ACTIVITIES IN MACHAKOS AND KAKAMEGA IT IS INTENDED THAT THE SUBGRANTEE WILL EMPLOY A PROGRAM FRAMEWORK THAT CONTRIBUTES TOWARD MEETING THIS GOAL, PRINCIPALLY THROUGH LEADING KURHI'S ADVOCACY EFFORTS AT THE NATIONAL, PROVINCIAL, MUNICIPAL AND LOCAL LEVELS, AND WILL IMPLEMENT ACTIVITIES SOLELY IN LINE WITH THE SAME | 725,421 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | MARIE STOPES SIERRA LEONE (MSSL) WILL WORK TO ENSURE THAT MISOPROSTOL IS ALSO ADDED TO SIERRA LEONE'S EML, THROUGH POLICY ENGAGEMENT AND ADVOCACY ACTIVITIES THE PROJECT WILL BUILD ON MSSL'S ON-GOING POLICY AND ADVOCACY WORK TO ENSURE UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH MSSL HAS INCREASING ACCESS TO MISOPROSTOL THROUGH ITS OWN SERVICE DELIVERY CHANNELS SINCE REGISTRATION IN 2010 ONCE SUCCESSFULLY ADDED TO THE EML, MSSL WILL DEVELOP THE GUIDELINES FOR THE USE OF MISOPROSTOL FOR PPH IN PARTNERSHIP WITH THE MINISTRY OF HEALTH AND SANITATION AND CONDUCT A TRAINING SESSION FOR A CLASS OF SELECTED MINISTRY STAFF, WHO WOULD FURTHER CASCADE THE TRAINING TO OTHER HEATH STAFF | 50,000 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | (1) TO MOBILIZE THE COMMUNITY IN THE TARGETED AREAS FOR HIV COUNSELING AND TESTING, (2) TO COUNSEL AND TEST FOR HIV, (3) TO REFER PEOPLE LIVING WITH HIV TO HEALTH FACILITIES, AND (4) TO MONITOR AND EVALUATE | 1,704 | EFT WIRE | | | |
| | | EAST ASIA AND THE PACIFIC | THE OBJECTIVES OF THIS PROJECT ARE TWO-FOLD 1) TO IMPROVE THE QUALITY OF MATERNAL AND NEONATAL HEALTH SERVICES AT 150 HOSPITALS, 2) TO INCREASE EFFICIENCY AND EFFECTIVENESS IN REFERRAL SYSTEMS BETWEEN 200 COMMUNITY HEALTH CENTERS (PUSKESMAS) AND 150 HOSPITALS IN ADDITION THE EMAS PROGRAM WILL IMPROVE GOVERNANCE AND INCREASE THE USE OF COMMUNICATION TECHNOLOGY TO IMPROVE REFERRAL EFFICIENCY AND QUALITY OF HEALTH SERVICES | 775,231 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN MUNDRI EAST COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO-FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES | 814,086 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | PROVISION OF OVC CARE AND SUPPORT TO 2,000 OVCS THROUGH PROVISION OF CORE SERVICES THAT INCLUDE FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHOSOCIAL SUPPORT, AND HOUSEHOLD ECONOMIC STRENGTHENING | 44,443 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE SCOPE OF WORK UNDER THIS PRE-AUTHORIZATION LETTER INCLUDES, BUT IS NOT LIMITED, THE FOLLOWING ACTIVITIES SUBGRANTEE WILL ACTIVELY PARTICIPATE IN THE START-UP OF APHIAPLUS ZONE 4 ACTIVITIES, INCLUDING NEGOTIATION OF SAID SUBAGREEMENT, WORK PLANNING, RECRUITING AND HIRING OF STAFF, AND OTHER CRITICAL PROJECT ACTIVITIES RELATED TO THE SUCCESSFUL START-UP AND IMPLEMENTATION OF THE APHIAPLUS ZONE 4 PROJECT AS DIRECTED BY JHPIEGO NATIONAL ORGANIZATION OF PEER EDUCATORS (NOPE) HAS BEEN SELECTED TO PARTICIPATE IN THE PROJECT UNDER THE ABOVE-REFERENCED AWARD AT JHPIEGO'S DIRECTION | 505,480 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | KENYA URBAN RH INITIATIVE JHPIEGO WILL WORK WITH KURHI CONSORTIUM TO CREATE A SUPPORTIVE POLICY ENVIRONMENT FOR ENSURING ACCESS TO FP SUPPLIES AND SERVICES FOR THE URBAN POOR THROUGH INCREASED FUNDING AND FINANCIAL MECHANISMS THE GOAL OF KURHI IS TO BRING ABOUT A 20% INCREASE IN CONTRACEPTIVE PREVALENCE RATES OF SELECTED URBAN CENTERS IN KENYA (INCLUDING NAIROBI, MOMBASSA, KISUMU, NAKURU) AND TO SIGNIFICANTLY EXPAND ACCESS TO QUALITY FAMILY PLANNING SERVICES THROUGH ADVOCACY ACTIVITIES IN MACHAKOS AND KAKAMEGA | 86,693 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | PROVISION OF OVC CARE AND SUPPORT TO 2,000 OVCS THROUGH PROVISION OF CORE SERVICES THAT INCLUDE FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHOSOCIAL SUPPORT, AND HOUSEHOLD ECONOMIC STRENGTHENING | 88,260 | EFT WIRE | | | |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN MUNDRI EAST COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO-FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES | 2,388,337 | EFT WIRE | | | |
| | | EAST ASIA AND THE PACIFIC | THE OBJECTIVES OF THIS PROJECT ARE TO UNDERSTAND BARRIERS TO USE AND INCREASE THE UTILIZATION OF ANTENATAL CORTICOSTEROIDS (ACS) BY TESTING WHETHER TRAINING AND AN AUDIT/FEEDBACK PROCESS WILL INCREASE THE USE OF ACS AMONG WOMEN WITH INCREASED PROBABILITY OF PRETERM BIRTH | 34,086 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | KENYA URBAN RH INITIATIVE PROJECT GOAL IS TO ACHIEVE A 20% POINT INCREASE IN CONTRACEPTIVE PREVALENCE RATE IN EACH OF THE SELECTED URBAN CENTRES (INCLUDING NAIROBI, MOMBASA, KIUMU, NAKURU), SPECIFICALLY AMONG THE URBAN POOR, AND TO CONTRIBUTE TOWARD EFFORTS TO SIGNIFICANTLY EXPAND ACCESS TO QUALITY FAMILY PLANNING SERVICES THROUGH ADVOCACY ACTIVITIES IN MACHAKOS AND KAKAMEGA MANAGE AND ADMINISTER THE KURHI PROJECT | 265,495 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | 1 CONDUCT A RAPID ASSESSMENT TO IDENTIFY CAPACITY AND INFRASTRUCTURE GAPS, AS WELL AS IDENTIFY COMMUNITY NEEDS IN BUTIJERA,2 DEVELOP A PROJECT WORK-PLAN AND BUDGET, IN LINE WITH THE TRI-PARTITE MEMORANDUM OF UNDERSTANDING (MOU) SIGNED BETWEEN USAID, JHPIEGO AND PROJECT MERCY | 112,500 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | PROMACO WILL SERVE AS A KEY PARTNER UNDER IMPROVING MALARIA CARE (IMC) PROJECT AND WILL SERVE AS THE LEAD FOR ALL BCC EFFORTS FOR THE IMC PROJECT WITHIN OUR PROPOSED PROJECT APPROACH, PROMACO WILL BE RESPONSIBLE FOR LEADING EFFORTS IN ONE OF THE FIVE KEY PROGRAM STRATEGIES, NAMELY "INCREASING CLIENT DEMAND " PROMACO WILL ALSO SUPPORT EFFORTS TO EXPAND THE ROLE OF THE PRIVATE SECTOR IN DISTRIBUTING LLINS AND CONTRIBUTE TO STRENGTHENING THE DEMAND GENERATION COMPONENT OF THE TRAINING PACKAGE FOR HEALTH CARE PROVIDERS | 88,975 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | UNDER THE SAVING LIVES AT BIRTH PROJECT, PREFA WILL ACT AT THE PROJECT'S ENTRY POINT TO HIV AND MATERNAL, NEWBORN AND CHILD HEALTH SERVICES ADDITIONALLY, PREFA IS A KEY STAKEHOLDER IN THE SUSTAINABILITY OF THIS INITIATIVE AFTER THE PROJECT CONCLUDES PREFA, IN COLLABORATION WITH THE MOH, COULD SCALE UP THIS INTERVENTION AFTER THE PROJECT ENDS | 102,083 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUPPORTING 2,500 OVC AND 450 HBC THRU PROVIDING EDUCATIONAL AND VOCATIONAL TRAINING, OVC HEALTH CARE, OVC PSYCHOSOCIAL SUPPORT, OVC HOUSEHOLD ECONOMIC STRENGTHENING, PROTECTION AND LEGAL SERVICES, FOOD AND NUTRITION, SHELTER AND CARE, AND CLINICAL AND NURSING CARE | 59,599 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 76,175 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 77,379 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 152,696 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 124,306 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | SUPPORTING 2,000 OVC AND 200 HBC BY PROVIDING EDUCATIONAL AND VOCATIONAL TRAINING, OVC HEALTH CARE, OVC PSYCHOSOCIAL SUPPORT, OVC HOUSEHOLD ECONOMIC STRENGTHENING, PROTECTION AND LEGAL SERVICES, FOOD AND NUTRITION, SHELTER AND CARE, AND CLINICAL AND NURSING CARE | 46,839 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 60,854 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PHC SERVICES WITHIN MUNDRI EAST COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO-FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES | 829,087 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY ON CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 124,844 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | CONDUCT A FORMATIVE ASSESSMENT IN 8 REGIONS (OSHANA, OHANGWENA, ZAMBEZI, KHOMAS, OMUSATI, KAVANGO EAST, KAVANGO WEST, OSHIKOTO) AMONG (1) MALES AGED 15 TO 39 (DISAGGREGATED 15-19, 20-24, 25 TO 39, URBAN/RURAL, CIRCUMCISED VIA PROGRAM/UNCIRCUMCISED, AND BOTH AS USERS/POTENTIAL USERS OF VMMC AND, FOR ADULT MEN, AS FATHERS/POTENTIAL FATHERS OF ADOLESCENTS AND INFANTS ) (2) WOMEN (MOTHERS OF ADOLESCENTS, MOTHERS/POTENTIAL MOTHERS OF INFANTS, SEXUAL PARTNERS OF ADULT MEN ) (3) HEALTH PROVIDERS IN FACILITIES OFFERING/THAT MAY OFFER VMMC AND EIMC (4) COMMUNITY, DISTRICT, REGIONAL AND NATIONAL LEADERS | 123,599 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE OBJECTIVES OF THIS PROJECT ARE TO WORK ALONGSIDE THE REGIONAL HEALTH TEAMS AND JHPIEGO TO CONDUCT ADVOCACY ACTIVITIES IN ORDER TO PROMOTE VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) IN THE COMMUNITIES AROUND SERVICE DELIVERY SITES AND AROUND TABORA REGION THESE ACTIVITIES WILL PUT A SPECIAL EMPHASIS ON MAKING VMMC DESIRABLE TO ADULT MEN, INCLUDING MARRIED MEN, AND THEIR FEMALE PARTNERS | 71,235 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE PROGRAM IN TANZANIA IS ALSO KNOWN AS THE UNIVERSAL HIV/AIDS INTERVENTION FOR COUNSELING AND TESTING (UHAI-CT) AND IS AIMED AT SCALING UP HIV COUNSELING AND TESTING SERVICES ACROSS TANZANIA WITH A FOCUS ON MOST-AT-RISK PERSONS THE OBJECTIVES OF THIS PROJECT ARE TO ASSIST THE MINISTRY OF HEALTH AND SOCIAL WELFARE TO IMPLEMENT PROVIDER-INITIATED COUNSELING AND TESTING NATIONALLY AND TO WORK WITH LOCAL CIVIL SERVICE ORGANIZATIONS TO BUILD THEIR CAPACITY IN OUTREACH COUNSELING AND TESTING AS A SUBGRANTEE ON THE UHAI-CT PROGRAM, TAWG WILL CONDUCT INNOVATIVE HIV OUTREACH COUNSELING AND TESTING IN 36 WARDS IN TANGA, PANGANI, AND KOROGWE DISTRICTS | 51,757 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | THE PROGRAM IN TANZANIA IS ALSO KNOWN AS THE UNIVERSAL HIV/AIDS INTERVENTION FOR COUNSELING AND TESTING (UHAI-CT) AND IS AIMED AT SCALING UP HIV COUNSELING AND TESTING SERVICES ACROSS TANZANIA WITH A FOCUS ON MOST-AT-RISK PERSONS THE OBJECTIVES OF THIS PROJECT ARE TO ASSIST THE MINISTRY OF HEALTH AND SOCIAL WELFARE TO IMPLEMENT PROVIDER-INITIATED COUNSELING AND TESTING NATIONALLY AND TO WORK WITH LOCAL CIVIL SERVICE ORGANIZATIONS TO BUILD THEIR CAPACITY IN OUTREACH COUNSELING AND TESTING AS A SUBGRANTEE ON THE UHAI-CT PROGRAM, TAYODEA WILL CONDUCT INNOVATIVE HIV OUTREACH COUNSELING AND TESTING IN 6 WARDS OF LUSHOTO DISTRICT COUNCIL AND 5 WARDS OF MKINGA DICTRICT COUNCIL | 22,642 | EFT WIRE | | | |

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|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | THE GOAL IS TO SCALE-UP HIV/AIDS ACTIVITIES IN KATHIANI DISTRICT TO BUILD THE CAPACITIES OF OVCS, CAREGIVERS, HBC CLIENTS, AND THE LARGER COMMUNITY THEY LIVE IN THE OBJECTIVES ARE TO INCREASE COMPREHENSIVE AND INTEGRATED CARE AND SUPPORT FOR 2,400 OVCS FROM APPROXIMATELY 800 HOUSEHOLDS IN KATHIANI WITHIN 12 MONTHS, TO STRENGTHEN THE CAPACITY OF CAREGIVERS TO MITIGATE THE EFFECT OF HIV/AIDS, AND TO ENHANCE COMMUNITY-BASED OVC RESPONSES IN KATHIANI | 81,452 | EFT WIRE | | | |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | THE OBJECTIVES OF THIS PROJECT ARE TO IMPROVE HEALTH OUTCOMES FOR ALL ETHIOPIANS, WITH EMPHASIS ON THE REDUCTION OF INFECTIOUS DISEASE AND GENDER-FOCUSED DISPARITIES IN MATERNAL AND NEWBORN MORTALITY THIS GOAL WILL BE MET THROUGH STRENGTHENING SYSTEMS AIMED AT PRODUCTION, DEPLOYMENT AND SUPPORT OF HIGH-QUALITY PROFESSIONALS AT ALL LEVELS OF HEALTH SERVICE DELIVERY | 446,925 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | JHPIEGO TANZANIA IMPLEMENTS A VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) PROGRAM WITH THE AIM OF REDUCING THE INCIDENCE OF HIV IN THE COUNTRY AS PART OF THIS PROGRAM, CONDOMS ARE DISTRIBUTED TO CLIENTS FREE OF CHARGE AT EVERY OPPORTUNITY T-MARC, UNDER THE TANZANIA SOCIAL MARKETING PROGRAM (TSMP), IMPLEMENTS A SOCIAL MARKETING PROGRAM FOR DUME-BRANDED MALE CONDOMS, AND HAS BEEN GIVEN THE MANDATE TO DISTRIBUTE CONDOMS FOR USE BY VMMC PROGRAMS IN TANZANIA | 221,214 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 28,702 | EFT WIRE | | | |

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| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 101,601 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 77,222 | EFT WIRE | | | |
| | | SUB-SAHARAN AFRICA | SUBGRANTEE WILL ENSURE OVC INTERVENTIONS ARE HOLISTIC, AND INVOLVE KEY ELEMENTS OF EACH OF THE 6+2 SERVICES INCLUDING FOOD AND NUTRITION SUPPORT, SHELTER AND CARE, PROTECTION, HEALTH CARE, EDUCATION AND VOCATIONAL TRAINING, PSYCHO-SOCIAL SUPPORT AND ECONOMIC STRENGTHENING THESE WILL BE AT HOUSEHOLD AND COMMUNITY LEVEL THROUGH ESTABLISHED STRUCTURES SUBGRANTEE WILL EMPHASIZE QUALITY IMPROVEMENT OF OVC CARE THROUGH DISSEMINATION OF THE OVC DRAFT STANDARDS, CARRYING OUT TRAINING ON QI AND ESTABLISHING COMMUNITIES OF EXCELLENCE IN QI SUBGRANTEE WILL ENSURE EFFECTIVE EXPOSURE TO RECOMMENDED DEMONSTRATION FARMING TO BOOST FOOD SECURITY, LIFE SKILLS TO ENHANCE PREPAREDNESS FOR TRANSITION OF THE OLDER OVC AND ADVOCACY OF CHILD RIGHTS FOR YOUNGER SUBJECTS THROUGH CLOSE COLLABORATION WITH THE RESPECTIVE DISTRICT CHILDREN'S OFFICER | 68,340 | EFT WIRE | | | |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
JHPIEGO CORPORATION

**Employer identification number**
23-7424444

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 16

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 4

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
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**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2 | JHPIEGO REQUIRES THAT WHEN APPROVING INVOICE PAYMENTS TO SUBRECIPIENTS, THE VALIDITY OF EXPENSES MUST BE VERIFIED ALONG WITH ACHIEVEMENT OF PROGRAM OBJECTIVES AND TECHNICAL PROGRESS BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE THIS VERIFICATION INCLUDES SIGN OFF BY THE BY COUNTRY DIRECTOR/PROGRAM DIRECTOR OR HIS/HER DESIGNEE ON THE INVOICE APPROVING IT FOR PAYMENT SUBRECIPIENT INVOICES SHOULD INCLUDE INFORMATION THAT CONFORMS TO THE ADMINISTRATIVE REQUIREMENTS AS PRESCRIBED IN OMB CIRCULARS A-110 AND A-133 SUBRECIPIENTS EXEMPT FROM A-133 AUDIT REQUIREMENTS ARE REQUIRED TO MAKE THEIR FINANCIAL RECORDS AVAILABLE FOR REVIEW OR AUDIT BY FEDERAL AGENCIES OR PASS-THRU ENTITIES AS REQUESTED, UNDER THE TERMS AND CONDITIONS OF THEIR AGREEMENT |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 23-7424444
**Name:** JHPIEGO CORPORATION

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ADVENTIST DEVELOPMENT AND RELIEF AGENCY INC (AKA ADRA)<br>12501 OLD COLUMBIA PIKE<br>SILVER SPRING, MD 20904 | 52-1314847 | 501(C)3 | 1,608,265 | | | | THE OVERALL GOAL OF THE SUBAWARD WILL BE TO INCREASE ACCESS TO THE MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE (PHC) SERVICES WITHIN THE TEREKEKA COUNTY TO REACH ALL CITIZENS THE OBJECTIVES ARE TWO- FOLD 1) TO STANDARDIZE, FUNCTIONALIZE, EQUIP, AND STAFF HEALTH FACILITIES TO PROVIDE A MINIMUM PACKAGE OF QUALITY PRIMARY HEALTH CARE SERVICES, AND 2) INCREASE COMMUNITY ACCESS TO INFORMATION AND SERVICES THE SUBRECIPIENT IS EXPECTED TO ENSURE THAT THE MAXIMUM NUMBER OF PEOPLE IN THEIR COUNTIES CAN ACCESS QUALITY PHC SERVICES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AFRICARE INC<br>440 R ST NW<br>WASHINGTON, DC<br>200011935 | 23-7116952 | 501(C)3 | 42,387 | | | | PROVIDE SUPPORT TO THE UNIVERSAL HIV/AIDS INTERVENTION FOR COUNSELING AND TESTING PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| AMERICAN ACADEMY OF PEDIATRICS<br>37925 EAGLE WAY<br>CHICAGO,IL 606781379 | 36-2275597 | 501(C)3 | 200,860 | | | | UNDER JHPIEGO'S MCHIP AWARD (MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM), AMERICAN ACADEMY OF PEDIATRICS WILL CONTRIBUTE TO (1) IDENTIFY AND DEPLOY OPPORTUNITIES FOR MNCH (MATERNAL NEWBORN AND CHILD HEALTH) INTERVENTIONS BETWEEN GDA PARTNERS AND COUNTRIES/USAID MISSIONS, (2) DEVELOP AND ENGAGE GLOBAL LEADERS/MENTORS TO SUPPORT COUNTRY INTERVENTIONS, (3) DEVELOP AND ENGAGE US AND COUNTRY-BASED JUNIOR SCHOLARS IN MNCH AND DEVELOPMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN COLLEGE OF NURSE MIDWIVES (AKA ACNM)<br>8403 COLESVILLE RD STE 1550<br>SILVER SPRING, MD 20910 | 74-1685515 | 501(C)6 | 487,211 | | | | THE OBJECTIVE OF THIS PROJECT IS TO SCALE UP EVIDENCE-BASED HIGH IMPACT MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS THE AIM IS TO REDUCE MATERNAL AND CHILD MORTALITY BY 25% ACROSS THE 30 U S AGENCY FOR INTERNATIONAL DEVELOPMENT (UADIA) PRIORITY COUNTRIES THROUGH FIELD-BASED IMPLEMENTATION AND GLOBAL LEADERSHIP |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS<br>409 12TH STREET SW<br>WASHINGTON,DC 20024 | 36-2217981 | 501(C)3 | 81,983 | | | | THE OBJECTIVE OF THIS PROJECT IS TO SCALE UP EVIDENCE-BASED HIGH IMPACT MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS THE AIM IS TO REDUCE MATERNAL AND CHILD MORTALITY BY 25% ACROSS THE 30 U S AGENCY FOR INTERNATIONAL DEVELOPMENT (UADIA) PRIORITY COUNTRIES THROUGH FIELD-BASED IMPLEMENTATION AND GLOBAL LEADERSHIP |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN REFUGEE COMMITTEE (AKA ARC) 615 1ST AVE NE STE 500 MINNEAPOLIS, MN 55413 | 36-3241033 | 501(C)3 | 1,175,639 | | | | ARC WILL WORK WITH THE MINISTRY OF HEALTH (MOH) TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY HEALTH CARE (PHC) SERVICES ACROSS ALL 16 COUNTRIES IN CENTRAL EQUATORIA STATE (CES) AND WESTERN EQUATORIA STATE (WES) IN THE FIRST PHASE, THE PROJECT WILL MAINTAIN THE STATUS QUO OF SERVICE DELIVERY IN CES AND WES AND CONTINUE CRITICAL SERVICES IN KAJO KEJI, CES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK (AKA COLUMBIA 622 WEST 113TH ST MAIL CODE 4524 NEW YORK, NY 10025 | 13-5598093 | 501(C)3 | 1,083,026 | | | | IDENTIFY & TRAIN 5 DHMT (DISTRICT HEALTH MANAGEMENT TEAM) MENTORS TO SUPPORT HIV CARE AND TREATMENT ACTIVITIES IN EACH DISTRICT, MENTOR THE IDENTIFIED DHMT MENTORS ON HIV CARE, BUILD CAPACITY OF THE 11 DHMTS IN CENTRAL AND 11 DHMTS IN EASTERN TO CONTACT PHARMACOVIGILANCE, MENTOR THE DISTRICT PHARMACISTS AND CCC COORDINATORS ON REPORTING AND MONITORING OF ADVERSE DRUG REACTIONS, CONDUCT BI-ANNUAL REVIEW MEETINGS WITH THE PHARMACISTS AND CCC IN CHARGES FOR ADDITIONAL INFORMATION RELATING TO THE SCOPE OF WORK, PLEASE REFER TO ARTICLE 4-PROGRAM DESCRIPTION OF SUBAGREEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COMMUNITY MINISTRIES OF PRINCE GEORGES COUNTY<br>PO BOX 250<br>UPPER MARLBORO, MD 20773 | 52-0974092 | 501(C)3 | 5,384 | | | | CMPGC CONDUCTED OVER 47 CANCER EDUCATION AND COMMUNITY OUTREACH EVENTS THAT ENGAGED OVER 4,000 PEOPLE ACROSS PRINCE GEORGE'S COUNTY RADIO ONE BROADCASTED PROJECT LEADERS INTERVIEW TO THEIR DC AREA LISTENERS AND POSTED PROJECT FLYERS ON THEIR FIVE AREA WEBSITES CONDUCTED EVENTS AT SENIOR APARTMENT COMPLEXES, MNCPPC COUNTY-WIDE EVENTS, SENIOR ACTIVITY CENTERS, CHURCHES, FOOD DISTRIBUTION CENTERS, HEALTH & WELLNESS EXPOS AND CONFERENCES, AND CMPGC SITES ESTABLISHED ADDITIONAL PARTNERSHIPS WITH APARTMENT COMPLEXES, CHURCHES AND SENIOR CENTERS FOR WEEKLY, BI-WEEKLY, OR MONTHLY ENGAGEMENTS WITH OLDER ADULTS PARTNERSHIPS INCLUDE GATEWAY VILLAGE SENIOR APTS, ST PAUL SENIOR LIVING APTS, GETHSEMANE UNITED METHODIST CHURCH FOOD DISTRIBUTION, ROLLING CREST-CHILLUM COMMUNITY CENTER FOOD DISTRIBUTION AND JOHN E HOWARD SENIOR ACTIVITY CENTER DISTRIBUTED OVER 2500 FLYERS, RECEIVED ADDITIONAL TRAINING FROM CRCD AND INDIVIDUAL TRAINING FROM CMPGC CONDUCTED QUALITY REVIEWS ASSESSED TEAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| DANYA INTERNATIONAL INC<br>8737 COLESVILLE ROAD<br>SILVER SPRING, MD 20910 | 52-2303612 | 501(C)3 | 217,449 | | | | PROVIDE STAFF FOR, AND PARTICIPATE IN, TRAINING NEEDS ASSESSMENT, COLLABORATE AND COORDINATE WITH GOVERNMENT OF KENYA, KMTC, CHAK AND JHPIEGO TO SUPPORT E-LEARNING ACTIVITIES IN PUBLIC AND PRIVATE MID-LEVEL MEDICAL COLLEGES, WRITE THE E-LEARNING SECTION OF TNA REPORT, PREPARE FOR DEVELOPMENT OF E-LEARNING MODULES, REVIEW AND EVALUATE LEARNING MANAGEMENT SYSTEMS AND STANDARDS AND SPECIFICATIONS FOR DELIVERING CONTENT, REVIEW DRAFT TRAINING MATERIALS TO DETERMINE APPROPRIATE E-LEARNING CONTENT DELIVERY MECHANISM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JOHN SNOW INC (AKA JSI)<br>44 FARNSWORTH ST<br>BOSTON, MA 02210 | 04-2578580 | N/A | 16,317,679 | | | | PROVIDE LEADERSHIP IN IMPLEMENTING THE CHILD HEALTH COMPONENT, INCLUDING IMMUNIZATION AND PEDIATRIC HIV/AIDS OF THE MCHIP PROGRAM |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| LAND O'LAKES INC INTERNATIONAL DEVELOPMENT 1080 WEST CITY ROAD F MS 5120 SHOREVIEW,MN 55126 | 41-0365145 | 501(C)3 | 81,866 | | | | (1)CONDUCT ECONOMIC STRENGTHENING PATHWAY SERVICE MAPPING, (2) ESTABLISH ECONOMIC STRENGTHENING SCREENING AND REFERRAL SYSTEM, (3) CONDUCT ECONOMIC STRENGTHENING CAPACITY BUILDING, (4) RECOVER HOUSEHOLD ASSETS, (5) BUILD MECHANISMS FOR ASSET PROTECTION AND SELF INSURANCE, (6) PROMOTE HOUSEHOLD ASSET GROWTH, AND (7) EXPAND HOUSEHOLD INCOME AND CONSUMPTION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MACRO INTL INC<br>15294 COLLECTION CENTER DR<br>CHICAGO,IL 60693 | 52-9552320 | N/A | 3,413,974 | | | | SUBCONTRACTOR SHALL PLAY A LEADERSHIP ROLE IN IMPLEMENTING COMMUNITY MOBILIZATION INTERVENTIONS AND NEWBORN CARE AT THE COMMUNITY LEVEL IN ACCORDANCE WITH THE SCOPE OF WORK DESCRIBED IN ATTACHMENT A HERETO |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MANAGEMENT SCIENCES FOR HEALTH<br>784 MEMORIAL DRIVE<br>CAMBRIDGE,MA 02139 | 04-2482188 | 501(C)3 | 1,413,128 | | | | MSH WILL FOCUS ON RESULT ONE IMPROVED INSTITUTIONAL CAPACITY IN MANAGEMENT AND IMPLEMENTATION OF THE REVITALIZATION OF MUNICIPAL HEALTH SERVICES STRATEGY, WITH PARTICULAR ATTENTION TO HEALTH INFORMATION AND HUMAN RESOURCES FOR HEALTH, WHICH WILL BE IMPLEMENTED THROUGH AN INTEGRATED TEAM APPROACH BASED IN LUANDA AND HUAMBO PROVINCES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PLAN INTERNATIONAL USA INC<br>155 PLAN WAY<br>WARWICK, RI 028861099 | 13-5661832 | N/A | 846,363 | | | | PLAN INTERNATIONAL USA WILL OVERSEE PROJECT IMPLEMENTATION IN CHITIPA AND KARONGA DISTRICTS TO ENGAGE NEW STAFF, PARTICIPATE IN MEETINGS, WORKPLANNING EXERCISES, RETREATS, AND ANY OTHER INITIAL START-UP ACTIVITIES PRIOR TO ISSUING OF THE FORMAL SUBAGREEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| POPULATION SERVICES INTL (AKA PSI)<br>1120 NINETEENTH STREET NW<br>WASHINGTON, DC 20036 | 56-0942853 | 501(C)3 | 4,726,549 | | | | PSA WILL CONTRIBUTE TO MCHIP'S OVERALL OBJECTIVE TO SUPPORT THE INTRODUCTION, SCALE-UP AND FURTHER DEVELOPMENT OF HIGH IMPACT MCH INTERVENTIONS, INCLUDING THE PROGRAM APPROACHES TO EFFECTIVELY DELIVER THOSE INTERVENTIONS, TO ACHIEVE MEASURABLE REDUCTIONS IN UNDER-FIVE AND MATERNAL MORTALITY AND MORBIDITY JSI SHALL PLAY A LEADERSHIP ROLE IN IMPLEMENTING COMMUNITY MOBILIZATION INTERVENTIONS AND NEWBORN CARE AT THE COMMUNITY LEVEL |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PROGRAM FOR APPROPRIATE TECHNOLOGY (PATH) PO BOX 900922 SEATTLE,WA 98109 | 91-1157127 | 501(C)3 | 2,797,717 | | | | FINALIZE SCOPE OF WORK AND BUDGETS FOR SUBCONTRACT AGREEMENTS, RECRUIT ADDITIONAL ADMINISTRATIVE STAFF FOR OFFICES, DOCUMENT SUCCESS STORIES AND BEST PRACTICES, SUPPORT IN DATA TRANSMISSION FOR 38 DISTRICTS, ORIENT LIP REPRESENTATIVES ON INDICATORS, PMP AND NEW TOOLS/REPORTING FORMATS, DEVELOP LIP MIS, ORIENT LIP FOCAL PEOPLE ON MIS SYSTEM FOR FURTHER INFORMATION RELATING TO THE SCOPE OF WORK PLEASE REFER TO ARTICLE 4-PROGRAM DESCRIPTION OF SUBAGREEMENT |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| RESEARCH TRIANGLE INSTITUTE (AKA RTIAND RTI INTERNATIONAL) 3040 E CORNWALLIS ROAD PO BOX 12194 12194 RESEARCH TRIANGLE PARK,NC 227092194 | 56-0686338 | 501(C)3 | 915,465 | | | | UNDER JHPIEGO'S ACCELOVATE AWARD, RTI WILL (1) MODEL THE POTENTIAL IMPACT OF ALTERNATIVE SINGLE OR COMBINATION INTERVENTIONS/SOLUTIONS ON MATERNAL, FETAL AND NEONATAL MORTALITY, INITIALLY IN SUB-SAHARAN AFRICA AND ASIA GENERALLY (BASED ON EXISTING DATA SETS), AND AS REQUIRED IN SPECIFIC COUNTRIES TO BE SELECTED SUBSEQUENTLY, (2) COLLABORATE WITH JHPIEGO TO OBTAIN COUNTRY-SPECIFIC DATA TO PERMIT ESTIMATES OF IMPACT OF ALTERNATIVE INTERVENTIONS/SOLUTIONS IN LATER PROJECT STAGES, (3) PROVIDE TECHNICAL ASSISTANCE FOR THE DESIGN AND IMPLEMENTATION OF ASSESSMENTS OF THE MATERNAL AND NEONATAL HEALTH GAPS TO WHICH ACCELOVATE INTERVENTIONS CAN BE APPLIED, AND (4) ASSIST IN PROVIDING STRATEGIC ADVICE AND GUIDANCE FOR THE PRIORITIZATION AND IMPLEMENTATION OF ALTERNATIVE SOLUTIONS TO SUCCESSFULLY OVERCOME THE IDENTIFIED HEALTH GAPS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| SAVE THE CHILDREN<br>54 WILTON RD<br>WESTPORT,CT<br>068803108 | 06-0726487 | 501(C)3 | 29,770,620 | | | | PLAY A LEADERSHIP ROLE IN NEWBORN HEALTH, AND COMMUNITY-BASED APPROACHES TO DELIVERING MATERNAL, NEWBORN AND CHILD HEALTH INTERVENTIONS |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| VENTURE STRATEGIES INNOVATIONS<br>19200 VON KARMAN AVENUE SUITE 400<br>IRVINE,CA 92612 | 26-2813021 | 501(C)3 | 58,000 | | | | IDENTIFY GENERIC GLOBAL MANUFACTURERS OF THE TWO UTEROTONIC PRODUCTS, IDENTIFY THOSE INTERESTED IN PURSUING WHO PREQUALIFICATION FOR THEIR PRODUCTS, AND COLLABORATE WITH A SUBSET OF THOSE MANUFACTURERS TO MAKE THEM ELIGIBLE FOR WHO PREQUALIFICATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WORLD VISION<br>PO BOX 9716<br>FEDERAL WAY, WA<br>980639716 | 95-1922279 | 501(C)3 | 1,654,031 | | | | PROVIDE SUPPORT FOR SERVICE DELIVERY AND QUALITY OF BASIC SERVICES IN AFGHANISTAN THE GOAL OF THE SERVICES SUPPORT PROJECT (SSP) IS TO CONTINUE TO ASSIST HIGH QUALITY MIDWIFERY TRAINING PROGRAMS THAT WILL PREPARE SKILLED PROVIDERS OF MATERNAL AND NEWBORN HEALTH SERVICES, AND SUPPORT THE MIDWIFE/MIDWIFERY STUDENT IN THE CLASSROOM, HOSPITAL AND COMMUNITY |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
JHPIEGO CORPORATION

**Employer identification number**
23-7424444

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| **(A)** Name and Title | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

| Return Reference | Explanation |
|---|---|
| PART I, LINE 4B | THE FOLLOWING AMOUNT REPRESENTS EITHER (A) DISTRIBUTION MADE TO THE INDIVIDUAL FROM A NONQUALIFIED DEFERRED COMPENSATION PLAN OF THE RELATED ORGANIZATION, OR (B) AMOUNT PREVIOUSLY DEFERRED UNDER A NONQUALIFIED PLAN OF THE RELATED ORGANIZATION THAT BECAME TAXABLE FOR SOCIAL SECURITY AND MEDICARE TAXES THIS YEAR BECAUSE THERE IS NO LONGER A SUBSTANTIAL RISK OF FORFEITURE FOR THE INDIVIDUAL'S RIGHT TO THE DEFERRED AMOUNT AMOUNT IS REPORTED ON THE INDIVIDUAL'S FORM W-2, BOX 11 SCOTT ZEGER $40,362 THE FOLLOWING EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PROVIDED BY THE RELATED ORGANIZATION EMPLOYER CONTRIBUTIONS UNDER THE PLAN ARE INCLUDED IN COLUMN (C), RETIREMENT AND OTHER DEFERRED COMPENSATION ROBERT LIEBERMAN $15,900 JONATHAN LINKS $ 2,648 LESLIE MANCUSO $15,507 HARSHADKUMAR SANGHVI $ 1,416 JONATHAN BAGGER $ 8,941 SCOTT ZEGER $11,925 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 23-7424444
**Name:** JHPIEGO CORPORATION

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| JONATHAN LINKS PHD CHAIR, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 266,868 | 0 | 2,250 | 33,248 | 20,648 | 323,014 | 0 |
| ROBERT LIEBERMAN PHD VICE CHAIR, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 251,204 | 150,000 | 47,857 | 31,200 | 13,911 | 494,172 | 0 |
| LESLIE MANCUSO PHD RN FAAN PRESIDENT/CEO, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 375,770 | 0 | 2,719 | 46,107 | 17,928 | 442,524 | 0 |
| EDWIN J JUDD MSW SECRETARY, COO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 219,323 | 0 | 500 | 26,394 | 1,106 | 247,323 | 0 |
| MICHEL ZEITOUNY MBA TREASURER, CFO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 146,021 | 0 | 18,123 | 12,300 | 15,750 | 192,194 | 0 |
| TERRY PADGETT INTERIM CFO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 138,435 | 0 | 2,750 | 17,485 | 13,610 | 172,280 | 0 |
| ALAIN DAMIBA MD MPH MBA SR VICE PRES/JHU ASSOC | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 217,378 | 0 | 3,983 | 27,060 | 13,445 | 261,866 | 0 |
| HARSHADKUMAR SANGHVI MD VICE PRES INNOVATIONS/MEDICAL DIR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 256,412 | 0 | 2,212 | 32,016 | 22,563 | 313,203 | 0 |
| RONALD MAGARICK PHD VICE PRES/JHU ASST PROF | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 198,628 | 0 | 0 | 24,743 | 17,042 | 240,413 | 0 |
| KOKI AGARWAL MBBS PHD DIRECTOR MCHIP/VP DC OPERATIONS | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 199,286 | 0 | 500 | 24,144 | 2,634 | 226,564 | 0 |
| MANJUSHREE BADLANI MA SPHR CHIEF HUMAN RES AND ADMIN | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 160,429 | 0 | 2,070 | 20,454 | 20,014 | 202,967 | 0 |
| FRANCIA GURDIAN-SANDOVAL MA CHIEF OF PARTY, ANGOLA | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 102,984 | 0 | 153,871 | 8,439 | 8,202 | 273,496 | 0 |
| MARYJANE LACOSTE MA COUNTRY DIRECTOR, TANZANIA | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 118,031 | 0 | 153,676 | 15,042 | 18,753 | 305,502 | 0 |
| ANNE HYRE BSN MPH CNM CHIEF OF PARTY, INDONESIA | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 132,081 | 0 | 107,717 | 16,536 | 18,378 | 274,712 | 0 |
| HALLY MAHLER MHS HIV/AIDS DIRECTOR, MCHIP | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 134,802 | 0 | 150,362 | 16,585 | 11,150 | 312,899 | 0 |
| CATHERINE MCKAIG TECHNICAL DIR/JHU ASSOCIAT | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 124,917 | 0 | 114,261 | 15,229 | 7,582 | 261,989 | 0 |
| SCOTT ZEGER PHD FORMER VICE CHAIR, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 349,566 | 0 | 40,862 | 42,525 | 27,574 | 460,527 | 0 |
| JONATHAN BAGGER PHD FORMER VICE CHAIR, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 317,907 | 0 | 73,720 | 39,541 | 33,660 | 464,828 | 0 |

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**SCHEDULE O**
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
JHPIEGO CORPORATION

**Employer identification number**
23-7424444

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VII, SECTION A, COLUMNS (E) AND (F) | |
| FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING, LINE 3B | JHPIEGO CORPORATION UNDERWENT AUDIT AS PART OF THE JOHNS HOPKINS UNIVERSITY'S AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 |
| FORM 990, PART VI, SECTION B, LINE 14 | JHPIEGO CORPORATION HAS WRITTEN POLICIES FOR DOCUMENT RETENTION AND DESTRUCTION HOWEVER, THE QUESTION MUST BE ANSWERED "NO" ACCORDING TO FORM INSTRUCTIONS BECAUSE THESE POLICIES A ND PROCEDURES HAVE NOT BEEN APPROVED BY THE BOARD |
| FORM 990, PART VI, SECTION A, LINE 7A | THE PRESIDENT OF THE JOHNS HOPKINS UNIVERSITY APPOINTS MEMBERS OF JHPIEGO CORPORATION'S BOARD, AS DESCRIBED IN THE CORPORATION'S BYLAWS |
| FORM 990, PART VI, SECTION A, LINE 8B | THERE WERE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY DURING THE YEAR ENDED JUNE 30, 2014 GOVERNANCE IS MAINTAINED THROUGH A MEMORANDUM OF UNDERSTANDI NG WITH JOHNS HOPKINS UNIVERSITY |
| FORM 990, PART VI, SECTION B, LINE 11 | THE FORM 990 WAS PREPARED BY THE JOHNS HOPKINS UNIVERSITY TAX OFFICE IN CONJUNCTION WITH J HPIEGO CORPORATION AND VARIOUS UNIVERSITY OFFICES INCLUDING GENERAL ACCOUNTING, ACCOUNTS P AYABLE, AND PAYROLL THE FORM 990 WAS REVIEWED BY THE JOHNS HOPKINS UNIVERSITY TAX OFFICE AND JHPIEGO CORPORATION'S CHIEF OPERATING OFFICER A COPY OF THE FORM 990 WAS PROVIDED TO THE JHPIEGO BOARD OF TRUSTEES BEFORE IT WAS FILED |
| FORM 990, PART VI, SECTION B, LINE 12C | JHPIEGO SENIOR OFFICERS INCLUDING THE CEO (PRESIDENT) AND COO SUBMITTED DETAILED DISCLOSUR E STATEMENTS TO BOTH JHPIEGO CORPORATION AND THE JOHNS HOPKINS UNIVERSITY FOR THE FISCAL Y EAR ENDED JUNE 30, 2014 THERE WERE NO REPORTABLE MATTERS DISCLOSED |
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION FOR THE JHPIEGO CEO/PRESIDENT, OFFICERS AND OTHER KEY STAFF ARE DETERMINED AN D APPROVED BY THE JOHNS HOPKINS UNIVERSITY PROVOST |
| FORM 990, PART VI, SECTION C, LINE 19 | JHPIEGO CORPORATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STAT EMENTS ARE AVAILABLE AVAILABLE MONDAY - FRIDAY, DURING NORMAL BUSINESS HOURS, EXCEPT HOLID AYS AND DESIGNATED OFFICES CLOSURES FROM JHPIEGO DIRECTOR, EXECUTIVE OFFICE |
| FORM 990, PART VII, SECTION A, COLUMN B | DESCRIBE HOURS FOR RELATED ORGANIZATIONS IN SCHEDULE O JONATHAN LINKS, PH D IS COMPENSAT ED FOR SERVICES PERFORMED FOR THE JOHNS HOPKINS UNIVERSITY, A RELATED ORGANIZATION, AND WO RKS AN AVERAGE OF 50 HOURS PER WEEK FOR THE UNIVERSITY ROBERT LIEBERMAN, PH D IS COMPENS ATED FOR SERVICES PERFORMED FOR THE JOHNS HOPKINS UNIVERSITY, A RELATED ORGANIZATION, AND WORKS AN AVERAGE OF 50 HOURS PER WEEK FOR THE UNIVERSITY |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
JHPIEGO CORPORATION

**Employer identification number**
23-7424444

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| | | | | | |
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**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
|---|---|---|---|---|---|---|---|
| **(1)** JOHNS HOPKINS UNIVERSITY<br>3910 KESWICK ROAD STE N4327-B<br>BALTIMORE, MD 21211<br>52-0595110 | EDUCATIONAL | MD | 501(C)(3) | 170(B)(1) (A)(II) | | | No |
| | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Yes | No |
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**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | |
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | No |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| **o** Sharing of paid employees with related organization(s) | 1o | Yes | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | | No |
| **r** Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** Other transfer of cash or property from related organization(s) | 1s | Yes | |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| | | | |
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**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|---|---|