



**HIV/AIDS Condom Social Marketing Program
Dominican Republic
Quarterly Report Jan-Mar 2015.**

Submitted by:

Population Services International

&

Society for Family Health Dominican Republic

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1. Introduction.

This report summarizes the programmatic progress of the goals and expected outcomes of the Condom Social Marketing program in the Dominican Republic, whose goal is to improve the sustainability and supply of high quality condoms, as well as reducing risk behaviors among target populations through high quality technical assistance for the development of behavior change interventions, directed at the Advancing Partners And Community (APC) program.

The program's actions and results for the January-March 2015 period are summarized under three sections regarding the efforts made by PSI/SFH to strengthen the governmental structure in the logistics of the transition process of no logo condoms storage and distribution, as well as the actions regarding social marketing condom sales and distribution and the efforts made by PSI/SFH to boost the domestic condom policy under coordination of both the public and the non-governmental sectors; a second section referring to actions concerning the technical assistance provided to the APC project related to the elaboration of evidence based methodologies through training actions for the NGOs who are part of the network; and finally, the Monitoring and Evaluation narrative is included. Information on upcoming steps is included in each section, as necessary.

2. Goal, Objectives, and Results .

The goal of the project is to reduce HIV and STI infection rates in the DR, in line with the prevention goals set forth by PEPFAR. This goal will be achieved through the establishment of a high-quality; affordable condom supply combined with technical assistance for high-quality behavior change communication interventions.

Program objectives are to:

- a) 1) Improve the sustainability of a high-quality, affordable condom supply in the DR
- b) Reduce risky behaviors and increase health-seeking behaviors among key populations through high-quality technical assistance for behavior change communications.

Expected project results are:

- Increase reported access to free condoms by key populations and low-income individuals;
- Improve reported access to, and availability of, social marketing condoms to individuals at risk of HIV and other STIs in the DR;
- Increase cost-recovery of Panté condoms to support sustainability of a high-quality, affordable condom supply in the DR;
- Increase consumer and trade awareness of the importance of using high-quality condom products (as opposed to substandard products);

- Develop evidence-based, culturally appropriate behavior change communication methodologies for key populations;
- Contribute to increased health-seeking behaviors by key populations with a focus on condom use, HIV testing, HIV care and treatment, and STI screening and treatment.

Section 3. Improve the sustainability of a high-quality, affordable condom supply in the Dominican Republic.

Ahead presents the result in Distribution of PANTE condome in bulk and packaged Presentations During the quarter January to March 2015. Sales of NGOs are included in the table.

SFH/DR Sales:

Presentación	Unidades Condomes	Participación (%)
Granel	1,268,000	39.9%
Amarillo	1,702,080	53.5%
Negro	210,600	6.6%
Total	3,180,680	100.0%

Sales & Distribution Narrative

PSI/SFH distributed 3,180,680 Panté condoms during the months of January through March 2015. This volume presents an increase in the packaged presentations considering the orders received from wholesalers prior to the price increase. For this reason, Panté Yellow reached the brand’s highest participation, with 53.5%.

Panté black continues to firmly position itself in the mid tier segment contributing to PSI/SFH sustainability, focusing on the drugstore channel having been placed in 335 new outlets, according to the data in the distributor’s system (Profarma) and supervision visits made by the sales team.

Panté Granel (Bulk) had a participation of 38.9% below its performance in the brand. PSI/SFH is monitoring the level of supplies in motels, as well as that in the wholesalers that supply the cottages with fewer rooms and in remote areas with difficult access. During this process we found an aggressive No Logo condom offer, especially at dumping prices affecting the Panté

brand and the market in general. Their retail price is less than 1 peso per unit for condoms intended for free distribution.

In the month of February we informed the NGOs of the termination of the distribution contract of condoms in bulk. To this end, we held meetings con ADOPLAFAM and COIN explaining the sustainability process of PSI/SFH and the changes required in order to achieve a better performance in motels and a homogenous product price. The new distributor is assuming the channel with our help. To start with, the offer of RD\$3,776.00 per box meets resistance according to the NGOs they lowered the marked price, but we trust that through good service and communication we will achieve the responsiveness from motel managers.

To close the process, through the NGOs we approved orders superior to 100 boxes so these institutions would be able to fill the pending orders from clients. We immediately sent letters to the universe of motels in the different provinces informing the changes in distribution and rectifying the price for corrugated boxes.

With regard to the steps towards sustainability, we performed price increases during the month of March. The price for the Yellow presentation went from 2,560 to 3,755.23 pesos per box containing 1,440 condoms. The Bulk presentation went from 2,300 to 2,560 pesos for the 2,000 institutionally packaged unit box. These adjustments bring us 95% closer to a breakeven price, where the sales price to the distributor equals the product stock price (COGS¹). According to our local and regional experience, we will have a reduction in unit sales during the upcoming months until the trade gets used to the new prices.

¹ *Cost of Goods Sold. Cost of Goods Sold (COGS) is the accumulated total of all costs used to create a product, which has been sold. These costs fall into the general sub-categories of direct labor, merchandise, materials, and overhead.*

Condom Social Marketing - Panté Brand

The following actions were undertaken on the January to March 2015 period, supporting the Panté brand to start FY-2015 with a good pace:

- Key Account Program in 57 warehouse distributors in which promotional materials were placed, with weekly visits to implement merchandising and promotions. This program is part of the strategies developed to encourage condom distribution, implement promotional offers and achieve brand loyalty. In this period the promotional offer 1 + 1 dispensers of Panté Negro was still at the wholesalers to push sales of the condom category and built quality perception of Panté within Chucheros.
- Promotional and Point of Sale material were developed for the trade and the target population: Poloshirts, caps, agendas planners, calculators, fact sheets, point of sale ads and banners. These materials were distributed in Wholesalers, Chucheros and consumers in order to contribute with the distribution efforts, improve brand visibility in the point of sale (POS) and achieve a better quality perception.
- In March 2015, we developed a pilot promotion with the DHIS 2 ecosystem sending vía SMS a discount of RD\$25.00 per dispenser to 200 chucheros of Villa Consuelo that are in our data base. The chucheros had to redeem the discount at 7 Key Wholesalers participating at the promotion and sending the amount of dispensers to buy to get the discount per dispenser. We sold 467 condom Yellow Panté dispensers in a period of 2 weeks giving away RD\$14,100 in discount back to wholesalers. We are going to keep implementing this type of promotions to push brand volume, and build brand equity among the trade.
- At the beginning of 2015 we start the implementation of the marketing plan with Profarma, Black Panté distributor for pharmacies. We increase the condom to RD\$60.00 retail price to build sustainability for the institution. We start the relationship plan by visiting the pharmacies, giving promotional items to the sales staff of Profarma and Pharmacies (T-Shirts- Agendas and calculators). Also we motivate the pharmacies sales staff to sell Black Panté by giving “Push money” of RD\$50.00 for every dispenser they sell and redeem. In addition, we give away samples, Point of Sale and exhibitors to increase visibility and brand awareness in the pharmacy.
- At this moment we have almost 355 pharmacies covered by Profarma. We are doing meetings every month with the distributor to accelerate the process of reaching new

pharmacies. We are giving sales incentives, sampling, exhibitions, training for the trade, visiting the pharmacies to understand the channel behavior and its needs.

- One special activity (Health Fair) was implemented during the quarter to promote Panté Negro at UASD University, Barahona Campus. The activity included two push girls with one stand to distribute condom samples and to perform demonstrations of correct condom placement. 4,000 flavored and scented condoms were distributed to the students. The Red Segura Mobile Clinic (PSI/SFH) also participated in the Health Fair offering medical evaluation and family planning free of charge.
- In March 2015, The Pan Cap (Pan Caribbean Partnership against HIV & AIDS) team visited Dominican Republic and want to learn more about PSI/SFH Social Marketing strategies for Panté Condoms and Red Segura. We presented the condom market in DR, Total Market Approach (TMA) , Social Marketing strategies, current challenges and opportunities in the country, main competitors, statistics, pricing strategies, Research, the Go To Market distribution tool, overview of distribution logistics and how the Marketing 4P's are addressed for each of the Panté variants.
- We visit the main markets in Santo Domingo and Moca, and also motel and cabaret areas for them to have a market overview. They saw the market dynamic and the behavior of the channel and target population (Distributor, Wholesalers, Chucheros, Pharmacies, Target population).
- Also we received the visit of Juan Manuel Alcantara, a private consultant sent by PSI DC, which gave us training for the implementation of the DHIS 2 system and its implementation for Sales, Marketing and Programmatic departments.
- Finally Thai Nippon, the condom supplier in Thailand came to visit us to show us their company, plant overview, new services, packaging, technologies, new variants, and all the products they can provide us. In this visit they are looking forward to keep providing us with the best quality condoms, new variants, packaging development with the best cost and delivered on time.

Total market approach to condom distribution:

- On February 11, 2015 a meeting was held with Carolina Piña, HIV/AIDS Program Management Specialist at the Health Office (USAID) and the DR PSI/SFH local team. This meeting allowed the socialization of budget related topics and how to reorient the program intervention based on the necessities of both USAID and APC.
- On March 3, 2015 a meeting was held at the PSI/SFH offices with Claudia Valdez from Management Sciences for Health (MSH), responsible for implementing SUGEMI (Sistema Único de Gestión de Medicamentos e Insumos) for the Ministry of Health (MoH). The agenda covered the free distribution condoms technical specifications in the DR, review activities to transfer No Logo condoms to the MOH and timeline to support MSH workplan including NGOs agreements with the Dirección de Fortalecimiento de los Servicios Regionales (REDES) responsible for providing the free condoms and to plan a meeting with REDES the same month.
- On March 18, 2015 Claudia Valdez from MSH and PSI/SFH team met at the Dirección de Fortalecimiento de los Servicios Regionales (REDES) with Gregorio Tapia, technical advisor of the institution to explain the project of transferring the No Logo condoms to the MOH as a part of the USAID 2 year extension to the institution. As a next step was agreed to present a 2015 workplan and to coordinate a meeting with the Dirección de Fortalecimiento de los Servicios Regionales (REDES) Chief of the institution, Dr. Guerrero, and to start the working plan and agreements in the next quarter.

Condom Policy and advocacy:

- March 19 to 20, The Leadership, Management and governance workshop sponsored by DIGEMIA was provided to all the institutions and members of the DAIA committee. The workshop was given by Dr. Hector Colindres, international consultant of Management Science for Health (MSH). The objective of this workshop was focused on four topics:
 - Introduce and motivate participants in the use of best practices in leadership, management and governance.

- Support and motivate members of the central and regional committee to identify and fulfill their roles and functions for the implementation of the incidence plan, according to the 2015 priorities.
- Promote an effective monitoring to fulfill the incidence plan of both the Central and regional Committee applying effective tools for it.
- Share a practical tool to identify practices of leadership, management and governance needed to be strengthened primarily in the DAIA Committee members.
- Finally, PSI/SFH team is looking for a consultant to work on the DIGEMIA Strategic Plan. It's expected conduct a workshop on April 2015 with a group of DIGEMIA managers and technical coordinators to strengthen the strategies and main objectives for the next 3 years.

Section 4. Condom Social Marketing indicators summary during the 2nd quarter of Fiscal Year 2015.

Table A presents the results of the indicators related to sustainability in the provision of high-quality affordable condoms and lubricants in the Dominican Republic:

Number	A Process Indicator of Sustainability	2015 Target	2nd Quarter
1.1	# sales outlets stocked	19,618	TBD ²
1.2	# sales outlets receiving supportive supervision	190	98
1.3	# sales outlets achieving a "passing grade" offer store audit	TBD	TBD ³
1.4	# market and pricing assessments completed	1	1 ⁴
1.5	% user reporting positive perception of brand	50%	TBD ⁵

Narrative: the A table above shows the process indicators of sustainability. SFH is verifying alternate tools for monitoring since a Store Audit at a cost of US \$ 80,000.00 is excessive for the condoms category. The research team will develop a Distribution Check and Focus Groups to provide timely data. These data will also fed the Delta Marketing Plan corresponding to the Pante brand. So far the SFH team keeps supervising sales points through biweekly visits to the trade accumulating 98 visits in the quarter.

² SFH will develop a Distribution Check with national representativeness in May, 2015 helping to actualize the number of point of sales selling condoms.

³ Data to be validated with the Distribution Check in May, 2015.

⁴ The Price Assessment results were included in the 2015 1st quarter report. Additional information can be shared upon request to SFH.

⁵ The perception of Pante brand including quality issues will be evaluated through Focus Groups in May, 2015.

Table B presents the results of the indicators related to sustainability and cost recovery in storage, marketing and distribution of condoms and lubricants in the Dominican Republic:

Number	B Process Indicator of Sustainability and Cost Recovery	2015 Target	2nd Quarter
Sales revenue	Revenue against volume of sales	461,787	88,535 ⁶
Cost of Good Sold (COGS)	Cost of goods sold against operating expenditures. Primary determinant of sustainability influenced by the ability to negotiate competitive costs from suppliers.	573,243	145,754 ⁷
Gross Profit	Gross profit from condom sales. Inverse of COGs - the profit made before offsetting any operating expense.	-106,424	-57,219
Operating Expenses	Sales and distribution costs + admin expenses	123,917	60,857
OpEx as % of Revenues	Operating expenditures as a percentage of revenue	26.8%	68.7%
Net Profit Before Taxes	SFH will track sales revenue before taxes	-230,341	-118,076
Profit per Employee	SFH will track profit against the total number of SFH employees	-6,398	-3,107

Narrative: the B table above shows the process indicators of sustainability and cost recovery. SFH has a work plan in place to reduce costs, reviewing processes and the Core Structure ⁸ with permanent assistance from Meg Galas and Mila Mata from the regional office in Guatemala.

⁶ The revenue against volume of sales reached 19% of the goal during the quarter considering a Price increase of 24% on Pante condoms. SFH expects a decrease of the revenue for 2 to 3 months while the clients get used to the new price structure according to the regional experience in Central American countries.

⁷ The accumulated COGS during the 2nd quarter represents 25% of the annual goal. The SFH team renegotiated the packaging costs with local suppliers and the repackaging process rates signing new services contracts.

⁸ Minimum operating structure to fully enable all activities related to the storage, marketing and distribution of condoms and lubes.

This includes the revision of COGS and operating costs highlighting the move to the new warehouse. Further progress will be reflected in the results of the coming quarters targeting a SESI ⁹ where the revenues are equal to the COGS (breakeven point).

Condom Social Marketing Monitory and Evaluation:

The monitoring and evaluation component includes supportive supervisions and visits to selected establishments within the distribution channels used for Panté condoms. During the quarter 9 supervisions were completed and 98 establishments were visited while implementing the Key Accounts program.

Supervision Visits	Number of Supportive Supervision Visits GOAL	Q2 January - March 2015
Supportive Supervisions FY-2015 Goal	24	24
Supportive Supervisions completed during the October-December 2014 period	13	9
Points of Sales (POS)	Number of Establishments Visited	
FY-2015 GOAL	192	192
October - December 2014:	<u>219</u>	<u>98</u>
o Wholesalers	133	56
o Grocery Stores (colmados)	48	8
o Pharmacies	26	28
o Motels	12	6

⁹ SESI (Social Enterprise Sustainability Index).

Section 5. Reduce risky behaviors and increase health-seeking behaviors among key populations through high-quality technical assistance for behavior change communications.

As part of the goal of reducing risky behavior among key populations, PSI/SFH is providing technical assistance through the Advancing Partners and Community (APC) Project, which is being implemented by JSI Research & Training Institute. **Technical assistance from PSI/SFH focuses on designing methodologies that promote access to STI/HIV testing services among key populations, as well as the promotion and distribution of condoms and lubricants, and also regarding design and evaluation effectiveness in the implementation of behavior change methodologies, through research tools that allow data use in a scientific manner.**

Project implementation coordination meetings

Four socialization and coordination spaces were conducted with the APC technical team during this quarter.

The first one, led to the coordination and monitoring process. Important points to define in this joint table were the socializing of the DELTA results, the preparation of the intervention matrix and its socialization.

Another two spaces developed with the APC and SFH technical teams allowed presenting and validating the DELTA report, the indicators emanating from this process, the Decision Making Dashboard (DDM), as well as the intervention matrix that defines the methodologies responding to the needs and characteristics of the project key populations.

A final meeting led to structuring the agenda and dynamics with which the DELTA MSM process would be conducted, establishing as a priority the gathering of scientific data that would allow constructing the indicators and updating the MSM population archetypes. Schedules, meeting methodology, date and stakeholders in the activity were defined.

Over the course of this period, a follow up meeting with Mrs. Carolina Piña, directly responsible for the project from USAID, was conducted, with the purpose of discussing issues related to the technical assistance project, both in the CCC part, as well as in the condom component.

DELTA MSM

As a result of prior coordination between JSI and SFH, SFH's technical team participated in the development of the MSM advisory board of the APC project, a space for socializing implementation progress, challenges and future actions. SFH's participation on the board was

aimed at the socialization of the proposed technical assistance, as well as delving in the process with the various organizations intervening the project MSM population.

During this process, advisory board representatives and/or leaders requested more time in order to be able to consolidate this common space of the MSM organizations (ASA, TRANSA, COTRAVE, ESTE AMOR, UGTHVEG, GAYP), as well as getting to know a little more in detail the various proposals for technical assistance that permeate the implementation process of the APC project.

For this reason, APC, along with this advisory board decided to postpone developing the DELTA process until after April 8, when the group will be meeting again.

Methodology Design

The design and updating process of the methodologies for the APC project sex work component, offered within SFH'S technical advice is in its internal correction phase. Since the APC partner organizations are using the existing SFH methodologies (PROMISE Quico, Jenny and Veronica, as well as Creative Spaces), has been working in incorporating these, items concerning STI/HIV testing, access to health services, referrals and community services. Educational materials and activities will focus on these basic aspects, which, along with the condom topic will provide all relevant information to the intervened subjects.

Based on the technical validation with the APC team and partner organizations in the implementation, the methodologies will be tested among the key population. This is to verify which elements or aspects need to be improved in order to achieve the necessary impact during the approaches. An important element is the entailment of the methodological platform of high impact intervention strategies, like Social Network Strategy (SNS), which will allow a quicker identification of positive persons, basing this on field approaches. This is so to meet the new PEPFAR guidelines, which focus on optimizing the resources invested in various organizations in the country, benefiting from these resources.

After this process is completed, training for the application of improvements incorporated to the adapted or developed methodologies, chosen by the organizations that develop educational activities for this key population will be started.

Training

Through the data collection performed with the organizations developing educational interventions among the FSW component of the APC project, the need to conduct trainings with the organizations that are using methodologies designed from the Condom Social

Marketing project (2010-2014 period), which had not participated in the training process, became evident.

This led the APC technical team to request training from SFH for the Eastern consortium, led by ADOPLAFAM and composed by Clinica de Familia, Jehova Nisi and Esperanza y Caridad. A total of 14 persons (13 women/1 man) was trained in the existing methodologies for behavior change in FSW.

This process was developed as a temporary measure given the need in terms of educational approaches expressed by these organizations. From reviewed and final decisions are taken concerning to methodologies will be used by all the organizations in the different consortiums that work with FSW, they will be re-trained in order to perform educational deliveries with the proper skills and process tools.

Another issue that emerged as a need, was related to the educational materials that are part of the methodologies previously developed by SFH, since although several of the APC partners use SFH designed methodologies in project implementation, they did not have in stock these educational materials to develop interventions.

Educational Materials delivered to APC:

Item Description:	Number donated to APC:
1. Jenny Stories in Spanish.	3,000
2. Quico Stories in Spanish.	700
3. Jenny Stories in Creole.	1,300
4. Quico Stories in Creole.	600
5. Verónica Stories.	4,000
6. Small bags.	700
7. Flipcharts.	8
8. Referral Directories.	2,000
9. FSW condom box.	8,000

NO logo condoms and lubricants.

No logo condoms and lubricants were delivered to the NGOs in amounts consistent with their use, need or as warranted in each intervention, taking into account the plan presented jointly by APC and the NGO. Distribution was performed through the NGO distribution teams using the *Condom and Lubricants Distribution and/or Delivery Form* to ensure their use in the project and the NGO will ensure de proper completion of required data for effective monitoring.

Each NGO supervises the NGOs, health centers or educators to whom condoms and lubricants are delivered, as well as the volumes in each activity, to prevent the movement of no logo condoms to commercial channels or being smuggled out of the country considering that no logo condoms are donated by the United States government for the exclusive use of the target populations in the Dominican Republic.

The APC partner NGOs are responsible for the distribution of condoms and lubricants and for ensuring these reach the target populations in the APC project, as well as ensuring the socialization of this information with their sub-partners generating monitoring and care of these products.

During Q2 of Fy1 a total of 141,785 condoms and 55,573 lubricants have been distributed through the consortiums that form the implementation structure of the APC project. The following table gives an overview of the number of products distributed:

Organizations under the APC project:	# No Logo Condoms:	# of Lubricants:
COIN	72,260	30,160
CEPROSH	55,135	20,135
UGTHV	8,000	4,000
REDOVIH	6,390	1,278
Totals:	141,785	55,573

External Donations:

An important aspect defined in the SFH/PSI responsibilities is the free facilitation of health products (condoms and lubricants) in NGOs and other organizations working in health care. These condoms are used in prevention activities and are requested through a formal letter

expressing its intended use. At the same time, they target key populations such as youth, people living with HIV and those deprived of freedom (prisoners).

External Organizations:	# No Logo Condoms:	# Of Lubricants:
FURJUG	6,000	8,000
Fundación GENESIS.	20,000	*
Unidad de Vacunas.	10,000	5,000
Heartland Alliance.	48,000	*
Grupo Lluvia de Bendiciones	6,000	*
Plan RD	6,500	*
PROMUS	6,500	*
Grupo Paloma	6,500	*
COSALUD	6,500	*
Totals	90,000	13,000

Q3 Fy-1 Next Steps:

- FSW Methodologies design completion.
- DELTA MSM Development.
- Develop MSM DDM.
- MSM methodologies design.

Section 6. Monitoring and Evaluation

1.1 Information exchange JSI and SFH

Information exchange between JSI and SFH has continued in the Monitoring and Evaluation area. Several meetings with the JSI Monitoring and Evaluation officer have been carried out (one face-to-face and others by phone calls). After these meetings, the urgent JSI needs related to M&E techniques and tasks were visualized. After the initial evaluation, was proceeded to share a Supervision Form (Monitoring and Supervision Form for NGOs v2013.2), previously

created for the MODEMU, COIN and CEPROSH NGOs. The questionnaire objectively measures the performance of the IPC agent and seeks to create a standardized score for this IPC agent and the NGO where it works. From this information we can proceed to the assessment of both (agents and institutions) in relation to cornerstones such as:

- Creation of an environment of trust and empathy
- Activity opening
- Organization
- Use of tools and methodology
- Use of key message
- Use of open questions
- Use of reflective listening
- Handling myths and traditional beliefs
- Strengthening evidence-based knowledge
- Concluding the activity

It is important to point out that this form would be standardized with all supervisors who would be implementing it after the completion of the DELTA's and corresponding methodologies. It will thus be based on a common framework for all technical definitions (e.g.: Defining "activity opening" among all supervisors and establishing a theoretical framework containing specific actions that can be considered as "excellent" for the "activity opening", such as how to do the welcoming, setting goals, etc.). Thus reducing the risk produced by any evaluator bias. The purpose of this form is to strengthen and optimize M&E work within the APC and the partner NGOs, as done by PSI/SFH in the previous project period with USAID 2010-2014.

Similarly, an instrument adapted from the University of Rhode Island and the CDCs, for the evaluation of behavior change stages among key populations was shared. This instrument allows a quick assessment of stages of change with relation to the use of condoms or services. It consists of certain mutually exclusive items, which when completed cast users in one of the categories pre-established by Prochaska and Diclemente Portillo (Pre-contemplation, contemplation, preparation/action and maintenance). This tool enables decision-makers (mainly the IPCs) to adapt the key message in the interventions based on the individual stages of change.

1.2 M&E in the DELTA MSM workshop

Several activities relevant to technical assistance from SFH for JSI (APC) were conducted during this period. The M&E team completed the elaboration of the MSM situation analysis for DELTA to be conducted with this sub-population during the second week of May. This situation analysis included a bibliographic review of relevant scientific literature that could shed light on

the current MSM situation. Overall, this analysis will provide the basis for all DELTA products delivered and is in itself part of the final deliverables.

The situation analysis included:

- General and health data of the Dominican Republic
- HIV in the Dominican Republic
- MSM in the Dominican Republic
- MSM demographics in the Dominican Republic
- HIV and STI prevalence in MSM in the Dominican Republic
- Condom use, risk behaviors and vulnerability factors in MSM in the Dominican Republic
- Variables related to HIV and STI testing among sex workers in the Dominican Republic

The main sources of information for the preparation of this situation analysis were: ENDESA (2013), ONUSIDA (2013), the PLACE study (2014), the Second Epidemiologic Surveillance with Serological Entailment Survey (2012), an Amigos Siempre Amigos research (2011) where the total MSM population is estimated, Estada and Vargas (2010), Johnston, Vaillant, Dolores and Vales (2013), Rojas et al. (2011), the LGBTTI coalition of the Dominican Republic report (2014) and a research study conducted by PSI (2011) related to condom use and HIV among the MSM population.

Despite this extensive bibliographic review, it is expected that several unknowns related to HIV and STI services access will arise in this new DELTA process among the MSM population. This is an important information gap, since the available information on this particular topic is rather limited. Only certain indicators from PLACE are available, the other sources of information have not been systematic or have not included a research design suitable for this type of information. For these reasons the SFH and APC team will conduct the focus groups considered necessary to obtain updated and primary information in order to respond to these unknowns related to access to and permanence of HIV/STI services. The data will be transcribed and will be analyzed during the next quarter by SFH staff using a specialized program for this type of analysis (Nvivo). Likewise, we expect to obtain the final report on these focus groups during the next quarter.

1.2 Summary of indicators from the previous period.

Table 1.1 presents the results of the indicators related to M&E of the technical assistance activities related to the target populations.

Table 1.1 TA indicators affecting key populations.

Indicator	Y1
% Of implementing NGOs that attended the DELTA (FSW) process	100%
% Of implementing NGOs that attended the DELTA (MSM) process	0% ¹⁰
100% of the implementing NGOs trained and with the necessary tools to assess their activities and their IPCs	0% ¹¹
Number of in situ supervision visits to implementing NGOs while IPC activities are conducted	N/A ¹²
% Of IPC agents measured through supervision/accompaniment using previously developed quantitative tools	N/A ¹³

The table above shows that 100% of the populations working with FSW attended the corresponding DELTA process. This constitutes the full achievement of the proposed goal. The four missing indicators in the table above will be completed as their corresponding processes are finalized (scheduled for Q3 and Q4 of FY1).

1.2.1 DDM Status (Dashboard for Decision Making) for the FSW

Development of the DDM was completed during this period, when those indicators to be intervened through the behavior change methodologies were selected. THE DDM seeks to summarize in one document those statistically significant indicators (from the collected evidence) related to the two behaviors we are seeking to obtain (correct and consistent condom use and access/retention in STI/HIV related services).

The 5 selected determinants are presented below. All the determinants originate from the TRaCs and the Dashboard for Decision Making updated by PSI/SFH and APC¹⁴. The suggested determinants directly intervene the two cornerstones mentioned in the previous sub-chapter.

¹⁰ The MSM DELTA will be implemented next quarter. Like the previous FSW DELTA, full participation of all NGOs is expected.

¹¹ This process is scheduled to begin in Q3, after completion of both DELTAs.

¹² This process is scheduled to begin in Q3, after completion of both DELTAs.

¹³ This process is scheduled to begin in Q3, after completion of both DELTAs.

1.2.2 Within the ability component: Self-efficacy *“It would be easy for me to ask for condom use with someone I have had sex without a condom before”*.

In 2012 **37.4%** of the women positively affirmed the previous sentence, in 2014 this decreased to **26%**. Self-efficacy is essential to effectively implement any behavior. If the FSW can't use a condom with a partner with whom they have not used a condom before, the probability of becoming infected with HIV or any other STI is significantly increased.

1.2.3 Within the motivation component: Beliefs *“Many men do not want to use condoms because they don't feel when they use them”*.

In 2014 **93.6%** of women positively affirmed that men do not want to use condoms because they don't feel when they use them. It is essential to strengthen women's condom negotiation techniques and constructive criticism of myths and distorted beliefs. This number should be considerably reduced so that women may achieve consistent condom use.

1.2.4 Within the motivation component: Risk perception *“Concerned/suspects having had an STI during the 12 months”*.

The number of women that have expressed having had an STI suspicion was doubled from **15.6%** in 2012 to **32.6%** in 2014. From this group of women who had suspected having had an STI, over **90%** proceeded to testing for STIs/HIV or to seek help in a health center. HIV/STI risk perception is directly proportional to healthcare therefore increased risk perception is required to promote assistance and retention of health services related to HIV or STIs.

1.2.5 Within the opportunity component: Quality of service *“I don't trust the mobile unit HIV results”*.

In the focus groups a belief in some women was found that HIV testing results from the mobile unit were of poor quality and unreliable due to the time in which they were ready (very quickly). The population should be sensitized that advances in technology have allowed the evolution of HIV testing, where this is implemented faster and with greater reliability.

1.2.6 Within the motivation component: Threat *“I don't get tested for HIV because I am afraid of the results”*.

A widespread belief was found in the focus groups that being tested for HIV threatens a person, instead of being a source of opportunity for life. They are so afraid of these results that they do not look for them or do not get tested.

¹⁴ TheTRaC in question is from 2014. The Dashboard for Decision Making was developed by PSI/DR and validated by APC.

1.3 Other researches/marketing, monitoring and evaluation actions performed by the Panté brand:

PSI/SFH conducted a pilot study to test a new marketing tool and campaign related to their Panté brand in different scenarios and sales channels. The pilot was:

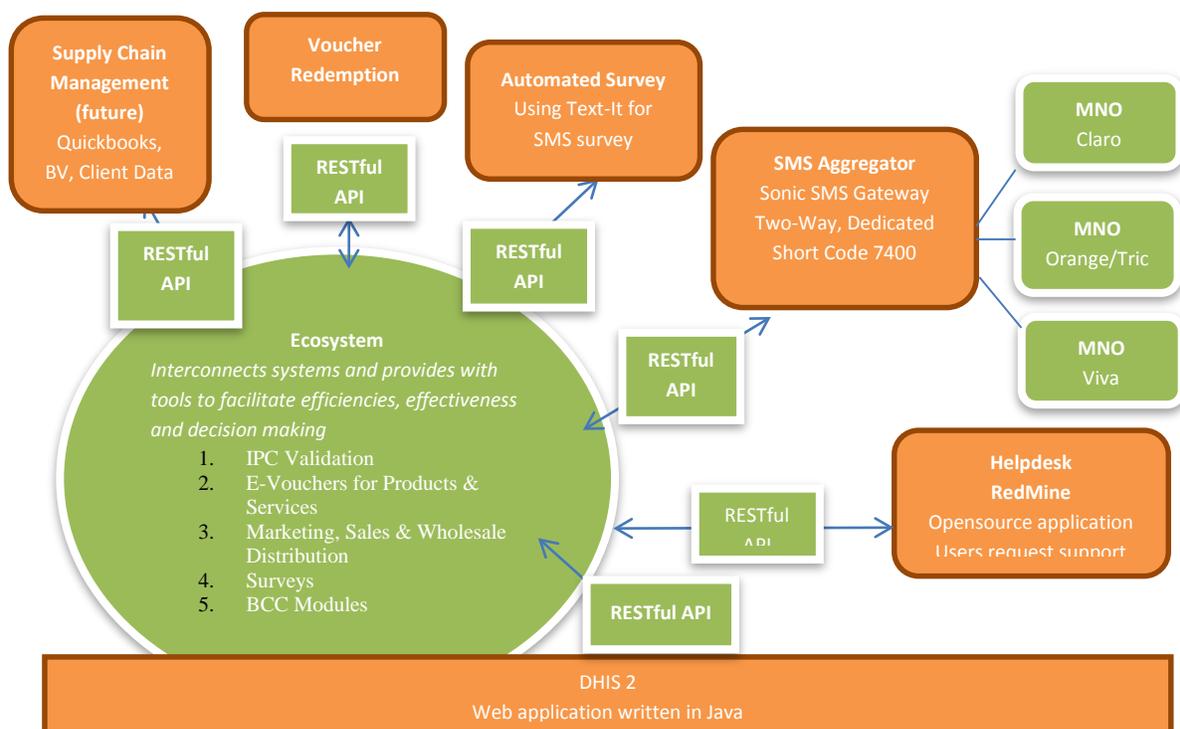
- Using a SMS based ecosystem for the implementation of marketing campaigns/surveys and for opening a two-way communication channel between independent vendors (“chucheros”), wholesalers, “colmaderos” (small grocery store owners) and SFH.
- Implementing the DHIS-2 (District Health Information System -2) for displaying marketing data in real time and being able to make evidence based decisions.

1.3.1 Using the SMS based ecosystem for marketing

A sales pilot based on an SMS ecosystem was developed. This ecosystem will enable a two-way communication with any population. This ecosystem may be used for data gathering, reminders, surveys or promotions or marketing campaigns.

The ecosystem included a number of technologies and architectures that allow SFH to have a greater control over certain procedures and tasks, while it also provides better communication among all members of the communication channels.

Figure 1.1 Area view of the SMS based ecosystem



The purpose is to use the system as a marketing campaign solution. For example, a marketing campaign addressing our lowest level intermediaries, where they could benefit from discounts and promotions they could later trade with their suppliers was created. That is, the “chucheros” or independent vendors send PANTE to the 7400 and receive a text-message with a unique user code by which they would receive a 25% discount in their next purchase if they show the code to the wholesalers. The wholesalers may validate the unique user code by sending the message through the SMS based system. When the code is validated, the wholesaler may offer the “chuchero” the product with the discount. This SMS based procedure allows real time control of promotions, product exchanges, who the wholesalers with the highest number of exchanges, the “chucheros” with the highest number of exchanges and other demographic variables to optimize promotions to ensure an increase in sales and distribution of Panté condoms. Similarly, questionnaires, reminder messages or any information that might influence Panté intermediaries conduct might be created. Table 1.2 mentions the wholesalers who participated in the pilot and the benefits obtained:

Table 1.2 Wholesalers who participated in the pilot

Warehouse	RNC	Person in charge	# ID	Sum to be paid
Somos AAA	130919097	Gelsin Alexander	12900011045	RD \$ 7,200
Unión Tejeda	130768803	Ariel Castillo	22300155987	RD \$ 1,410
Los Castillo	130402353	Cristian Castillo	001161263763 719	RD \$ 3,090
Habichua	131077684	Claudia Castillo	00116178724	RD \$ 510
Comercial Dinta	N/A	Juan Caraballo	04700526587	RD \$ 570
Dicofa 2	130724504	Ángel Peña	22300989757	RD \$ 1,230

The table above shows the bonuses paid to wholesalers after the Panté promotion executed by the SMS based system. A focus group was also conducted to assess the perception of this technology as a promotion method and a tool to increase Panté final sales, which benefits the “chucheros”, the wholesalers and SFH as such. In conclusion, the “chucheros” perceive the technology to be helpful in marketing campaigns and further more to be used for sending

information for behavior change (such as the steps for correct condom placement, or the importance of the expiration date or of condom packaging).

1.3.2 The DHIS-2 implementation for marketing

DHIS-2 is a collection, validation, analysis and statistical data aggregates tool, tailored for (but not limited by) the comprehensive management of health information activities. It is more a generic tool than a pre-configured database application with an open metadata model and flexible user interface that allow users to design the contents of a specific data system without programming codes. DHIS-2 and its extensions are a web and modular software package developed with JAVA free and open code settings. DHIS-2 is an open code software under BSD license and may be used free of charge. It runs on any platform with JRE 6 (or a higher version) installed. It is simply downloaded (from dhis2.com), unpacked, the executable file is launched and we are ready to start.

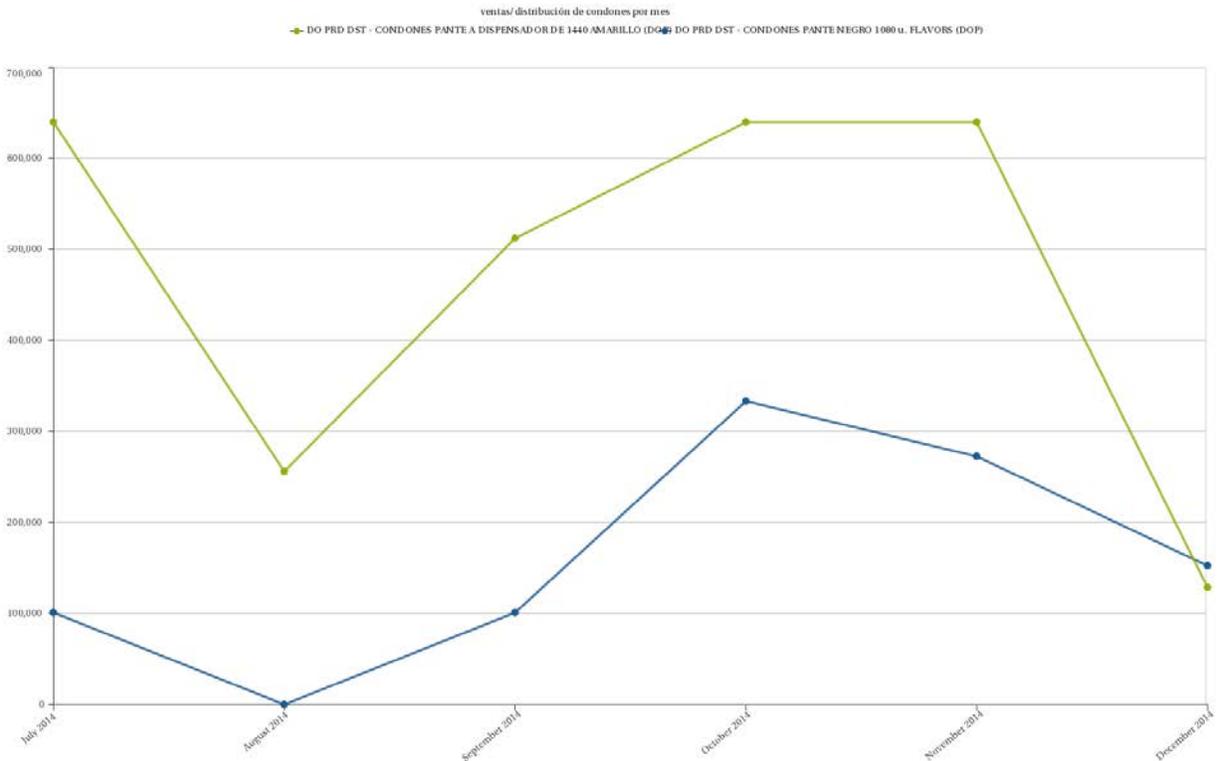
DHIS-2 has been developed by the Health Information Systems Program (HISP) in an open process and distributed globally with developers who are currently in India, Vietnam, Tanzania, Ireland and Norway, development is coordinated by the University of Oslo with major support from NORAD. Since October of 2012, the DHIS-2 software is used in the health systems of over 30 countries in Africa, Asia and Latin America, and among the countries that have adopted DHIS-2 as their national SIS software are Kenya, Tanzania, Uganda, Ruanda, Ghana, Liberia and Bangladesh. A growing number of countries and organizations are starting new deployments with DHIS-2.

Our Marketing pilot for DHIS-2 includes the use thereof for visualizing the data for sales and distribution in real time. A “script” was created to export data from local Quickbook to DHIS-2, which opens the doors to having the data in real-time for decision making based on evidence.

Using the DHIS-2 is a major step, since the data for decision-making came from Quickbook reports, which were not very versatile when it came to changing and filtering, and were not visually attractive for decision making.

Below an example of a DHIS-2 output is presented, which includes Panté sales from July through December 2014, expressed in Dominican pesos. Minimal steps were performed to obtain this figure, since it is saved as favorite and only has to be updated with the new data.

Figure 1.2 Panté sales expressed in Dominican pesos from July through December 2014:



1.4 FSW TRaC 2014 Status.

Both the PSI/SFH and the regional PASMO offices have completed validation of all analyses through the syntax performed by SPSS in its 21st. version. During this period we proceeded to elaborate the final TRaC report. The report draft has been shared with the stakeholders involved in the decision-making processes. This report was reviewed by PASMO and the narrative changes required will be performed during next quarter for the final version. It is noteworthy that the changes suggested by PASMO do not change the data already reported. In the previous report a table summarizing the TRaC results was shared, as well as a draft shared with the APC team. From this data relevant deliverables were reached, such as the DDM (Dashboard for Decision Making), the FSW situation analysis and other inputs highly important to the present technical consultation.

1.4 Next steps in M&E

The next steps are related to the implementation and completion of the DELTA with MSM, since we will proceed with a systematization of this process along with the rest of the PSI/SFH and APC teams. Later, future meetings with the M&E team from APC will be conducted to determine the next steps in the systematization of supervision tools to be used by APC, including tools and progress indicator analyses.