

ACTION MEMORANDUM FOR THE SENIOR ASSISTANT ADMINISTRATOR,
BUREAU FOR SCIENCE & TECHNOLOGY

FROM: S&T/H, Kenneth J. Bart, M.D. *Ann VanDusen for*
S&T/POP, Duff Gillespie
S&T/ED, David M. Sprague *Sprague*

SUBJECT: Concept Paper, AIDS Technical Support Project

I. Problem:

The need for an international effort to control the spread of Acquired Immunodeficiency Syndrome (AIDS) is now apparent and widely supported. Requests from USAID missions for program technical and commodity support are mounting rapidly as more host countries openly begin to address this epidemic and seek outside assistance. At the same time, the scientific understanding of AIDS and its future spread is characterized by uncertainty and rapidly increasing knowledge. What will happen in the future depends on knowledge we do not necessarily have now. Accordingly, there is a strong rationale for a new support project that is flexible, able to respond quickly, and which is built around a carefully selected "critical mass" of technical talent to support AIDS control efforts.

Your authorization is requested to design a five-year, \$50 million Technical Support Project aimed at preventing and controlling AIDS.

II. Background:

Acquired Immunodeficiency Syndrome (AIDS) is now found on all continents with cases reported from 85 countries. Caused by the human immunodeficiency virus (HIV), AIDS has become a worldwide epidemic (pandemic) and an international health problem of extraordinary scope and unprecedented urgency. Although the number of officially reported cases as of March 1987 was only 43,000, WHO estimates the actual number to be in excess of 100,000. Because of the long incubation period (up to seven years or longer) from HIV infection to the development of clinical disease, the number of actual AIDS cases provides, at best, an inaccurate and, at worst, a misleadingly optimistic view of the real extent of HIV infection. Worldwide, WHO estimates that between five and 10 million persons or more currently are infected with HIV. By 1991, WHO estimates that 50 to 100 million persons may be infected worldwide.

HIV is transmitted by exposure to the body fluids of an infected person. The routes of transmission are:

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- o sexual contact;
- o bloodborne--via contaminated blood and blood products, through injections with infected needles, and by use of improperly sterilized skin-piercing equipment; and
- o mother-to-newborn - during pregnancy, at birth, or shortly after birth.

This combination of modes of transmission indicates that virtually all segments of the world's population have some degree of risk of acquiring HIV infection.

The human, economic and political costs of the HIV epidemic are likely to be enormous for individuals, families and countries because:

- o economic output will be affected as increasing numbers of productive young adults in the high-risk 20 to 40-year age group succumb to the infection and die;
- o child survival will be adversely affected as infants are infected with HIV at birth, through transfusions of contaminated blood and by unsterile needles; and
- o health care resources needed for priority programs in health, family planning, education and other sectors will be further stretched by the cost of treating an increasing number of AIDS patients.

III. Discussion:

WHO has assumed worldwide leadership in coordinating AIDS research and in promoting interventions for the prevention and control of AIDS. WHO seeks \$37 million in CY 1987 for its Global AIDS program. The Agency has already contributed \$2 million in grant funds to WHO in FY 1986 and along with other donors intends to increase its grant support in FY 1987. In addition, A.I.D. technical staff are working closely with WHO, and this collaborative relationship is well established. The proposed project will complement WHO's global program and A.I.D.'s direct contributions to it by providing additional technical and commodity resources to developing country programs.

With A.I.D. programs in most developing countries (including most of those most severely affected by HIV infection), the Agency is in a unique position to contribute to WHO and developing country efforts to prevent and control AIDS. Where health, family planning and education programs are in place, additional measures directed at HIV control are possible without great extra effort or prolonged delay.

The AIDS Technical Support Project will be designed to provide the Agency with a flexible and rapid response capacity to meet anticipated needs and requests for assistance from missions and host countries. It will complement the Public Health Communications Project which will develop and test information and education strategies and approaches to preventing AIDS.

Key elements of the Project would be:

A. PROGRAM TECHNICAL SUPPORT

Program technical support will fill specific host country needs in the area of AIDS prevention and control. Short-term consultants and long-term resident advisors will be provided in fields such as epidemiology, training, evaluation, laboratory (blood supply) systems, health care financing, and program design and administration.

B. TRAINING

Training requirements in AIDS prevention and control will be varied and continuing. In both existing A.I.D.-funded health and family planning programs and new AIDS prevention activities, laboratory workers, hospital staff, rural clinic personnel, commodity supply staff as well as researchers, policy makers and planners, and program managers will need new and specific training to cope with and address this disease. Most training will be local but a share of technical training will occur on a regional and international basis.

C. COMMODITIES

Commodities are essential for prevention of bloodborne transmission of HIV. The need to make the blood supply safe is urgent, but this can be achieved only if adequate supplies of diagnostic equipment are available for screening blood donors and blood products. In order to prevent HIV transmission through immunization and other injections, procurement of needles and syringes plus sterilizing equipment also will be considered.

Ultimately, a vaccine for prevention may become available. This project provides a mechanism for procurement and distribution of this and other commodities as they become available and needed.

D. APPLIED RESEARCH

The field of AIDS prevention and control is characterized by uncertainty and lack of knowledge. In order to overcome these

impediments to effective planning and intervention, applied research will be required. Applied research as defined here includes surveys and surveillance, more careful delineation of the modes of transmission in children, operations research, and field testing of intervention technologies.

E. INFORMATION DISSEMINATION

Field personnel will have a continuing need to remain abreast of new scientific, epidemiological and program developments in AIDS prevention and control. This project will provide a modest information dissemination service for these audiences. (Note: it is assumed that WHO will be responsible for the collection and dissemination of technical information to the scientific community dealing with AIDS.)

F. SUPPORT TO COOPERATING AGENCIES AND PVOs

A major resource unique to A.I.D. is the substantial number of centrally and bilaterally-funded PVOs and cooperating agencies in health and family planning already working collaboratively with health ministries and urban and rural health networks. Their activities cover the range of primary health care, health planning, training, epidemiology, operations research, social marketing, survey research, and commodity supply and distribution. Supplemental funding and technical support as needed will be made available to these cooperating agencies so that their expertise can be harnessed for the prevention and control of AIDS.

G. OTHER SUPPORT OF REGIONAL OR USAID MISSION ACTIVITIES

This project will also provide pass-through support for other regional or USAID mission bilateral AIDS prevention and control activities which supplement existing health projects, support efforts under the WHO country plans, or support other worthy AIDS prevention efforts. This support will be funded largely by buy-ins and will be accomplished through cable authorizations and PIO/T facesheets.

H. OTHER ACTIVITIES

A series of other activities related to the application of AIDS prevention and control in developing countries will be considered during the life of project. These will be assessed on a case by case basis and implemented if funds are available. These activities may include:

- o collaboration in sponsoring international and regional conferences on AIDS;
- o occasional state-of-the-art papers, monographs, reviews, guidelines and other program support activities; and

- o design and demonstration of the epidemiological forecasting and modelling of the spread and impact of AIDS.

PROJECT SCOPE AND PRIORITIES

This project will be the Agency's primary vehicle for responding to host country needs in developing and expanding AIDS control programs. In concert with ongoing USAID mission programs, it will have the capability to support a variety of AIDS prevention and control activities. It will be guided by A.I.D. policy and will complement and collaborate with WHO as the lead agency worldwide. The project will be global in scope with the possibility of becoming focussed in priority countries as more is known about prevalence and the need for intensive A.I.D. involvement in certain countries.

FUNDING AND MANAGEMENT

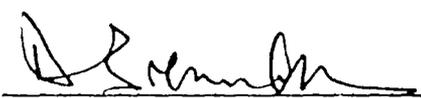
The total life of project funding will be \$50.0 million over five years. The project will enable missions and Regional Bureaus to buy into the services of this project. Of the \$50.0 million, \$15.0 million have been allocated for pass-through funding of AIDS prevention and control efforts through regional and bilateral USAID Mission activities. Another \$7 million have been estimated to be required for activities funded outside the agreement with the prime contractor, i.e. for supplemental funding of other cooperating agencies and PVOs.

Funding sources and levels within S&T for the AIDS Technical Resources Project are under discussion and will be presented fully in the Project Paper. It is anticipated that some Missions may want to jointly fund activities in their respective countries, but exact levels of central and Mission/Regional fundings are difficult to predict because of the rapidly evolving nature of the AIDS prevention problem and recognition of it.

S&T/H will develop and manage the Project with the assistance of S&T/POP and S&T/ED and the collaboration of the Regional Bureaus. S&T/PO, SER/OP and PPC/PDPR will participate in project development.

A primary agreement for implementation of the proposed project will be competitively awarded in FY 87 with an initial obligation of at least \$2 million.

Recommendation: That you authorize design of the AIDS Technical Support Project.

Approved: 

Disapproved: _____

Date: 4/29/87

April 1987

PROJECT PAPER
 AIDS TECHNICAL SUPPORT PROJECT
 PUBLIC HEALTH COMMUNICATION COMPONENT
 Project 936-5972

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Attachment 1: Log Frame

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PROJECT PAPER
AIDS TECHNICAL SUPPORT PROJECT
PUBLIC HEALTH COMMUNICATION COMPONENT
Project 936-5972

1. PROJECT RATIONALE AND DESCRIPTION

1.1 Rationale.

Acquired Immunodeficiency Syndrome (AIDS) and infections with its causative human immunodeficiency virus (HIV) represent an unprecedented challenge to the international health community. The numbers of reported cases and the larger numbers of infected persons continue to increase rapidly, indicating a pandemic of historic proportions. AIDS has no immediate medical solution, yet is taking a continually escalating social and economic toll on individuals, families, communities and entire countries. Its control in the near term depends on changing human behavior. A.I.D. is designing the Public Health Communication Project to apply and further develop the use of public health communication strategies and methods to inform people about HIV infection, how it is spread and not spread, and to understand, motivate and support the process of their adoption of specific risk reduction practices.

Since its discovery in 1981, AIDS has been documented to occur on all continents, with a total of 42,120 cases in 91 countries having been officially reported to the World Health Organization (WHO) as of 5 March 1987. Between 5 and 10 million persons are estimated to be infected currently with HIV. Based on current experience, in the next five to seven years approximately 25 percent of these persons will develop AIDS and another 40 percent will develop AIDS-related infections.

Eighteen African countries, 14 Asian/Oceania countries and 31 countries in the Latin America/Caribbean region are among those reporting AIDS cases. Some of these countries, particularly those in Central Africa, are already seriously affected, reporting large numbers of persons infected with the AIDS virus. Reticence in reporting of cases from these areas, combined with under-recognition of AIDS and under-reporting to national health authorities, has meant that the number of reported AIDS cases under represents the total cases to date. Thus AIDS has become a significant public health problem for the developing world and threatens to undermine other aspects of social and economic development over the long run. At least for the next decade, public health communication will have to play a central role in limiting the further spread of AIDS.

Public health communication is the application of communication technologies and behavior change strategies to public health problems. Public health communication is broadly defined as the systematic attempt to influence positively specific health practices of large populations using principles and methods of mass communication, instructional design, health education, social marketing, behavioral analysis, anthropology and related social sciences. It typically involves the use of multiple channels of communication -- face-to-face and mediated; public and private; open and intra-organizational; traditional and modern -- in the most effective mix for achieving specific public health objectives. It relies heavily on -- and sometimes is a catalyst for change in -- medical, training, marketing and communication support systems for achieving change.

The Public Health Communication Project will draw on A.I.D.'s special expertise in communication and social marketing programs with comparable objectives. These have occurred in all of A.I.D.'s major sectors -- health, education, population, nutrition and agriculture -- in varying degrees and in widely different substantive and cultural contexts. Prior experience most relevant to this project include the Agency's work in child survival, including diarrheal disease control and immunization, and in population information, education and communication (IEC) and contraceptive retail sales (CRS). In the implementation of these Agency programs, a significant depth of U.S. expertise has been developed in the strategies and methods of public health communication. This expertise can now be applied to controlling AIDS in developing countries and gives the U.S. a comparative advantage in doing so.

The Public Health Communication Project will collaborate with and support the worldwide leadership of WHO in combatting AIDS in coordination with A.I.D. policy, other A.I.D. programs and the specific plans of developing country programs. It is designed to tap a base of U.S. expertise that will not be so directly accessible to WHO; that will strengthen public health communication strategies and methods which WHO and country programs can apply; and that will complement developing country programs where it makes sense for A.I.D. to do so.

In undertaking this effort, the Public Health Communication Project supports A.I.D.'s policy and strategy positions concerning AIDS. The project is in keeping with A.I.D.'s policy to initiate activity in controlling AIDS which emphasizes operations research in areas of Agency strength and cooperation with WHO initiatives. This policy is enunciated in the February 1987 A.I.D. Policy Guidance on AIDS.

Applied research in areas of behavioral analysis, anthropology, public health communication and social marketing is particularly recommended in the policy guidance, and these disciplines are crucial to the development of sound public health communication strategies as proposed by this project. The project also supports A.I.D.'s policy on development communication which establishes as a priority "the application of existing communications technologies and media to problems in development . . . in all sectors . . . as integral elements of project design wherever appropriate and cost-effective" (Policy Determination on Development Communication: Executive Summary, February 1984). The project will not support activities, such as abortion, which A.I.D. policy have indicated are inappropriate for A.I.D. to support.

The Public Health Communication Project is part of the FY 87 action plan recommended by the A.I.D. AIDS working group.

1.2 Statement of the Problem.

The control of AIDS in the near term depends on changing human behavior. Large numbers of people need to be informed about HIV infection and how it is and is not transmitted. Feasible, specific alternatives for reducing risk of infection need to be presented in believable, culturally acceptable terms and adopted by large numbers of people. The process of adoption of these alternatives needs to be understood, continually monitored and translated into increasingly effective communication strategies and messages. There is no room for the ultimate failure of this endeavor. It must be attempted, refined and sustained until it succeeds. This project is a major part of the Agency's plan for participating in this complex communication agenda.

The HIV virus is transmitted by intimate exposure to the body fluids of an infected person. Sexual activity with an infected person is the primary means of transmission. Transmission also occurs through exposure to blood or blood products from an infected person, particularly through blood transfusions or the use of blood contaminated needles or skin-piercing equipment, and from mother to child during pregnancy or shortly after birth. HIV infection is not transmitted through casual contact such as touching, sneezing, hugging, sharing meals or bathrooms in the home, school or workplace.

The objectives of risk reduction strategies include:

- o informing the public of the nature of the AIDS problem -- how HIV infection is and is not transmitted; the extent of their risk; and the types and sources of services available;

- o informing and motivating decision makers, opinion leaders and service providers in their evolving role as system-wide responses to the AIDS problem develop;
- o informing the public, particularly those practicing high risk behaviors, about what they can do to reduce their risk of HIV infection and promoting adoption of appropriate practices, including:
 - the maintenance of stable familial relationships, the reduction of sexual partners, and the practice of "safe sex," including abstinence and the use of condoms or other barrier or virucidal contraceptive methods;
 - the use of (and creation of demand for) sterile needles and other skin piercing instruments;
 - participation in testing programs for men and women planning to become parents;
 - the adoption of safe infant care practices as evidence emerges which indicates the nature of these practices; and
- o promoting participation in testing programs.

This is not an easy communications agenda. The nature of the disease, the kind of behavior to be changed, the changing status of the disease from country to country and the variety of cultural contexts in which it occurs justify caution and a solid research and development program to accompany the increasing volume of immediate responses being generated by immediate need.

As A.I.D.'s policy guidance states, sexual behavior is an aspect of life "which is one of the most intimate, sensitive and difficult to change. Educational messages will need to be very culture specific and have political backing within the country" (p. 3).

Sustained change in such longstanding practices by large numbers of people is required. To achieve that kind of impact, the best of what has been accomplished in programs like Contraceptive Retail Sales, Diarrheal Disease Control and Immunizations must be exceeded.

The challenge is compounded by differing perceptions of the extent of the disease problem. Countries with large numbers of frank AIDS cases must be approached differently than countries with few cases and only an emerging awareness of their HIV infected population base. This also implies that all educational efforts must be epidemiologically driven: they must be targeted interventions which match the areas of greatest need and are informed with the best available data on local knowledge, beliefs and practices.

These considerations point to the problem which this project is designed to address. While A.I.D.'s experience with communication and social marketing to promote practices in school settings, in agricultural technology transfer programs and in health, nutrition and population programs is extensive, the adaptation of what is known to AIDS control and prevention requires a special research and development effort. The translation of this experience to AIDS control and prevention will be a complex and on-going process requiring systematic and sustained project activity. This should be an effort integrated with operational programs seeking to have immediate impact. The effort should also have continuity and build from experience across regional boundaries. Thus the Public Health Communication Project is proposed as an eight-year, worldwide operations research effort collaborating with WHO, A.I.D. Missions and developing country programs to develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS.

A.I.D. has significant experience and expertise in the application of communication and social marketing strategies and methods to comparable problems. Promoting the correct and sustained use of condoms or other methods which prevent the exchange of sexual fluids and, along with this, promoting change in the broader context of sexual practices is critical for AIDS prevention. A.I.D.'s programs in Contraceptive Social Marketing (CRS), in Population Information, Education and Communication (IEC) and in introducing change in established child survival practices (Communication for Child Survival: HEALTHCOM) are directly relevant. A.I.D.'s support of family planning programs also represents significant experience in promoting abstinence, including its role in natural family planning. A.I.D.'s experience in supporting immunization programs has relevance for the promotion of the use of sterile needles. A.I.D.'s experience in applying social marketing strategies and methods to introduce widespread targeted change in practices related to family planning, diarrheal disease control, immunizations, breastfeeding and other child survival objectives is unique among donor agencies and may become a significant factor in retarding the rapid spread of AIDS.

A general strategic and methodological frame of reference for successful communication programs has emerged from the application of interdisciplinary approaches within these programs. This frame of reference, variously described within different sectoral disciplines, has broad consensus among communication and social marketing practitioners and is to be the basis for further development of public health communication strategies and methods under this project. This section will conclude with a brief description of a generic public health communication process.

Effective public health communication requires planning, research and creativity. It is a methodological activity involving investigation, development of strategies, experimental examination and revision of strategies, intervention and monitoring and evaluation of results. It can be described in three stages.

Stage 1: Planning: The collection of critical information, the development of strategies, testing of materials and formulation of an operational plan.

Health Problem Analysis: All relevant information regarding the epidemiology and clinical nature of the problem is assembled and examined.

Developmental Research: This broad based exploratory research provides valuable information on audiences, possible products, practices and channels of communication, using a variety of techniques to analyze all four aspects of the marketing mix: product, place, price and promotion. Research techniques include surveys, in-depth individual interviews, focus groups and ethnographies.

Health Practice Studies: These studies focus on small-scale behavioral trials using observation protocols to identify potential obstacles and test possible incentive schemes.

Strategy Development: Research results are used to develop an initial plan for the program. The plan is comprehensive and will change as specific materials are tested and new information is gathered. The plan defines specific objectives, target audiences, key consumer benefits, the reasons to believe in those benefits, key messages, the tone or style of the program and the mix of channels to be used.

Materials Pretesting: Draft materials, consistent with the strategy are developed and pretested among members of the target audience and revised.

Operational Plan: This plan serves as a guide for program planning and as a record of program objectives and strategies. It includes a summary of principal research findings, program objectives, the intervention strategy, monitoring, management and evaluation plans and the budget.

Stage 2: Intervention: Implementation and management of the communication process responds to the planning document.

Production: Intervention begins with the production of the communication and training materials, ensuring that materials match, or rise above, existing quality norms.

Distribution: Final materials are distributed to the target audiences through the appropriate channels. Effective distribution entails producing the correct quantities and materials; timely delivery of materials and instruction in their use; and effective integration of channels.

Stage 3: Monitoring: The communication program's progress is continually measured and monitored -- with continued mid-course corrections -- to ensure accurate results.

Monitoring: This function examines project outputs and outcomes compared with the original plan and objectives. It focuses on distribution systems for products and materials; internal project adherence to work schedule and budget; interim tracking of audience knowledge, acceptance and practice. Monitoring techniques include focus groups, tracking surveys, observation of program operations and panels of influentials.

Impact Evaluation: The last step in the continuous communication process, the impact evaluation, assesses total program impact and defines the program results in terms of improved health status, knowledge, acceptance and usage.

This communication planning, intervention and monitoring process is seldom implemented comprehensively. It often does not need to be. It is often too time consuming or costly. Learning to communicate about a complex problem such as AIDS is cumulative. Not every step or lesson learned need be repeated every time. But at the beginning of learning to communicate about a complex problem such as AIDS, a significant body of research and experience following the general outlines of this planning, intervention and monitoring process is a requisite for success.

1.3 Project Purpose.

The purpose of the proposed Public Health Communication Project is to develop and demonstrate effective public health communication strategies and methods for the control and prevention of AIDS. It will do this as guided by A.I.D. policy in the context of WHO worldwide leadership and in collaboration with A.I.D. Missions, providing support for country-specific AIDS control and prevention programs within its operations research objective. To this end, the project will conduct four kinds of interrelated activities.

1. Sustained operations research activities in up to 15 emphasis countries. The adaptation of public health communication strategies and methods to new problems as complex as AIDS is best undertaken in a context of sustained operations research over several years with the same on-going programs.

A sustained relationship with a program provides an excellent context within which epidemiological surveillance and the continued assessment of target audience characteristics and program impact can influence the refinement of communication strategies and methods. It permits observation of larger program elements, such as training, health service delivery and entire pilot projects in interaction with smaller targeted studies.

Approximately five emphasis countries, or regional clusters of countries (e.g. smaller Caribbean countries), will be selected in each A.I.D. region (LAC, AFR, ANE) by the Regional Bureaus in conjunction with Mission requests and the A.I.D. project manager for a total of up to fifteen emphasis countries. An initial feasibility study for each emphasis country will determine the appropriate operations research activities to include. A country implementation plan will be subsequently formulated, specifying how the project will proceed over a several year period in coordination with the WHO national AIDS control and prevention plan for that country. A letter of agreement with local host country officials will specify the responsibilities of A.I.D., host country institutions and the contractor.

The implementation plan will describe how the project will relate to all key organizational elements in the country, public and private sector, including private voluntary organizations. The role of local organizations and PVOs in combatting AIDS cannot be overemphasized. Long-standing community relationships that such organizations have established provide an excellent basis for introducing change.

The plan will include an operations research agenda and detail the categories and extent of technical assistance and operations support required.

Each emphasis country will be the recipient of sustained support from long and short term technical assistance under the project, as required by local circumstances. Support will include funding for local operations as they pertain to the implementation of the country operations research agenda. It is anticipated that a long term advisor, resident in each country or region, usually will be required to insure adequate continuity of technical assistance and to support the expeditious implementation of project activities.

Long term advisors will be expert in at least one of the disciplines crucial for developing public health communication programs and will be hired locally or from within the region where possible. The sensitivities and complexity associated with AIDS public health communication programs require that experts be recruited from all national sources in order to best meet the requirements of the local context.

2. Technical assistance in public health communication in other countries. The project will provide technical assistance for A.I.D. Missions and, at their request, country programs which may require but otherwise would not have access to public health communication expertise applied specifically to AIDS prevention. These countries are additional to the emphasis countries described above. Categories of technical expertise which will be emphasized include: communication research, social marketing, contraceptive retail sales, health education, instructional design, training, planning and communication systems management, anthropology, behavioral analysis and related social sciences.

3. Dissemination activities. The research findings and lessons learned from pilot project activities will be shared worldwide through a series of dissemination activities.

4. Other activities in public health communication. A series of other activities more broadly related to the project purpose will be described in Section 1.4 and implemented if they are technically desirable, in keeping with A.I.D. policy and strategy objectives at the time and funding is available.

1.4 Project Plan.

The Public Health Communication Project is an eight-year project (FY 87 - FY 94) providing four elements: 1) sustained operations research activities in up to 15 emphasis countries; 2) technical assistance in public health communication in other countries; 3) dissemination activities; and 4) other related public health communication activities. Elements one through three will be initiated in FY 87 through the competitive award of a single five-year contract or cooperative agreement with a two-year extension option clause. Other public health communication activities will be initiated as appropriate and feasible in subsequent fiscal years and will be implemented through a variety of contractual instruments, including those in progress under other A.I.D. projects.

Funding for project activities will be provided from Central, both S&T and Regional, and Mission sources. There is to be no fixed ratio of Central to Mission funding, as this will vary according to country and activity, but the project budget assumes an approximately even split during the overall life of project. Buy-in mechanisms will follow the best advice of SER/OP at the time of contract award. Technical management will be provided by S&T/ED, S&T/H and S&T/POP, and S&T/ED will be the Cognizant Technical Office (CTO).

A.I.D. will be assisted in the implementation of the Public Health Communication Project through an annual meeting of a Technical Advisory Group (TAG) which will include a representative from the W.H.O. Special Programme on AIDS as

well as representation from the broader community of medical experts combatting AIDS. Dr. Roy Widdus, Chief of Staff for the National Academy of Sciences special report on AIDS, "Confronting AIDS," has agreed to assist in establishing the TAG and to participate in it.

Project activities are expected to take place in all A.I.D. regions, with emphasis and timing to be determined in consultation with Regional Bureaus. Clearly, the character of what is done in Africa, where the problem of AIDS is perceived as a major crisis, will differ from what is done in Asia or the Near East, where initial assessment of the extent of the AIDS problem is only beginning to emerge.

1. Sustained operations research activities in up to 15 emphasis countries. There will be up to fifteen emphasis countries, or regional clusters of countries, assisted during the life of project. As described in Section 1.3, an initial assessment and feasibility study at each prospective site will be conducted. Based on the conclusions of this study, a decision will be made by the Mission and A.I.D. project manager to proceed on an "emphasis country" basis or otherwise. Work is authorized to begin in country immediately on the basis of this decision. A Letter of Agreement and implementation plan for the country, as described above, will be developed during the first quarter of project activity in the country. Where Mission funding is to partially support the project activity, the scope of work in the Mission PIO/T will provide the basis for the implementation plan. The implementation plan may be revised during the life of project to meet changing circumstances.

The studies undertaken at each site will contribute directly to the project purpose of developing and demonstrating effective public health communication strategies and methods for the control and prevention of AIDS. Some studies are expected to be brief in duration, requiring only a few weeks or months level of effort; other studies may be of several years duration, requiring over twelve months equivalent level of effort. Broad summative impact evaluation studies are encouraged as well as studies which are narrower in scope. Both quantitative and qualitative research methods are encouraged. Areas of operations research emphasis should include:

- o how AIDS control and prevention interventions can best relate to existing programs, particularly where A.I.D. may have an active involvement, such as immunizations and family planning;
- o the development of targeted strategies to influence practices in high risk groups;
- o the development of strategies to involve decision makers and opinion leaders in support of local AIDS programs;

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- o the development of evaluation indicators to monitor program impact such as:
 - ability of target audiences to correctly state risk factors and methods of prevention of AIDS;
 - behavior change toward promoted practices;
 - condom sales and use; and
 - where this is seen to be feasible, HIV sero-conversion rates;
- o the refinement of research methods and instruments for monitoring program impact;
- o the optimal adaptation of available channels of communication (modern and traditional), including service infrastructures, marketing systems, local organizations and media systems, for AIDS prevention strategies;
- o the improvement of methods for implementing the basic components of a public health communication strategy, including:
 - identification and description of target audiences;
 - determination of locally specific behavior to be influenced;
 - determination of measurable objectives based on intended change in practices;
 - selection of marketing and communication strategies appropriate for achieving these objectives;
 - determination of the character and content of program messages;
 - experimentation with different channel mixes including the integration of modern with traditional channels;
 - the development and pretesting of program components and materials; and
 - revision of program strategies, components and materials based on monitoring and evaluation of program implementation and impact; and
- o the improvement of methods for consumer and product research, including public knowledge, attitudes and reported practices, and for the investigation of local customs relevant to the prevention of AIDS;
- o investigation of areas of special importance to AIDS public health communication programs such as:
 - local sensitivities to AIDS prevention messages, particularly those involving sexual behavior;
 - the range of locally acceptable approaches to reducing the risk of sexual transmission, including the advocacy of abstinence and/or stable familial relationships;

- the best approach to generating increased condom sales;
- the best approach to promoting sustained and correct condom use;
- demand creation among potential parents for testing for HIV infection so that perinatal transmission can be avoided;
- demand creation among health professionals for sterile needles in immunization programs and for training related to AIDS control and prevention;
- the best approach to IV drug users where this is a problem;
- the promotion of AIDS prevention practices among traditional practitioners; and
- acceptable approaches to monitoring change in sexual practices.

The studies conducted at any site should be planned so that they are of immediate benefit to local programs in addition to contributing to worldwide knowledge. Thus they should be coupled with continued assistance to the implementation of the local AIDS prevention program through the services of the resident advisor-research coordinator.

2. Technical assistance. The project will provide technical assistance for A.I.D. Missions and, at their request, country programs which may require but otherwise would not have access to public health communication expertise applied specifically to AIDS prevention. These technical assistance activities will provide an opportunity for new learning through the studies that may be required as well as provide an additional means of sharing project experience from pilot sites.

3. Dissemination activities. Central funding will provide resources for worldwide diffusion activities, including meetings, workshops and other requirements for producing periodically up-dated guidelines for implementing AIDS public health communication programs. It is anticipated that diffusion activities will include:

- o the publication of periodically revised guidelines on the implementation of AIDS public health communication programs;
- o the publication of results from project activities;
- o the production of a series of videotapes about the methods and lessons learned from country programs;
- o the publication of a series of formative evaluation reports or "Field Notes" about lessons learned from the field;
- o the conduct of seminars and workshops to inform developing country professionals working on AIDS control and prevention about findings and techniques developed under the project.

- o the conduct of seminars to inform U.S. based professionals, particularly those in private industry organizations, working on AIDS control and prevention in developing countries about findings and techniques developed under the project.

4. Other activities in public health communication. A series of other activities related to the application of public health communication methods to AIDS control and prevention will be considered during the life of project and implemented if they are technically desirable, appropriate for A.I.D. and funding is available. These activities may include:

- o Collaboration in worldwide and regional AIDS public health communication information exchange activities, including the exploration of information linkages through electronic mail, microcomputer and satellite telecommunication technologies;
- o A RAPID-type computer program on the spread and impact of AIDS;
- o A series of video training programs aimed at service delivery professionals;
- o Collaboration in sponsoring an AIDS public health communication training workshop to meet PVOs' special needs.
- o Occasional state-of-the-art papers, discussion papers, monographs and other program support activities in the area of public health communication; and
- o Collaboration in sponsoring one or more international conferences on AIDS public health communication.

1.5 Project Outputs.

Public Health Communication Project impact will be evident: 1) in the development of effective strategies and methods for applying public health communication to the problem of AIDS prevention; 2) in the adoption of appropriate practices by high risk groups, service personnel and various target groups among the general population at project sites; 3) in the dissemination of public health communication strategies and methods to additional sites; and 4) in the refinement of the accepted norms for conducting public health communication among the international community.

These effects will be visible within the life of project, but the benefits initiated by the Public Health Communication Project are expected to continue for many years into the future. Specific outputs expected during the life of project include the following:

- o Sustained operations research activities in up to 15 countries;
- o Technical assistance in public health communication in additional countries;
- o The publication of guidelines for implementing public health communication programs to control and prevent AIDS;
- o A variety of publications about project findings;
- o The production of a series of videotapes about the methods and lessons learned under the project;
- o The conduct of a series of workshops and seminars;
- o Other outputs contingent on the implementation of the public health communication activities listed in section 1.4.

Outputs will be further specified as to quantity, type and level of effort in the scope of work attached to PIO/Ts submitted to SER/OP for action.

1.6 Project Inputs.

The total A.I.D. contribution for Public Health Communication Project activities over eight years is estimated at \$19,000,000. Sustained operations research activities in fifteen emphasis countries, technical assistance and dissemination activities account for \$18,000,000 of this sum; \$1,000,000 is estimated for other activities. S&T funding is expected to provide \$13,000,000. Mission and Regional Bureaus are expected to provide \$6,000,000. Table 1 provides an illustrative summary budget. Host country contributions, in addition to these resources, will consist of local salaries, office space, some operating expenses such as radio time and print facilities, and other in-kind support.

To conduct sustained operations research activities and to provide technical assistance and diffusion activities will require:

- o long term technical assistance;
- o short term technical assistance;

- o consultants (for participating in field studies and evaluations and project dissemination activities);
- o home office support personnel;
- o operating expenses and equipment; and
- o travel.

Three basic categories of equipment will be purchased: vehicles for project resident advisor-research coordinators; communication equipment such as tape recorders and microphones for low-cost production and formative evaluation activities; micro computers to assist in data analysis and communication.

A source origin waiver will be requested for vehicles and communication equipment as is customary according to the collaborating country Mission. Because of cultural sensitivities surrounding technical assistance to AIDS public health communication programs, a source origin waiver will be requested for the procurement of subcontracted technical services from all national sources, rather than from the U.S. and cooperating country only. This will permit the U.S. prime contractor maximum flexibility in adjusting technical services to national needs and socio-cultural sensitivities. The contractor will be required to submit a written justification to the CTO for each subcontract under this waiver and receive an approval in writing for the CTO.

Inputs will be further specified in budgets attached to PIO/Ts submitted to SER/OP for action.

1.7 Beneficiaries.

Direct beneficiaries include local high risk groups, their families, service system personnel, members of the general population and institutions involved with project activities at pilot project and technical assistance sites.

Secondary direct beneficiaries include donors, host country governments, private sector providers and marketers who will be provided with effective means for combatting AIDS through public health communication.

Indirect beneficiaries include members of the general population, high risk groups, service providers and institutions outside the target areas of the project but within the same country or region who will have better access to information as a result of the project.

Secondary indirect beneficiaries include other countries applying the strategies and methods refined by the project.

A fuller discussion of project impact on beneficiaries is included in the Social Soundness Analysis section 5.2.

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2. COST ESTIMATE AND FINANCIAL PLAN

2.1 Cost Estimate.

The total cost of the Public Health Communication Project activities is projected to be \$19,000,000. The S&T contribution accounts for \$13,000,000 of this sum; Mission and Regional contributions account for \$6,000,000. Additional host country contributions are not included in this sum, representing local salaries, office space, some operating expenses such as radio time, and other in-kind support.

2.2 Summary Budget Tables.

Tables 1 through 5 present illustrative budgets for major project components. Tables 1 through 4 pertain to the initial FY 87 competitive award, accounting for \$18,000,000. Table 5 pertains to other activities under the project, accounting for \$1,000,000.

Table 1 projects the average budget for activity 1 under the initial award, the sustained operations research relationship with up to 15 countries. The budget is estimated for an on-going relationship of an average of three years.

Table 2 projects the budget for activities 2 and 3 under the initial award, short term technical assistance in public health communication to other countries and diffusion activities under the initial award.

Table 3 summarizes the level of home office support required across activities 1 through 3 under the initial award.

Table 4 projects the budget for all activities over the five-year award.

Table 5 projects the budget for other activities in the area of public health communication over the life of the project which are additional to the initial award.

2.3 Summary Obligation Schedule.

The following obligation schedule will meet these budgetary requirements (\$1=1000):

	FY	87	88	89	90	91	92	93	94
S&T		1000	2000	2000	2000	2000	2000	2000	---
Mission		500	2000	2000	1000	500	---	---	---

Total: S&T: 13,000; Missions/Regional: 6,000.

TABLE 1

Illustrative Budget for One Country
 (\$1=1000: all estimates include overhead, benefits, travel)

Initial feasibility study/ implementation plan*	30
1.5 year long term technical assistance	225
1 year short term technical assistance	140
Operations research local costs**	150
Participation in national evaluations	50
Participation in workshops/seminars	40
Pro-rated home office support***	65
	<hr/>
Total	670
Total for 15 countries	10,050

*This budget covers a three-year period, estimated to be the average length of a sustained relationship with an emphasis country.

**Operations research activities will require in-country operational expenditures for such support as temporary local staff, local per diem, vehicle, some equipment such as a microcomputer or tape recorder and supplies. Since the operations research activities are to be integrated with WHO supported country activities, resources from sources outside the project will be funding the major cost of the interventions themselves.

***Over three years, this is estimated to require 3 person months of contractor key personnel, 6 person months of an administrative assistant and 6 person months of secretarial staff.

TABLE 2

Illustrative Budget: Other TA and Diffusion Activities
 (\$1=1000: all estimates include overhead, benefits, travel)

<u>Short term technical assistance*</u>	
10 person years @140/year	1,400
Home office support**	<u>160</u>
Total	1,560
<u>Dissemination activities</u>	
Project methodology manual, revised twice	100
8 seminars/ workshops @35	280
3 instructional videotapes	150
Technical "Field Notes" (30 @2)	60
Research reports/ project documentation	250
Home office support***	<u>290</u>
Total	1,130

*Over the five-year life of contract.

**Estimated at 1 person month of contractor key personnel, 2 person months of an administrative assistant and 2 person months of secretarial support per year of short term technical assistance.

***Estimated at .5 key personnel, .5 editorial assistant and .5 secretary during the life of contract.

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TABLE 3

Illustrative Budget for Home Office Support Over 5 Years
 (\$1=1000: all estimates include overhead, benefits)

Key Personnel

Project Director (60 PM)	300
Senior Technical Staff (90 PM)	360
Advisors for Epidemiology and Medicine (15 PM)	75
Advisor for Behavioral Science (15 PM)	75
Advisor for Evaluation (15 PM)	75

Support Staff

Administrative Assistants (120 PM)	360
Editor (30 PM)	90
Financial Manager (30 PM)	90
Secretarial support (150 PM)	<u>300</u>
Total (480 PM Staff; 45 PM Advisors)	1,700
Less amounts for home office staff in Tables 1 - 3:	<u>1,425</u>
Adjusted total of additional home office cost:	275

TABLE 4

Summary Illustrative Budget for Initial Award
(\$1=1000)

1. Emphasis countries (15 @730)	10,050
2. Other technical assistance (10 PY equiv.)	1,560
3. Dissemination activities	1,130
4. Additional home office support	275
5. Annual TAG meeting (5 @20)	<u>100</u>
TOTAL	13,115
Contingency/inflation @ 11%	<u>1,442</u>
ADJUSTED TOTAL	14,557
Estimate for two-year contract extension:	<u>3,360</u>
GRAND TOTAL	17,917

TABLE 5

Summary Illustrative Budget for Life of Project
(\$1=1000)

	FY 87/88	89	90	91	92	93	94
Initial Award	2,500	4,000	4,000	4,000	2,000	1,000	500
Other Actions		---	---	500	500	---	---
Total: Initial Award:	18,000						
Other Actions:	1,000						

3. IMPLEMENTATION PLAN

3.1 Country Selection Criteria.

Countries participating in the Public Health Communication Project will be selected on a basis of:

- o The extent and nature of the AIDS problem;
- o Regional Bureau recommendation and Mission request;
- o Strength of host country commitment and ability to collaborate;
- o Extent to which project activity can support the development and implementation of country plan in collaboration with WHO; and
- o Feasibility of conducting project activities.

3.2 Contract Plan.

An initial contractual instrument, either a contract or cooperative agreement, will be competitively awarded in FY 87 to implement the sustained operations research, technical assistance and diffusion activities of the project. Because of the technical and operational complexity of these activities and because of the broad range of technical innovation required, no restriction on open competition is planned. Because the Project requires operations at multiple sites with complex implementation schedules and must provide quick response to field needs and Mission requests demanding a broad spectrum of technical expertise, the RFP will encourage multiple party proposals as well as sub-contracts with small businesses and minority firms. Regional Bureau representatives and representative from the WHO Special Programme on AIDS will participate in the A.I.D. proposal review process.

Additional contractual instruments will be selected for the implementation of other activities under the Project as they are determined later in the life of project.

3.3 FY 87 Schedule of Project Events.

The following schedule is anticipated:

- o April: Announcement to Missions of project activities and services available.
- o May: RFP for initial award under the project released.
- o August: Contract or cooperative agreement signed.

3.4 Management Responsibility.

S&T/ED will assign a half time project officer to manage the AIDS Public Health Communication Project in collaboration with S&T/H and S&T/POP and participating Missions as described further in Section 4, the Monitoring Plan.

S&T and Missions will share responsibility for contract activity in the field. The involved Mission officer, where there is one and this is desired by the Mission, will have day-to-day authority over contractor staff in-country and over in-country operational decisions. S&T will have authority over decisions that impact the overall objectives of the S&T project, particularly the world-wide research and development and diffusion activities of the project.

Contractors will be required to report expenditures according to PIO/T number.

3.5 Relation to other A.I.D. Projects.

The Public Health Communication Project will collaborate with A.I.D. Mission and Regional projects whenever feasible. It will work in day-to-day collaboration with the S&T AIDS Technical Support Project presently being developed as well as with any A.I.D. Regional AIDS surveillance and control activities. The project will attempt to integrate its activities with those being funded by S&T/POP under its existing contracts.

Because of WHO worldwide leadership in combatting AIDS and because of projected funding support of WHO activities by A.I.D., a close working relationship will be established by the project with WHO/Geneva, WHO Regional Offices and WHO Country Representatives. This relationship will be expressed in country implementation plans, WHO participation in the annual project advisory meeting and in on-going consultations and meetings.

This project will also influence and benefit from other A.I.D. projects in the areas of development communication and social marketing. These include the Clearinghouse on Development Communication and the Communication for Child Survival projects.

4. MONITORING PLAN

4.1 A.I.D. Management.

S&T/ED will assign a half-time project officer to manage the Public Health Communication Project. S&T/H and S&T/POP will assign a project officer to meet regularly with the S&T/ED

manager and advise on major management decisions, particularly those related to the integration of resources and coordination of activities with these collaborating offices. As appropriate, Mission officers working closely with the project will advise the S&T/ED manager concerning major management decisions pertaining to each Mission.

Bi-annual financial and activity reports will be sent by the contractor to the involved A.I.D./W offices and each participating Mission. Expenditures will be vouchered against appropriate PIO/T number.

An A.I.D. annual technical advisory group meeting (TAG) will advise on major activities and decisions. A.I.D. members of this TAG will include the S&T/ED project manager, the designated S&T/H and S&T/POP officers, Regional Bureau and PPC representatives and, as feasible, involved Mission officers. Other members will include W.H.O., contractor representation, and at least five recognized experts in disciplines important to combatting AIDS. It will be chaired by the Agency Health Director.

Because of the importance of AIDS as a worldwide problem and the technical challenge it represents, the TAG will have a significant role in guiding A.I.D. Funding for consultant time and travel will be provided through the primary project contract.

4.2 Reporting Requirements.

Semi-annual and final reports will be required from each contractor under the project. Other reporting mechanisms will be established according to need.

4.3 Project Review and Evaluation.

The semi-annual progress report will be reviewed with S&T/ED, S&T/H and S&T/POP office directors. Recommendations of the annual TAG meeting will be reviewed with the Agency Directors for Human Resources, Health and Population.

Two interim and one final external evaluations will take place during the life of project, projected for FY 89, FY 91 and FY 94. A consultant team of three experts, one of whom will be a member of the TAG if feasible, will review project activities against purpose and objectives. These evaluations will be timed to provide the TAG with reports in some proximity to an annual TAG meeting.

5. PROJECT ANALYSES

5.1 Financial and Economic Analysis.

It is appropriate to invest A.I.D. resources in this project because the problem of inadequate communications support for technology transfer in health, as described above, is negatively impacting on the rate of return on investments in technology development and because this A.I.D. intervention can contribute to a solution of the problem.

The decision to initiate a Public Health Communications project poses a number of challenges. Because AIDS, on the one hand represents a problem of unparalleled proportions in the history of mankind, and, on the other hand no known cure has been identified or is projected to be available for the next five years, the preventive aspects of AIDS become increasingly important. Thus, there is a compelling need to publicize the preventive aspects of AIDS. This follows the recommendations by the National Academy of Sciences report, "Confronting AIDS" and the World Health Organization Meeting on Educational Strategies for the Prevention and Control of AIDS that public health communications campaigns be mounted.

Major costs of the project are: A.I.D. personnel time and funds for technical assistance, commodities, evaluation, and diffusion activities. Major benefits are: a more effective technical transfer approach for host countries and donors to apply beyond the life of project; improvement in the technology transfer systems of countries participating in the project.

The Project Paper will follow the cost effectiveness approach of the economic analysis.

The most useful indicators to use for judging the efficiency of A.I.D. public health programs is the A.I.D. cost per individual covered per year. It must be noted that this figure does not in any way get at the extremely important concern of total recurrent costs which will accrue to a nation in continuing public health communications initiatives. The specification of A.I.D. cost per individual covered per year allows the Agency to determine where a fixed amount of A.I.D. resources can reach the most individuals. The project is an important component of the Agency's answer to the problem of AIDS, and is also one of its more efficient - measured in terms of A.I.D. cost per individual per year.

With the current eight year project projected to cost \$19.5 million dollars and with the primary audience of productive adults between the ages of 14 and 45 in all collaborating countries being estimated at over 40 million, the total A.I.D. life of project cost per individual covered will be less than

\$0.50. This is a low figure in comparison to the potential cost to society if life expectancy is prematurely shortened. Prior successful experiences in promoting change in health practices lead to the expectation that communication support in AIDS control and prevention programs undertaken by the project will reduce the risk of HIV infection among adopters and, in turn, reduce the spread of AIDS. If the project is successful in adding an average of five productive years to the life of five percent of its target population -- a fairly conservative estimate of anticipated impact -- significant savings to society will be realized in comparison to the cost of the project.

5. 2 Social Soundness Analysis

Beneficiaries. Direct beneficiaries will include all sexually active personnel, blood transfusion recipients, and users of syringes and needles, (those segments of the population which have been identified as key targets on the basis of risk status, accessibility, message receptivity, or other variables); their families, change agents, and institutions participating in the site-specific interventions. Secondary beneficiaries will include those individuals or groups which provide essential support for primary target acceptance, and include decision-makers, opinion leaders, and traditional authority figures.

Indirect beneficiaries include persons outside the target areas of the project who will have a better access to information as a result of the project. Secondary indirect beneficiaries include other countries applying the procedures developed by the project.

Participation. A.I.D./W and Mission staff, host country professionals, and U.S. experts outside of A.I.D., and host country professionals are participating in the design of this project. In addition to these, U.S. contractors, host country institutions and host country indigenous personnel will participate in the implementation of the project. A.I.D. personnel, U.S. contractors, U.S. experts outside of A.I.D., and host country professionals will participate in the evaluation of the project.

Increasing access. The use of mass media in campaigns aimed at entire populations has consistently operated to increase access to information for less-privileged segments of those populations. It is expected that the use of mass media in this project will have a democratizing impact on information related to health technology. At project sites where the participation of women in technology transfer systems is minimal or inadequate, this project can be expected to have significant, positive impact on getting information to women and increasing their knowledge of health innovations.

The role of women. The methodology utilized under this project is particularly appropriate for dealing with this variability in the role of women, as it is attempting to accommodate variability across all major factors in the local environment. The ultimate demand on targeted adult populations, especially mothers, is that they assume full responsibility for the maintenance of the health of their children and that of their families. This demand implies modification and/or changes in individual and group beliefs, attitudes, and behavior about health, sex, illness, and disease.

It is expected that the procedures introduced by the AIDS programme on surveillance and control to investigate epidemiological and health conditions and to understand the exact nature of the target audience in selected audiences in relation to technology transfer, will increase the level of local knowledge about the role of women in health and increase the effectiveness with which such knowledge is applied.

Cultural adaptation. The Public Health Communications Project will succeed or fail on the basis of the quality of its procedures to accommodate local variability, including local cultures. These procedures, as discussed earlier in the Project Paper, are intended, in part, to translate recommendations from local sites resulting from epidemiological and health infrastructure assessment through study of specific local practices and concepts pertaining to existing and new technology.

Cross-cultural transfer. Success with country-specific adaption of the communications methodology across ten diverse sites will lead to the generalizable communications methodology, applicable worldwide. Specific messages, posters, training manuals, etc., will not be transferred, of course. These must be developed site by site as cultures, the health technology itself, and the mix of communications channels shift. Rather, it is the set of procedures for developing effective communications support--including the messages, posters, training manuals, etc.--for technology transfer at any given site that is at the heart of the communications methodology being developed. These procedures include village-level investigation and formative evaluation components to insure the cultural appropriateness of what is done at any given site. Thus, while the methodology is intended to be culturally adapted at individual sites, it is also being developed to be transferred cross-culturally in all appropriate A.I.D. recipient countries.

5.3 Administrative Analysis.

The Public Health Communication Project can be implemented successfully by the involved institutions. Within A.I.D.,

S&T/ED will provide .5 person years equivalent of professional staff time per project year to manage the project. This will be augmented by staff inputs from S&T/H, S&T/POP and participating Mission officers.

The management capability of U.S. contractors and cooperating institutions will be one criteria of their selection.

5.4 Technical Analysis.

Communication and social marketing interventions have been able to promote humanly significant and sustained change in practices among large numbers of beneficiaries. This has been documented in individual major field experiments and in state of the art reviews for the education, health, nutrition, population and agriculture sectors.

Contractors for work under this project will be selected for high level of expertise in implementing and adapting communication and social marketing strategies and methodologies and for working in interdisciplinary teams to promote change in health or health-related practices. It is anticipated that collaborating country institutions will be trying their utmost to stem the spread of AIDS and applying some of their best personnel to this task.

Thus it appears that the objectives of the project are feasible and that it will be possible to find U.S. and developing country institutions of high quality to participate in implementing project activities and in pursuing project objectives. In the light of these conclusions, S&T finds the project to be technically sound.

5.5 Environmental Analysis.

The Public Health Communication Project proposes to provide information to large numbers of people about AIDS control and prevention. If it succeeds in its objective to reduce the risk of infection with HIV and to reduce the spread of AIDS, project impact on communities' overall social and economic wellbeing will be positive. This impact should prevent the deterioration of established environmentally sound practices and of established productive use of land and other resources.

Consistent with A.I.D. Handbook 3, App. 2D, Para. 216.2(c), the AIDS Public Health Communication Project will not require an initial environmental examination, since it falls under the criteria 216.2(c) (iii) (2) and (ii). These criteria exempt "educational, technical assistance, or training programs except to the extent such programs include activities directly

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affecting the environment (such as construction of facilities)" and "controlled experimentation exclusively for the purpose of research and field evaluation which are confined to small areas and carefully monitored."

NOTE: The Health Sector Council approved this project paper on April 3, 1987.

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From FY 87 to FY 94
Total U.S. Funding 15,500.00
Date Prepared: 2/87

Project Title & Number: AIDS Technical Support (936-5831)

Public Health Communication Component

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																																				
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>To reduce the risk of transmission of Acquired Immunodeficiency Syndrome (AIDS) virus.</p>	<p>Measures of Goal Achievement:</p> <p>Reduction of the rate of increase of AIDS and number of persons infected with HIV in program areas.</p>	<p>Country-specific epidemiological data.</p>	<p>Assumptions for achieving goal targets:</p> <p>Commitment of LDC government to deal with the AIDS epidemic.</p>																																				
<p>Project Purpose:</p> <p>To develop and demonstrate effective public health communication strategies and methods for controlling and preventing AIDS.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> 1) Change in knowledge about AIDS and high risk practices in target groups and participation in testing programs. 2) The development of effective communication strategies and methods. 3) The acceptance of these approaches by development professionals in participating LDCs. 	<ol style="list-style-type: none"> 1) Evaluations of change in knowledge and practices of target audiences, including surveys and in-depth interviews. 2) Program data on project activities and evaluation. 3) Program data on requests for technical assistance and use of these approaches by LDCs and donor agencies. 	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1) That the use of public health communications in a cross-cultural context can reduce the risk of HIV. 2) That operations research can produce effective strategies. 3) The availability of appropriate institutions and personnel at participating sites 																																				
<p>Outputs:</p> <p>Guidelines for application and effective use of public health communication strategies and methods, pilot projects, operations research studies, diffusion seminars and workshops, training videotapes and manuals, publications, comprehensive country implementation plans, and "Field Notes" on lessons learned.</p>	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> 1) Guidelines (3 revisions) 2) Sustained technical assistance in 15 countries 3) Operating research studies in 15 LDCs 4) Six dissemination workshops 5) Three training videotapes 6) Publications: at least 30 papers and reports 7) Implementation plans: 1 plan for each participating LDC 	<p>Program management data on project research, studies, workshops, evaluations, and publications.</p>	<p>Assumptions for achieving outputs:</p> <p>Availability of LDC media production and distribution facilities; radio/TV transmission time available.</p>																																				
<p>Inputs:</p> <p>Funding and at least fifty-five technical assistance missions to participating LDCs to conduct project activities, studies, and evaluations.</p>	<p>Implementation Target (Type and Quantity)</p> <p>8) Field Notes: a series of evaluations on each field activity</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;">S&T</th> <th style="width: 30%; text-align: center;">Mission/Regional</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>FY 87</td> <td style="text-align: center;">1,000</td> <td style="text-align: center;">500</td> <td></td> </tr> <tr> <td>FY 88</td> <td style="text-align: center;">2,000</td> <td style="text-align: center;">2,000</td> <td></td> </tr> <tr> <td>FY 89</td> <td style="text-align: center;">2,000</td> <td style="text-align: center;">2,000</td> <td></td> </tr> <tr> <td>FY 90</td> <td style="text-align: center;">2,000</td> <td style="text-align: center;">1,000</td> <td></td> </tr> <tr> <td>FY 91</td> <td style="text-align: center;">2,000</td> <td style="text-align: center;">--</td> <td></td> </tr> <tr> <td>FY 92</td> <td style="text-align: center;">500</td> <td style="text-align: center;">--</td> <td></td> </tr> <tr> <td>FY 93</td> <td style="text-align: center;">500</td> <td style="text-align: center;">--</td> <td></td> </tr> <tr> <td>FY 94</td> <td style="text-align: center;">--</td> <td style="text-align: center;">--</td> <td></td> </tr> </tbody> </table>		S&T	Mission/Regional		FY 87	1,000	500		FY 88	2,000	2,000		FY 89	2,000	2,000		FY 90	2,000	1,000		FY 91	2,000	--		FY 92	500	--		FY 93	500	--		FY 94	--	--		<p>Project management data on TA and on obligations.</p>	<p>Assumptions for providing inputs:</p> <ol style="list-style-type: none"> 1) Obligation of A.I.D. funding according to plan. 2) Appropriateness of technical assistance to particular LDCs.
	S&T	Mission/Regional																																					
FY 87	1,000	500																																					
FY 88	2,000	2,000																																					
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