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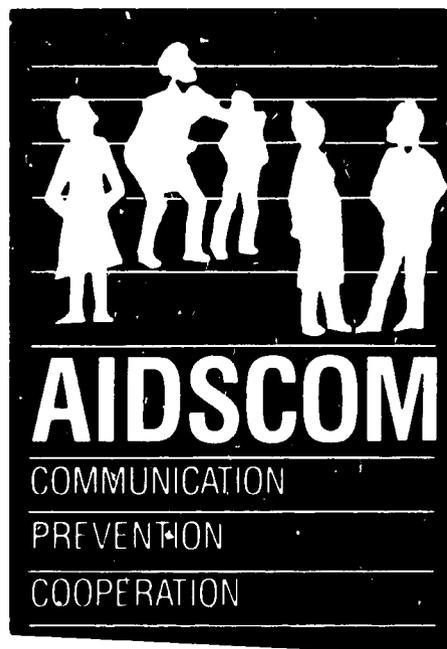
TRIP REPORT:

AIDSCOM TECHNICAL ASSISTANCE FOR GUATEMALA

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Draft
October 198

TRIP REPORT

Country Visited: Guatemala

Dates of Visit: October 10 - October 21, 1988

Contract: AIDS Technical Support Public Health
Communications Component
Contract No.: DPE 5972-Z-00-7070-00

Organization: Academy for Educational Development
Johns Hopkins University
AIDSCOM

Personnel: Kathryn Carovano, JHU/AIDSCOM
Nora Goodfriend-Koven, San Francisco
Department of Mental Health, AIDSCOM
Consultant

Purpose of Visit:

1. To assist in the design of an AIDS prevention intervention in the Ministry of Health Sexually Transmitted Disease (MOH/STD) Clinic for women at high-risk for HIV/AIDS.
2. To provide training to the MOH/STD Clinic staff.
3. To assist the Guatemalan Sex Education Association (AGES) in the design of AIDS prevention interventions for men at high-risk for HIV/AIDS.
4. To provide training to AGES staff.
5. To meet with staff of the Regional Audiovisual Center (CREA) to discuss possibilities for production of Spanish language videos on AIDS.

I. EXECUTIVE SUMMARY

Based on an agreement reached between AIDSCOM and AID/Guatemala during the AIDSCOM Needs Assessment visit in April, 1988 a team was fielded to provide technical assistance in program design and training to the Ministry of Health (MOH) and the Guatemalan Sex Education Association (AGES). The trip also provided the opportunity for AIDSCOM to meet staff from the Regional Audiovisual Center (CREA) to discuss the production of regional AIDS prevention videos. The team included Kathryn Carovano, JHU/AIDSCOM and Nora Goodfriend-Koven, AIDSCOM consultant.

The team worked in Guatemala from October 10- October 21, dividing time between the MOH/STD Clinic and AGES. During the visit, trainings were conducted with MOH Mental Health Professionals, STD Clinic staff, AGES staff, AGES AIDS Program volunteers, and men and women at high risk for HIV/AIDS. These trainings ranged in length from 1 to 3 hours and in audience size from 2 to 40 people.

During the visit, the team also met with staff of the National AIDS Program, conducted in-depth interviews with 18 women at high-risk, met with employers of women at high-risk, and worked with the various AGES volunteer working groups and members of the Ministry's Health Education Division.

Recommendations were left for both AGES and the MOH/STD Clinic for the further development of programs to provide AIDS prevention information to men and women at high-risk for HIV. A unique private/public sector joint effort was outlined in these recommendations and detailed descriptions of all trainings were left to allow for them to be easily replicated. A proposal for the production of a Spanish video for health care providers was drafted and next steps identified.

II. BACKGROUND

An AIDSCOM/AIDSTECH team visited Guatemala in April 1988. At that time, the team met with staff of the MOH/STD Clinic and AGES to discuss the possibility of initiating AIDS prevention programs for populations at high-risk for HIV/AIDS. The MOH requested technical assistance in designing a program for women attending the STD clinic and AID/Guatemala also asked that technical assistance be provided to the AGES program targeting men at high-risk.

As of October 1988, there were 47 cases of AIDS reported in Guatemala. Of these, 34 had died. In addition to these cases, 29 individuals have tested positive for HIV antibodies. There is believed to be considerable under reporting of AIDS cases in Guatemala. Since there is currently no systematic screening of the national blood supply, it is also certain that much larger numbers of people are infected with HIV than those that have been detected and reported to date. A study conducted in January 1988 among women at high-risk found only 1/300 who was antibody positive. No studies have been conducted among men at high risk.

III. OVERVIEW OF ACTIVITIES

The team worked extensively with both the MOH/STD Clinic and AGES staff. While the assistance requested was similar, the stage of development of the two programs is quite different and resulted in two fairly distinct work scopes.

A. Ministry of Health STD Clinic

The MOH/AIDS Program staff asked that AIDSCOM conduct a training for women at high-risk for HIV/AIDS and the MOH/STD Clinic staff. Before doing so, the team felt that it was imperative to first assess the level of knowledge among both groups about HIV/AIDS, behavior and perceptions of their own personal risk. In order to gain this information, a brief interview was designed and conducted among 18 women Clinic clients and, less formally, among Clinic staff.

Interviews with clients revealed very limited knowledge about AIDS, considerable misinformation about HIV transmission, very limited experience with condoms, no association between condoms and AIDS prevention, common history of STD infections, and frequent behavior that placed them at high risk for HIV/AIDS. Most had received no information about AIDS from T.V. or radio and while some had received information from the press, many others acknowledged that they were not literate. Interviews with staff revealed knowledge levels ranging from very high to fairly low.

The need for a targeted AIDS education effort for this group of women was reinforced by the information gathered from these interviews. The need to educate the partners of these women was also identified. In discussions between the women, some of their employers and Clinic staff, the site identified as most likely to reach a large number of women was their place of employment. The Clinic was identified as a place to reach some small percentage of this population, but it was acknowledged by all that women would be much less likely to attend sessions that required them to travel, even short distances. In further discussions, it was also agreed that the message would best be conveyed by a woman with experience in the sex industry. An individual was identified by Clinic staff who they felt could assume these responsibilities if she were given adequate training and support.

The team recommended to the MOH AIDS Program Administrator, Dr. Argueta, that serious efforts be initiated to educate women at high-risk for HIV and their partners. The first step recommended is to hire a woman with experience in the sex industry and train her to work as an AIDS educator. Dr. Argueta supported this recommendation but said that the MOH did not have the resources to hire additional staff at this time. The alternative of having AGES hire her to work with the Clinic population was suggested and agreed to in principal. In subsequent conversations with AGES staff, interest in the idea was expressed but no final decision was reached.

The team also discussed the need to educate the partners of women at high-risk. The suggestions made by employers of these women, the women themselves and Clinic staff included the

development of an extensive media campaign targeting men, the development of condom promotion posters to display in sites where sexual contact occurs¹, educational talks in places where men--particularly young men--work or live (e.g. factories, army barracks), and the development of an improved condom distribution system to make condoms more accessible to low income men.

The final day of the team's visit, trainings were scheduled for women identified as leaders in this community, employers, and Clinic staff. Only two of the leaders showed up and none of the employers, reinforcing the recommendation that educators go to where the women are rather than asking them to come to the Clinic for information. The two-hour training for the staff provided them with information on HIV transmission, the relative risk of specific activities, (both work-related and non-work-related), and ways to educate people about HIV/AIDS prevention and the proper use of condoms.

B. AGES AIDS Prevention Program

AGES is a PVO that was established in 1983 to provide information about family planning and sexuality to low-income urban and rural youth. Since initiating the program, they have trained over 1,000 volunteer educators and established programs in six regions throughout Guatemala.

The AGES AIDS Prevention Program began in July 1988 and is run almost entirely by volunteers from the community of men at high-risk. There are two full-time staff members who help to coordinate the program. To date, AGES has established a small clinic where they offer anonymous HIV-antibody tests; they have trained a group of volunteer "Conferencistas" to give presentations to the public; they have trained a group of "orientadores" to provide AIDS education to individuals in bars and on the streets; they have begun publication of a monthly community newsletter; they have published brochures on "How to Use a Condom" and "Safe Sex"; and, they have developed a program of "Grupos de Apoyo" to provide support to people with HIV/AIDS, their families and friends.

The AIDSCOM team conducted a three-hour "Train-the-Trainer" workshop for 40 AGES staff members from all six regions. The staff was quite well-informed and very receptive to the training techniques illustrated. The team also provided two trainings to the AIDS Program volunteers; one on Pre- and Post-Test Prevention Counseling and one on establishing psychosocial support

¹It was emphatically stated by employers that only posters that did not mention AIDS would be displayed in their places of employment. The negative impact on their business was given as the reason for their unwillingness to address AIDS directly.

structures within the volunteer community. The team also worked with all of the various volunteer programs, providing technical assistance to help strengthen the provision of services.

The team discussed arrangements with AGES staff for an educational trip for members of the AGES AIDS Programs. As part of their AID-funded activities, a trip for four individuals to either the U.S. or another Latin American country is planned. AIDSCOM agreed to discuss possibilities for such a trip to Mexico with CONASIDA, Mexico staff. One issue of concern to Jane Lyons, AID/Guatemala, and the AGES staff was a regulation requiring all recipients of AID funds supporting travel to be tested for the HIV antibody. AIDSCOM staff promised to try to clarify whether such restrictions exist and if so, when and to whom they apply.

C. Additional Activities

AIDSCOM staff met with staff of the Regional Audiovisual Center (CREA) to discuss the possibility of producing three AIDS education videos in Spanish for the Latin American region. The three audiences identified are medical professionals, the general population, and men at high-risk for HIV/AIDS. It was agreed that the first video to be produced would be for medical professionals. A proposal was submitted by CREA to AIDSCOM which contained a rough budget. AID/Guatemala is hoping to provide some PD&S funds to support this activity and AIDSCOM has agreed to solicit support from other Missions in the region.

At the request of MOH AIDS Program Psychologist, Lic. Mirella Gularte, AIDSCOM team members and AGES staff conducted a training for high-risk men involved in prostitution who were being detained in the city prison. This two-hour training involved 18 men and provided them with information on HIV transmission, the relative risk of specific activities, and a demonstration of proper condom use. All received AGES materials, free condoms and information on the anonymous testing service provided by AGES. A tentative agreement was reached between AGES and the MOH to continue this type of collaborative program with this population.

Lic. Gularte also asked the AIDSCOM team to conduct a one-hour training for 15 MOH Mental Health professionals. Given the extreme time constraint, this training focused on values clarification around working with people with AIDS or at risk for HIV/AIDS.

The AIDSCOM team also met with the staff from the Health Education Division of the Ministry of Health to discuss their plans for developing AIDS education materials. While a series of draft materials have been developed, they lacked the approval of the Education Subcommittee of the National AIDS Committee and there appeared to be no funding to finance their production. In

general, the materials relied too heavily on the Hotline, which is already recognized as being severely limited as a source of accurate AIDS information. No KAP surveys, focus groups or other research had been conducted to provide information that could serve as the foundation for materials development. The team strongly recommended that this be a first step before designing any materials in the future and, for those designs already completed, pre-testing was imperative as many AIDS prevention messages are very complex and, if poorly communicated, can have an adverse impact on prevention efforts.

The AIDSCOM team met briefly with Dr. Argueta to discuss ways to improve the MOH AIDS Information Hotline. The need to identify individuals who would dedicate their time solely to attending the Hotline, receive extensive training, and be provided with reference materials and log books were all identified as important modifications. It was agreed that AIDSCOM would send Hotline training materials to Dr. Argueta.

IV. FUTURE ACTION

1. AIDSCOM will contact CONASIDA, Mexico to request assistance for AGES in arranging an educational trip to Mexico.
2. AIDSCOM will look for additional funds to the production of three Spanish language videos for the region.
3. AIDSCOM will provide additional sample AIDS educational materials to AGES to serve as models for the development of their own materials.
4. AIDSCOM will provide Hotline training materials to the MOH.
5. AIDSCOM will be available to provide additional Technical Assistance, particularly in the areas of prevention counseling and interventions targeting high-risk individuals, contingent on the availability of additional Central and/or Mission funds.

LIST OF CONTACTS

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