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AIDS COMMUNICATIONS AND TECHNICAL SERVICES (ACTS) PROJECT

INTERNAL ASSESSMENT OF PHASE II

SEPTEMBER 12-23, 1994

FINAL REPORT

PREPARED WITH INPUT FROM THE PROJECT ASSESSMENT TEAM

**FOR THE BENEFIT OF CARIBBEAN EPIDEMIOLOGICAL CENTRE
AND
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
REGIONAL DEVELOPMENT OFFICE/CARIBBEAN**

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EXECUTIVE SUMMARY

This document is an internal evaluation for Phase II of the AIDS Communication and Technical Services (ACTS) Project, providing a set of recommendations based on findings from a comprehensive review of project activities and accomplishments from 1991-1994.

The ACTS project is a United States Agency for International Development (USAID) activity funded through PAHO to the Caribbean Epidemiology Center (CAREC) in the form of a grant agreement. While CAREC provides support to 19 member countries, the ACTS project specifically addresses the capacity to prevent and control the spread of AIDS in each of the following OECS countries including: Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, and Montserrat.

The socio-cultural and demographic diversity and variation within OECS countries including conflicting in-country demands strain the capacity of OECS countries to respond consistently to the AIDS epidemic. As the lead implementing agency, CAREC provides technical assistance to the OECS countries in the prevention and control of AIDS. CAREC is uniquely positioned to maximize unanticipated opportunities, based on priorities, within its 19 member countries.

CAREC's most successful contribution under the ACTS project has been in the area of providing a structure of technical assistance to the region. It has promoted its institutional role within the Ministries of Health and to other Ministries. It is apparent from the assessment that CAREC enjoys the respect of governments and their Ministries throughout the region. CAREC as a institution is an asset to the Caribbean region. This role can be continued and strengthened by proceeding with this effort and accelerating support for in country technical assistance in implementing ACTS supported activities in surveillance, prevention and program management. CAREC, in cooperation with each in country counterpart, will move the region closer to achieving sustainable programs to deal with the AIDS epidemic.

As the ACTS project enters its seventh and final year, CAREC is strongly encouraged to focus on accomplishing one or two successes within each strategy area. It is much more desirable, beneficial and realistically achievable to expect that a few things be accomplished with excellence than for a multitude of activities be pursued with poor quality results. For this to occur, and the ACTS Project to be considered a success, CAREC must demonstrate its ability to manage the considerable project resources available.

The summary findings of the evaluation team are as follows:

Strategy #1: Epidemiological Surveillance and Research Strengthening

The assessment team found that significant progress has been made in realizing the activities under this strategy. The capabilities are definitely stronger now than they were in 1991. Further progress needs to be made, but it is more a case of continuing to build upon a well established foundation.

Strategy #2: Prevention of Sexual Transmission of HIV Infection

The assessment team found the ACTS Project to be effective in raising the general awareness level of the public towards HIV/AIDS and the inherent dangers. HIV/AIDS presents particular challenges as it can only be prevented through effective behavioral interventions. Messages with a specific behavioral focus and community level efforts have been delayed until now. The team found that the linkage needs to be established between existing knowledge and specific and targeted behavioral interventions and messages.

Strategy #3: Promotion of Effective Management of National AIDS Programs

Efforts have focused on providing regional training and information sharing workshops, specifically focusing on the Log Frame Approach as a management tool. Activities focusing on the provision of in country technical assistance need to be strengthened in the final year of the project.

CAREC as Lead Implementing Agency

The complexity of the ACTS project has required the participation and support of several agencies. In many instances efforts directed toward meeting project objectives have been hampered rather than helped by the involvement of numerous agencies. Roles and responsibilities have not always been clear. The ACTS project was intended to support activities in multiple institutions, including CAREC, eight OECS countries, USAID RDO/C and CDC, as well as contractual relationships with FHI, AED and CFPA.

Building In Country Capacity

CAREC's efforts have focused on building its own institutional capacity and specific in-country efforts. To date, the sharing of these efforts with other countries, as well as assessment of in country capacity to sustain efforts has not been accomplished.

Evaluation

Evaluation efforts have been slower than anticipated. Technical assistance in this area has not been accessed as anticipated. The team noted that the results of completed projects were not always shared with in country personnel and other cooperating agencies.

CAREC Management

A great deal of the assessment team's efforts during the project Internal Assessment were spent in determining the current roles, responsibilities and areas of accountability of CAREC staff members relative to the ACTS Project. The project has been hampered by lack of clear designation of a Project Team Coordinator and poor follow through on project priorities.

Based upon these summary findings, the following recommendations are presented:

Recommendations

The assessment team recommended continued adherence to the goals and objectives under the ACTS project documents. The following recommendations are consistent with the accomplishment of these objectives:

Strategy #1: AIDS, HIV, and CSTD Surveillance and Research

CAREC's management structure and function should provide clear and focused support for ACTS project surveillance and research activities. Designation of central management authority at CAREC for surveillance is essential to assure proper integration of passive and active surveillance systems, as well as computerized access to surveillance information.

In the final year of the ACTS Project efforts should be directed towards support of in country systems that have the greatest chance of attaining sustainability. Surveillance efforts may flourish with a streamlined, integrated approach to surveillance activities, including HIV seroprevalance and STDs. These efforts must be balanced with physician participation and an accurate assessment of in country capacity to support such efforts.

Strategy #2: Prevention of Sexual Transmission of HIV

ACTS project activities must now focus on IEC activities, by delivering communication messages with a strong behavioral focus, and by providing in country assistance to implementing these messages to target populations.

CAREC and CFPA must maintain an open and honest line of communication in order to achieve the desired outcomes in the final year of the project. Together CAREC and CFPA should focus on the production, dissemination and evaluation of one or two comprehensive communication campaigns before the end of the ACTS Project. Besides improved uptake of CAREC's technical input, efforts should be directed towards production of a full range of mutually enforcing materials, from radio and television spots, to print materials, distribution of condoms, appropriate briefing of key players in the community and provision for increased community involvement in the campaigns. These should collectively focus attention on specific messages developed with, and approved by, CAREC. Materials should give appropriate prominence to the National AIDS Program (NAP) of the country concerned, as well as to CAREC.

Since the goal of HIV prevention efforts is to help support each individual's capacity to learn about methods to prevent the spread of AIDS and make choices for themselves to implement these choices, communication messages about HIV/AIDS must have a stronger focus on behavior change in the remaining year of the ACTS Project. The focus should be placed on specific behavioral interventions by identifying factors affecting attitudes, creating support for individual and collective actions, increasing demand for health services and reinforcement of behaviors by health educators and other key staff at the country level.

CAREC should make summary presentations on survey findings as the beginning point for future campaigns. Strategies for message development should be based on in country research. Messages should be tested with a sample of the intended audience before release of the final campaigns. The production of quality materials is as important as how these materials are made available within the countries. Communication packages should receive a broader distribution across the region as well as within each country.

In addition, it is suggested that communication and exchange among countries be maintained by the Social Marketing or Communications Officer at CAREC. By staying on top of all eight countries' strategies, CAREC will ensure that lessons learned in one country are shared with all.

Strategy #3: Promotion of Effective Management of National AIDS Programs

CAREC should focus on providing in country technical assistance for specific programming. These should be based on priorities based on needs assessment and schedules based on countries' readiness. If programs and materials presented regionally and in country are to be sustained, intense technical assistance efforts by CAREC in country will be necessary.

Identify one or two highly committed and motivated NAPs upon which to focus project efforts. Perform a thorough needs assessment to identify weaknesses in the management structure of the NAPs. In full cooperation with in country staff, develop a training plan to include in country workshops designed to address these needs on time. The goal would be to develop within each country the sustainable ability to develop and implement policy relating to HIV/AIDS activities in the country. The skill areas to be targeted should include at a very minimum: goals, objectives and workplan development; program and process evaluation to determine the effectiveness of program interventions; priority setting; and the improvement of analytical skills to identify practical cost effective methodologies.

The socio-cultural and demographic diversity within and among the OECS member countries, not to mention the conflicting requirements within each country, has contributed to a strain on the OECS member countries' ability to respond consistently and appropriately to the AIDS epidemic. As the key provider of technical assistance to the OECS member countries, CAREC has the role of providing vision and consistency in assisting these countries. CAREC is uniquely positioned to maximize unanticipated opportunities, based on priorities, within its 19 member countries.

CAREC as Lead Implementer for the Region

CAREC must continue to provide assistance to countries in the assessment, prevention and control of AIDS/HIV/STDs in the region. CAREC should use its position as lead implementing agency to more effectively utilize the technical resources from the other supporting agencies in the project. Interagency relationships and roles should be more clearly defined.

Focus on Building In Country Capacity

With all three established goals and objectives supported by CAREC, the focus of efforts must now shift from building its own capacity to building and sustaining in-country capacity to respond to HIV/AIDS. Any efforts begun in country should be completed in the remaining year. Training support should focus on activities that can realistically be sustained by in country personnel.

- Note is made of the recommendations for the minimum essential features of a sustainable HIV/AIDS intervention program for the Caribbean. (See Appendices)

Evaluation

A priority activity in the remaining year of the project is to focus more strongly on evaluation, particularly in the area of behavioral intervention. In addition, an evaluation of the accomplishments of the project should be compiled and shared with CAREC member countries and other appropriate forums.

CAREC Internal Management

Strategic planning will soon be accomplished at CAREC. Following this, CAREC must provide a new management structure to USAID clarifying roles and responsibilities. CAREC's overall role in health communication and information management must be addressed in that session. Moreover, the designation of the ACTS project coordinator should be clear at all times.

The active involvement of USAID is necessary to assure monitoring and completion of ACTS supported activities. Management within CAREC must immediately identifying priorities and address them with focused activity, including all appropriate scopes of work and supportive travel and follow up.

These recommendations are strongly advised for immediate implementation. Any deviation from these would be expected to impede progress in achieving the goals and objectives of the ACTS project.

INTRODUCTION

This document presents the results of an internal assessment of the AIDS Communications and Technical Services (ACTS) Project. The objectives of the review were to:

1. determine the effectiveness of the project in accomplishing its outputs on schedule.
2. assess whether the Expected Outcomes of the Project (EOPS) are realizable under current circumstances.
3. suggest a continuing role for USAID financing of AIDS interventions after the PACD.

The lead implementing agency of the ACTS Project is the Caribbean Epidemiology Centre (CAREC), specialized Centre of the Pan American Health Organization/World Health Organization (PAHO/WHO) with funding assistance in the amount of US\$7 million from the United States Agency for International Development Regional Development Office/Caribbean (USAID RDO/C). The project began in 1989 and extends through September 1995. The primary recipient countries under the project are Antigua and Barbuda, British Virgin Islands, the Commonwealth of Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines. Trinidad and Tobago and Barbados serve as sites for special project activities; while the remaining CAREC member countries are secondary recipients.

Phase II of the ACTS Project was initiated in 1991 and is intended for completion by the end of the project. In keeping with the overall focus of the project, Phase II seeks "to prevent and control the spread of AIDS in the Eastern Caribbean" by establishing within the eight OECS member countries the "capacity to develop, implement and cost effective surveillance and information, education and intervention strategies in support of projecting trends in and reducing the transmission of HIV infection and AIDS."

The description of Phase II states that the capacity building efforts should focus on implementation activities that target two priority audiences: youth and males. Support for women (especially partners of men with multiple sexual partners) and for increasing involvement of community groups in HIV/STD activities, were also included within the project scope. A three pronged strategy was identified for achieving these capacity building goals:

1. establishing and strengthening epidemiological surveillance and research programs to gather information on the extent and characteristics of STD transmission and AIDS cases;
2. introducing, improving and evaluating programs which reduce the incidence of sexual transmission of HIV infection; and
3. improving the management skills of the human resource base charged with implementing AIDS programs, with the design of interventions that are cost effective and sustainable.

As the lead implementing agency for Phase II of the project, CAREC utilized additional technical assistance provided by USAID, the Centers for Disease Control and Prevention (CDC), AIDSTECH - Family Health International (FHI), AIDSCOM - Association for Educational Development (AED) and the Caribbean Family Planning Affiliation (CFPA) Ltd.

The eight member team that carried out the assessment consisted of representatives from the major stakeholders in the project including:

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|--------------------------|--|
| Gregory Adams | USAID RDO/C Bridgetown |
| Mari Brown | CDC Atlanta |
| Dr. Barbara de Zalduondo | USAID Washington (Assessment Team Leader) |
| Dr. John Farley | CAREC Trinidad |
| Claudette Francis | CAREC Trinidad |
| Dr. Irad Potter | Participating Country British Virgin Islands |
| Rosalind Saint-Victor | PAHO/WHO CPC Bridgetown |
| Dr. Margaret Scarlett | CDC Atlanta |

This group covered a range of technical and programmatic backgrounds including the management of complex multi-site programs, regional health policy development, epidemiology, clinical psychology and HIV/AIDS Information, Education and Communications (IEC).

CURRENT STATUS OF PROJECT IMPLEMENTATION

The implementation of the ACTS Project Phase II was carried out under three project strategies:

1. Development of Standardized Surveillance Systems;
2. Prevention of Sexual Transmission of HIV Infection; and
3. Promotion of Effective Management of National Programs.

The summary of project activities, findings and recommendations maintains this format by strategy. Additionally, a review was performed of CAREC's management and implementation of the project. This section identifies findings and recommendations.

STRATEGY #1: EPIDEMIOLOGICAL SURVEILLANCE AND RESEARCH STRENGTHENING

The objective under Strategy #1 is to assist countries in establishing sentinel surveillance systems for AIDS, HIV+ and CSTDs that routinely provide estimates of disease frequency and distribution and thereby assess program effectiveness in reducing their transmission. Four activity areas were planned under this Strategy:

- 1.1. development of standardized surveillance systems;
 - strengthen STD surveillance systems in the region;
 - facilitate the development of a model STD surveillance plan for target countries;
 - strengthen laboratory diagnostic skills in CMCs;
 - facilitate an improvement in national sentinel surveillance strategies and reporting systems to ensure that facilities and laboratories are complementary in their reporting procedures;
 - assess and develop private sector reporting potential;

- assist priority countries in implementing surveillance systems for monitoring and estimating trends in AIDS/HIV and conventional STDs.
- 1.2. examination of the feasibility of additional proposals being implemented under the STD Small Grants Research Program;
- oversee the principal investigators of the small grant research projects funded during phase I of the project;
 - reintroduce the small grant research program for CSTDs.
- 1.3. convention of a technical symposium on STD/HIV infections;
- convene a regional symposium to review available data on HIV infection and CSTDs in the Caribbean and to identify areas for STD research and control strategies;
 - convene a follow up regional symposium to report on the results of the targeted STD small grant research program.
- 1.4. completion of KABP surveys in the remaining three countries (Grenada, St. Lucia and St. Vincent).
- conduct KABP surveys in the three priority countries remaining from the six originally identified for surveys in Phase I of the project.

FINDINGS

- 1.1. development of standardized surveillance systems;
- Consensus of the assessment team is that significant gains have been made in establishing standardized surveillance systems that reflect disease frequency and distribution and provide an indication of trends in disease transmission. These gains were realized as a result of the technical assistance provided by CAREC and CDC to member countries through regional and in country support.
 - Consensus was achieved among the nineteen CAREC member countries that a standardized surveillance system may contain a combination of any of the following four components and that these four components would be implemented as appropriate in each country:
 1. passive private and public reporting of CSTDs based upon standard case definitions;
 2. a laboratory component for monitoring Gonorrhea sensitivity and resistance;
 3. special studies to define current STD pathogens; and
 4. sentinel surveillance of HIV and CSTDs.

- Surveillance systems in all CMCs have been established as a result of ACTS Project Activities. CAREC is receiving quarterly reporting data from each country. Efforts are now being focused on working with each country to upgrade the quality of the individual surveillance systems. Case definitions for CSTDs have been developed and disseminated to CMCs.
 - The syndromic approach to reporting CSTDs was defined to improve the specificity of surveillance data.
 - National AIDS Program managers have been trained in the standardized case definitions and the syndromic approach.
 - Assessments of STD management and surveillance have been conducted in all but two CMCs (British Virgin Islands and Grenada). An assessment tool was developed for situational analysis, facilitating the identification of country priorities for implementation of the surveillance system.
 - During in-country interviews with Ministries of Health, Directors/Chiefs of HIV/STD Programs, hospitals and clinics the following was repeated in each country visited: "CDC consultants should listen to in-country needs; address the development of the HIV/STD surveillance system to country specifics and not CDC's approach to the process." For example, the National AIDS Program Director in Dominica noted that in country adaptation of regional guidelines is needed.
 - Situation analysis was performed in each of six countries (Antigua and Barbuda, Dominica, Grenada, St. Kitts/Nevis, St. Lucia and Trinidad) permitting assessment of needs and capabilities for implementation of the surveillance strategy components.
 - One barrier to certain countries' ability to complete sentinel studies is the lack of funding to supply reagents at the country level. Funding of reagents is not covered under the project.
 - The surveillance area appeared to receive much attention. Overall, use of the title "Prevention of Sexual Transmission of HIV/AIDS" under which information, education and communication (IEC) is maintained may have created conflicting priorities within the program especially targeting the surveillance and treatment issues regarding CSTDs.
 - In-depth epidemiologic studies with complicated surveillance forms are inappropriate for countries with only one epidemiologist or minimal personnel. This fact was noted by in-country personnel in all site visits.
- 1.2. examination of the feasibility of additional proposals being implemented under the STD Small Grants Research Program;
- No activity was reported during the period in review.
- 1.3. convention of a technical symposium on STD/HIV infections;
- Private physician seminars were conducted throughout the project review period in St. Lucia and Dominica (November 1992), Grenada (July 1992); and St. Kitts (August 1993).
 - A Clinical Management Regional Workshop was held November 19-22, 1992.
 - A symposium on Clinical Management Guidelines for treatment of STDs was held in August 1994.

- Regarding follow up to the regional meeting on STD management and surveillance held in Barbados in October 1993, several in country personnel stated that the four page STD surveillance form was more appropriate for a special STD study rather than for in country surveillance activities. A special committee was appointed, and met in Trinidad in December 1993 to investigate expansion of the CHIS to include syndromic approach to STDs. CAREC was charged with making the recommended changes to the form, the outcome of this activity was not communicated back to the CMCs and report of the meetings reflect these problems.

1.4. Completion of KABP surveys.

- KABP studies have been performed in all eight OECS countries. The results of these studies were distributed by mail to key people by mail. A quantitative survey was completed for St. Kitts/Nevis in July 1992. The findings were used to guide the development of the National Communication Strategy Plan (1992-93). Qualitative studies were completed in Antigua and Barbuda, British Virgin Islands, Dominica and Montserrat in March 1994.
- Additional interpretation and discussion of these and Phase I survey results had not yet occurred with CAREC staff, CFPA or appropriate in country personnel. Use of data to guide communication efforts did not appear to include KABP results for Antigua, Dominica or Monserrat.

RECOMMENDATIONS

1.1. development of standardized surveillance systems;

- Where possible, in country technical assistance as defined by the country is necessary to insure adequate implementation of surveillance activities. These should be scheduled at times convenient to in country personnel.
- Integration of sentinel disease reporting into routine surveillance may assist efforts in monitoring progress in surveillance. Follow-up meetings may be necessary to achieve consensus about what such data mean. Private physician participation in surveillance efforts will be critical to successful surveillance efforts for member countries.
- Surveillance efforts may flourish with a streamlined, integrated approach to surveillance activities, including HIV seroprevalance and STDs. These efforts must be balanced with an accurate assessment of the in country capacity to support such efforts. In depth epidemiologic studies with complicated surveillance forms are best performed with special research studies and not under the remaining ACTS Project related activities. In the final year of the ACTS Project efforts should be directed towards support of systems that have the greatest chance of attaining sustainability.

- 1.3. convention of a technical symposium on STD/HIV infections;
 - Surveillance efforts could be improved with a streamlined form that would facilitate data gathering and an integrated approach to surveillance activities. CAREC should immediately communicate to countries the status of form development activities to assist in country surveillance efforts.
 - Future symposia should focus on more time for interactive sessions and inclusion of staff at various levels in the Ministries of Health. Follow up to workshops may require specific in country assistance to ensure implementation of ideas developed at the workshops.
- 1.4. KABP surveys.
 - An analysis of KABP survey results should be compiled by CAREC. Analysis of surveys should include audience segmentation and behavior analysis. Authority and accountability for this activity should be provided to an appropriate expert. The results of this analysis should be communicated to appropriate CAREC staff, CFPA and National AIDS Program managers in each country for further dissemination. Focus analysis on youth and males.

STRATEGY # 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV INFECTION

The key objective under this Strategy is the prevention of sexual transmission of the HIV infection through the promotion of safe sexual practices by directing IEC campaigns to a targeted population of young adults and their higher risk sub-groups. A complementary component concentrated on training health educators and community influentials on the threat of AIDS and means to prevent HIV/AIDS transmission. Such campaigns were intended to focus on specific behaviors, such as increased use of condoms and the management of sexual partners. A cooperative agreement signed between USAID and CFPA was intended to foster collaboration with CAREC and national programs in the development, testing and distribution of multi-media IEC campaign packages.

Six activity areas were planned under this Strategy:

- 2.1. Behavior Interventions through Information, Education and Communication Campaigns;
 - conduct research, employing focus groups and other qualitative and quantitative methods to determine the needs of youth;
 - develop five to ten generic IEC multi-media campaign "packages" to be adapted to local conditions and used by priority countries;
 - review effective youth programs to facilitate their replication in other countries;
 - develop strategies to reach youth in various settings: in and out of school and the young adult who has completed schooling.

2.2. Development of Caribbean Resource Networks;

- identify sub-regional and U.S. networks of psycho-social scientists familiar with the Caribbean region or who have relevant strategic skills;
- implement at least one seminar on psycho-social research in support of AIDS prevention;
- develop a strategy of behavioral surveillance, research services and consultation for implementing applied KABP and ethnographic research.

2.3. National Health Educators Training;

- implement workshop to upgrade the skills of health education staff in priority countries;
- strengthen national capacity for mass media strategization and skills building through workshops and in-country follow up on research methodology, planning mass media campaigns and impact assessment.

2.4. Training of Professional, Community Leaders and Influentials;

- conduct two regional workshops and in-country follow up to support increased attention by NAP managers on reaching and involving community leaders and influentials, especially educators, politicians, sports personalities and entertainers;
- promote the AIDS Impact Model (AIM).

2.5. Development of AIDS Hotlines;

- monitor AIDS Hotlines with particular focus on their cost effectiveness.

2.6. Community Involvement in AIDS Prevention.

- encourage greater NGO and community participation in AIDS prevention and control through the NGO Small Grants Program;
- implement a regional workshop in proposal writing for potential grant recipients.

FINDINGS

2.1. Behavior Interventions through Information, Education and Communication Campaigns;

- This area was noted as the most problematic, both in the lack of community involvement and in overall IEC efforts. IEC activities were noted as delayed in 1991. These delays continued through 1994 due to several problems including: delays in hiring a consultant from AED (the consultant only provided six months of technical assistance versus the expected 12 months; 18 months of technical assistance were provided in communications expertise versus the recommended 24 months); delay was experienced in hiring a social marketing specialist at CAREC; a lack of consistent and open communication between CAREC and CFPA; and the difficulty in securing technical assistance from CDC within CAREC's requested time.

- Research was conducted, employing focus groups and other qualitative and quantitative methods to determine the needs of youth relative to the AIDS pandemic.
- The target group for IEC campaigns under Phase II was to be mainly young people and males. The use of quantitative and qualitative data for the design of communications materials was not well understood by either CFPA or in country personnel. CAREC staff appeared to have the expertise, but analysis and the use of data in designing communication messages did not appear to be a priority, as there was little evidence that it was employed.
- Communication as a tool for prevention, intervention and social marketing was not well understood by personnel interviewed during the site visits.
- The 1991 evaluation of the ACTS Project emphasized the need to shift to a strong emphasis on behavioral oriented health communication. In addition, the importance of face to face communication for the small, high risk groups was emphasized. The IEC campaign materials viewed by the assessment team did not focus on specific targeted messages with a behavioral focus (e.g., use a condom every time you have sex). Messages developed from 1991-94 were too broad in scope, rather than a targeted approach recommended for Phase II.
- The USAID RDO/C Cooperative Agreement with the CFPA was intended to tap into a local communications expertise and to finance its collaboration with CAREC and NAPs in the development of IEC packages. This was not fully realized. The assessment team was told by NAP staff that they often viewed materials for the first time on television or heard them on the radio. Brochures and other fulfillment items such as key chains, novelty items, etc. were not employed to reinforce the campaign message.
- Only three of the promised seven multi-media campaign packages were developed and delivered by CFPA to CAREC. Marketing of CFPA to the region appeared to be an important objective since all communications contained the CFPA logo displayed most prominently.
- Despite the delays and problems, the assessment team found a high degree of awareness among the population, concerning the HIV/AIDS epidemic and its dangers. CAREC and CFPA, through the ACTS Project, have provided solid support in informing the public about HIV/AIDS.

2.2. Development of Caribbean Resource Networks;

- A standardized data collection system was initiated to identify a network of psycho-social scientists familiar with the Caribbean or who have relevant strategic skills. Data collection is in progress.

- The national capacity for mass media strategizing and skills building has been strengthened through workshops and in country follow up on research methodology, planning mass media campaigns and impact assessment. National media workshops were held in Antigua and Barbuda, Dominica and Grenada during 1993 - 1994. Workshops on NGO participation in HIV/AIDS prevention were convened in British Virgin Islands, Grenada and St. Kitts/Nevis.

2.3. National Health Educators Training;

- Phase II was expected to target special expertise in social science research and the techniques of social marketing to develop effective communication campaigns to reach a larger segment of the population. While the need for health educators' workshops with an emphasis on social marketing techniques has been discussed and documented with CAREC, there were no immediate plans to hold such a workshop.
- Health Educators interviewed in country communicated their readiness and availability to assist in efforts in targeted behavioral interventions, reinforcement of communication messages and incorporation of HIV specific messages with other health education efforts.

2.4. Training of Professional, Community Leaders and Influentials;

- A regional media workshop was convened in St. Kitts during November 1992. Thirty media representatives were present.
- Fifteen journalists were sponsored for training at the Caribbean Institute of Mass Communication in June 1993 and in July 1994.
- A regional meeting was convened to review and evaluate AIDS programs in the Caribbean in October 1993. Participants included representatives from churches, ASO, National Programs, Laboratories, Labor Unions, NGOs, businesses and HIV+ people.
- Presentations using the AIDS Impact Model (AIM) to project the course of the HIV/AIDS epidemic in the English speaking Caribbean were made at several forums including: the regional influentials' workshop (October 1993); the National AIDS Program Managers meeting (May 1992); the 1992 Conference of CARICOM Ministers Responsible for Health; and the influentials workshops in Antigua and Dominica in 1992.
- Media workshops and other efforts under the project appeared to have resulted in great success in achieving a high level of awareness of HIV/AIDS among the public. The benefits of enhanced relationships between the Ministries of Health and television, radio and print media included: improved access to key experts; improvement of messages being communicated to the public. Many persons in the Ministries of Health noted the strong influence of media on young adults, a factor noted in KABP survey data.
- The report on the regional meeting to focus on improvement of the management of National AIDS Programs reflects no substantial progress was made in assessing the management of National AIDS Programs and making solid recommendations on how to improve management at the national level. Interest and energy were reported to be high for the meeting.

2.5. Development of AIDS Hotlines;

- AIDS Hotlines have been monitored in Grenada (functioning), St. Lucia (functioning) and St. Vincent (not functioning) with particular focus on the cost-effectiveness of the services.

2.6. Community Involvement in AIDS Prevention.

- Only two NGO small grants were awarded under the CFPA Cooperative Agreement.
- In Phase II of the ACTS Project CAREC awarded 14 NGO small grants to agencies including sports groups, Family Planning Associations, theatre groups, local Red Cross chapters, drug prevention groups, teachers union and churches.
- A planned regional workshop in proposal writing for potential grant recipients was not undertaken. In country meetings with NGOs to promote proposal development were conducted in eight countries.
- Efforts at focusing the communication messages on behavioral changes will require a high degree of coordination between CAREC, CFPA, CDC and USAID to be effective.
- The Phase II recommendations calling for a strong orientation towards community based interventions has not been realized.

RECOMMENDATIONS

2.1. Behavior Interventions through Information, Education and Communication Campaigns;

- CAREC should structure presentations on summaries of KABP survey findings in one or two countries as the beginning point for future campaigns. Strategies for message development should be based on in country research. Messages should be tested with a sample of the intended audience prior to release of the final campaigns. Packages should receive a broader distribution across the region as well as within each country.
- Because of limited in country resources and the severe impact of AIDS on socioeconomic issues, CAREC must continue to expand prevention activities within the OECS, within Ministries of Health as well as Ministries of Education, Social Welfare and other appropriate sectors.
- Since the goal of HIV prevention efforts is to help support each individual's capacity to learn about methods to prevent the spread of AIDS and make choices for themselves to implement these choices, communication messages about HIV/AIDS must now shift to a specific focus on behavior and interventions in the remaining year of the ACTS Project. Specific focus should be placed on factors affecting attitudes, creating support for individual and collective actions, increasing demand for health services and reinforcement of behaviors by health educators and other key staff at the country level.
- Communication materials produced by CFPA and/or CAREC must focus on social marketing with strong input from NAP managers at the country level.
- CFPA should develop the design, production and dissemination of communications packages to be used by individual countries to adapt to their specific requirements. The intent being to realize an economy of scale that minimizes the need for each country to

develop separate communications packages from scratch. CFPA could develop such material as camera ready copies of material with the addition of country specific taglines.

- CAREC, CFPA, CDC and USAID should establish clear methods of maintaining open communication to more effectively coordinate activities during the final project year.
- CAREC's capacity to design and apply operations research and to develop IEC packages should be improved through use of CDC/PASA consultants in the areas of social science and communication. Identification and utilization of trained in country persons, training of local specialists and use of outside technical assistance must focus on building capacity for the countries. This is an obvious priority for the immediate future given the current status of this activity and the time period remaining in the project period.
- Extension of consumer market research can guide efforts to determine what benefits and "costs" are barriers to implementing safe sex behaviors.
- The focus and direction of health communication at CAREC should be shared with all CAREC staff. A presentation to all staff should be made about CAREC's role with regard to IEC activities to clarify lack of clarity about its role within CAREC and its relationship to more traditional activities.

2.2. Development of Caribbean Resource Networks;

- Data collection of potential resources for the Caribbean may be enhanced by USAID and CDC. Resources such as AIDSTECH and AIDSCOM could be explored for inclusion in the directory.

2.3. National Health Educators Training;

- In country training should be provided to health educators and other program and NGO staff focusing on providing skills in social marketing and communication. Focus on one or two countries. Emphasis needs to be placed on community level skill building.

2.5. Development of AIDS Hotlines;

- USAID should request a final report from AED on the evaluation of AIDS Hotlines in the region. The report should be made available to CAREC and other key players.
- CAREC should investigate opportunities to develop a more general service hotline which could be integrated with STD concerns related to sexual and reproductive health.

2.6. Community Involvement in AIDS Prevention.

- Consider innovative approaches to soliciting grant proposals from community groups to enhance prevention activities. Explore the opportunity to make funds available through CAREC and CFPA, cognizant of the fact that small community groups may be currently underfunded.

CFPA Specific Recommendations

1. Future communication materials produced by CFPA and CAREC should focus on social marketing with strong in country input with a consumer focus.
2. The shift to community approaches which is recommended for emphasis in the remaining project materials should be supported by strong input from RDO/C and CDC technical assistance.
3. CFPA should immediately focus on achieving one fully developed communications campaign with all fulfillment articles, including condoms, brochures, newspapers ads, appropriate briefing to senior staff and preparation necessary for community involvement. Subcontracts may be necessary to complete these activities.
4. CFPA should address storage problems encountered with condoms. Efforts should be made to assure that individual countries have adequate supplies in a timely manner.
5. Due to the unexpended and unobligated funds remaining within the CFPA contract and the anticipated no-cost extension, CAREC management must provide strong support, along with USAID, to accomplish activities which will facilitate IEC strategy within the remaining year.
6. CFPA should be encouraged to tailor its activities to the purpose outlined in its cooperative agreement, with facilitation by USAID.

Recommendations for a Communications Plan are as follows:

1. Generic campaign packages of mass media targeting specific behavioral objectives, as well as targeted efforts to specific audiences, must be completed in the final year of the ACTS Project. The production of quality materials is as important as how these packages are made available within country. Packages must be delivered to all in-country structures and staff.
2. Packages for MOH and other ministries which address AIDS must be tailored for easy adaptation by in country personnel with fulfillment items consistent with campaign messages. Such items would include camera-ready copies of brochures for easy duplication, the inclusion of music only and scripts for voice-overs in local accents and dialects.
3. In order to continue to build in country capacity to work with media on production and repeated airing of country specific messages, MOH and other ministries must view or be sent video copies of radio and TV messages well in advance of release of materials to media in their respective countries.

STRATEGY # 3: PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL AIDS PROGRAMS

More attention was to be devoted to addressing issues under this Strategy during Phase II of the ACTS Project. The objective to be achieved under this Strategy was to improve the skills of the individuals charged with managing the implementation of the National AIDS Programs (NAP's) and designing cost-effective and sustainable interventions. Emphasis was to be given to research and training activities.

Three activity areas were planned under this Strategy:

- 3.1. Training of National Managers of AIDS Programs so that they will be able to develop goals, objectives and workplans; improve time and meeting management skills; understand

and manage group dynamics; and identify weaknesses in the AIDS program management structures and implement training programs to address these weaknesses.

- 3.2. Performing Operations Research in the Management of the NAPs to provide national managers with information on ways to refine activities, solve problems and improve project management.
- 3.3. Applying Alternative Financing and Demand Analysis to Selected Interventions to assist the National AIDS Program and the government, through the MOH and other related ministries to make more informed decisions on the allocation of resources.

FINDINGS

- 3.1. Training of National Managers of AIDS Programs.
 - CAREC's role as the lead implementing agency in the prevention of AIDS in the Caribbean region is dependent on its ability to focus its efforts to being responsive to specific in country needs.
 - An OECS Program Management Logical Framework Approach workshop was conducted in May 1993. The workshop addressed the development of goals, objectives and work plans through use of the Log Frame Approach.
 - In country workshops entitled "Introduction to Logical Framework Approach" were conducted in Antigua (June 1993) and Montserrat (July 1994). An in country Logical Framework Approach working session was held in Montserrat in May 1993.
 - Early in the ACTS Project, Medium Term Plans (MTPs) and NAPs were developed for each OECS member country. Among the eight OECS countries, three reported an active National AIDS Program Committee (NAPC), five reported little or no activity.
 - In country AIDS program management training activities were often delayed or postponed.
 - WHO/PAHO training using WHO modules on AIDS program planning was conducted in May, 1994.
 - A National AIDS Program Management meeting was held in May, 1992.
 - Without support from the ACTS Project, the NAP staffs' ability to access up-to-date knowledge or to direct the development, implementation, monitoring and evaluation of effective intervention activities is limited. While some NAP staff may have the knowledge to do so, the day to day demands of managing their programs in a resource deficient environment make it difficult for managers to secure the necessary time.

- NAP staff have not developed the necessary management skills to enable the national programs to be sustained. Apart from three in country log frame workshops there was a noticeable shortage of in-country training activities addressing the development of goals, objectives and workplans; improvement of time, task and meeting/workshop management skills; understanding and managing group dynamics; and improvement of analytical skills to identify cost-effective methodologies.
 - Country level assessments to identify weaknesses in the AIDS program management structures at the service delivery level in each country were not performed.
 - None of the countries exhibited the skills or ability to perform evaluations of ACTS Project intervention activities or to perform comparative cost analysis of alternative intervention strategies.
- 3.2. Performing Operations Research in the Management of the National AIDS Programs (NAPs);
- No Operations Research activities were undertaken in Phase II of the ACTS Project.
- 3.3. Applying Alternative Financing and Demand Analysis to Selected Interventions;
- Cost Analyses were performed estimating the cost of Trinidad's (September 1992) and Antigua's (1992) AIDS Education and Condom Distribution programs.
 - Cost Assessment was performed estimating the cost of St. Lucia's Prisoner STD/HIV Education program (October 1993).

RECOMMENDATIONS

- 3.1. Training of National Managers of AIDS Programs;
- Identify 1-2 highly committed and motivated NAPs upon which to focus project efforts. Perform a thorough needs assessment to identify areas for improvement in the management structure of the NAPs. In full cooperation with the NAP staff develop a training plan to include in country workshops designed to address these weaknesses in a timely manner. The goal would be to develop within each country the sustainable ability to develop and implement policy relating to HIV/AIDS activities in the country. The skill areas to be targeted should include at a very minimum: goals, objectives and workplan development; program and process evaluation to determine the effectiveness of program interventions; priority setting; and the improvement of analytical skills to identify practical cost effective methodologies.
 - Focus on specific, significant activities that can be accomplished within the next year.
 - Training should be provided in country on development and use of indicators to monitor the progress and effectiveness of project activities.
 - The project should identify and utilize trained in country personnel. Use of outside technical assistance must focus on building the in country capacity.

3.2. Performing Operations Research in the Management of the National AIDS Programs (NAPs);

- CAREC should provide NAP managers with skills in basic problem solving.

PROJECT MANAGEMENT AND IMPLEMENTATION REVIEW

FINDINGS

- CAREC management was not clear about the level of responsibility and authority it accords to the Project Team Coordinator in order to assure proper communication, supervisory roles and signatory authority necessary to accomplish planned activities. Clear responsibility and authority to effectively carry out the ACTS Project activities by CAREC management was not present in the past year of the project.
- Conflicting time demands on in country staff has been a major issue and has not allowed CAREC to complete its workplans. For example, in Dominica, the Permanent Secretary of the Ministry of Health reiterated the fact that scheduling of visits at country convenience is a problem, since one staff person may have many demands of their time. The team met with the Director of Primary Care and the Head of the National AIDS Program on Sunday in order to accommodate schedules.
- The project time line was overly ambitious. Several tasks integral to full implementation of the program are experiencing delays.
- The CDC/PASA-CAREC contact person identified to manage the CAREC PASA, and secure technical assistance changed five times within a two year period causing frequent delays, confusion and miscommunication in two out of three strategies.
- Unanticipated in country conflicts canceled pre-planned behavioral scientist component early on in Phase II by CAREC. CAREC requested a 6-month delay. CDC could not respond to this new request with the earlier identified consultant.
- CDC and CAREC regular progress reports and trip reports were often submitted to USAID RDO/C late.
- It was noted by the assessment team that priority was given to CAREC program development activities often at the expense of pursuing and completing ACTS Project activities on schedule.

RECOMMENDATIONS

- Immediate identification of a manager of the CAREC PASA and point of contact for CAREC at CDC with a back up person and CAREC sub-team support in place within 30 days of completion of internal evaluation. (December 4, 1994)
- In order to achieve complete success, the Project Team Coordinator should be given the responsibility and authority to effectively carry out the activities set out in the ACTS Project. In particular, the Project Team Coordinator should be given authority, oversight and approval for the various contracting arrangements that support the project, such as the CDC PASA and CFPA contract.

- Establish clear measurements of progress and standards against which achievement can be measured, as well as by whom, when and where such decisions will be made.
- Clarification of staff roles and responsibilities, should be addressed by CAREC management for the remaining year of the project. Completion of activities will be facilitated by a clear understanding of staff responsibilities.
- CAREC should evaluate requests from CMCs when programmatic staff are overbooked or overwhelmed by meeting deadlines for training sessions, planning sessions, and other CAREC activities. Plans by CAREC to implement the ACTS supported activities need to incorporate the schedules of in country demands and personnel. Travel and scopes of work for in country activities should be directly related to these activities. Someone from the Programmatic Office needs to have this responsibility and authority to implement or cancel.
- Yearly workplan and follow-up log frame approaches in the remaining year of the project should be completed if identified as a priority objective by USAID. If a phase by phase approach is to be used, it should be clearly stated with specific tasks within each phase. If, instead of phased or sequenced tasks, several broad but definable areas of work must be performed simultaneously, clearly delineate those areas and develop specific task statements for each of them.
- CAREC management staff needs to pay particular attention to the completion and sustainability of existing activities. Establish a schedule which gives the date by which a task should be completed, dates for preparatory activities at CAREC, where possible 4-6 weeks advance travel notice for CDC consultants, the date by which the activity should take place in country, and the identification of countries which the activities will take place.
- Management support for condom supply and distribution should be consistent with training provided in the WHO module.
- Emphasis on condom supply and distribution to end-users should be as important as critical central supply issues and distribution to countries. During the remaining project period, efforts must focus on end distribution of condoms and not just output to a particular country.
- CAREC should advise, coordinate and facilitate logistics from afar. Whenever possible, in country technical assistance as defined by the country is preferable.
- Management should continue to investigate the benefits of expanding its established excellence in epidemiology and surveillance to provide assistance in assessment, IEC, operations research, information management and cost-effectiveness. CAREC's SPSTD should provide training and technical assistance to CMCs for implementing necessary services and maintaining proficiency.

ATTACHMENTS

I. SCOPE OF WORK FOR THE ACTS PROJECT INTERNAL ASSESSMENT TEAM

The purpose of the ACTS Project Internal Assessment was to:

- determine the effectiveness of the project in accomplishing its outputs on schedule;
- assess whether the expected outcomes of the project (EOPS) were realizable under the current circumstances; and to
- suggest a continuing role for USAID financing of AIDS interventions in the region after September 1995.

Towards that end, the assessment team was charged with the following scope of work:

- assessment of the state of implementation of project activities and identification of actual versus planned activities and accomplishments;
- determination of the strengths and weaknesses of current project strategies and the effectiveness of the implementation mechanisms;
- project the potential need for follow up donor assistance in HIV/AIDS interventions in the Caribbean and to recommend workable alternative modes/structures for implementing such assistance.

The data for the assessment were obtained from the following sources:

- an initial briefing by key CAREC staff associated with the ACTS Project, its implementation status, history and the context in which the activities occurred;
- a perusal of project documents and reports;
- site visits to four of the eight primary recipient countries: Antigua and Barbuda, Dominica, St. Lucia and St. Vincent and the Grenadines. The eight member assessment team was divided into two groups each assigned to cover two countries. On these site visits, interviews were conducted with key players involved in the National AIDS Programs.

There were several limitations which must be noted. The evaluation process was hampered by time constraint, lack of advance preparation of documents for the team and lack of clear documentation on the current status of project activities by strategy and activity. A document which provided an update of accomplishments of all ACTS Project related activities was received by the assessment team in the final days of the review. As a result, full consensus of findings and recommendations was not fully achieved prior to the team members departure.

The assessment team itself spent much the first few days getting organized and oriented to the project and the methodology by which it would assess the ACTS Project progress. It must also be mentioned that CAREC staff were extremely responsive to the assessment teams request for information.

The data gathering process in St. Lucia was hampered because the site visit coincided with a national damage control exercise being implemented in the aftermath of extensive flooding caused by a tropical storm which hit the island one week earlier. As a result, no interviews were held with the technical and administrative management of the Ministry of Health and contact with the AIDS/STD Director was limited to two brief meetings. Fortunately the St. Lucia project implementation was well documented in reports and other documents.

The assessment team noted that since a CDC STD technical assistance team had been present in Antigua the week before, the national program coordinator did not schedule any meetings with individuals responsible for STDs, HIV/AIDS treatment or HIV/AIDS surveillance. The team was able to meet with the Chief Medical Officer regarding STD management and surveillance activities in Antigua.

II. ACTS PROJECT ACCOMPLISHMENTS SEPTEMBER 1991 - AUGUST 1994

ACTS PROJECT ACCOMPLISHMENTS

September 1991 - August 1994

STRATEGY 1:

AIDS, HIV and CSTD SURVEILLANCE AND RESEARCH

STRATEGY 2:

PREVENTION OF SEXUALLY TRANSMISSION OF HIV

STRATEGY 3:

PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL PROGRAMMES

| STRATEGY 1: AIDS, HIV and CSTD SURVEILLANCE AND RESEARCH | | | | | | | | | | | |
|---|--------------|-----------|---------|--------------|-----------|---------|--------------|-----------|---------|-----------|--------------------|
| Activities | 10/91 - 9/92 | | | 10/92 - 9/93 | | | 10/93 - 9/94 | | | Status | |
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | Completed | On going |
| | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | | |
| 1.1 Develop standard surveillance system | | | | | | | | | | | |
| 1.1.1 Review and assess STD services including surveillance systems | | | | | | | | | | | ✓ |
| - Antigua | | | | | | | | | | | Sept 4-10, 1994 |
| - BVI | | | | | | | | | | | June 13-16, 1993 |
| - Dominica | | | | | | | | | | | Sept 25-Oct 2, 93 |
| - Grenada | | | | | | | | | | | Dec 1993 |
| - Montserrat | | | | | | | | | | | May 8-22; |
| - St. Kitts | | | | | | | | | | | Jan 31-Feb 6, 1993 |
| - St Lucia | | | | | | | | | | | March 1-13, 1993 |
| | | | | | | | | | | | May 3-8, 1993 |
| 1.1.2 Review/adapt case definitions of STD/AIDS | | | | | | | | | | | |
| Case definitions pilot tested in: | | | | | | | | | | | |
| - Grenada | | | | | | | | | | | April 12-14, 1994 |
| - Dominica | | | | | | | | | | | Feb 24-27, 1994 |
| 1.1.3 Implement CARISURV (Caribbean Surveillance System) | | | | | | | | | | | ✓ |
| 1.1.4 National Epidemiologists and Laboratory meeting | | | | | | | | | | | Oct, 1992 |
| 1.2 STD Small Grant Research Program | | | | | | | | | | | |
| 1.3 STD Symposia | | | | | | | | | | | |
| 1.3.1 Private Physician Seminars | | | | | | | | | | | ✓ |
| - St Lucia | | | | | | | | | | | November 1992 |
| - Dominica | | | | | | | | | | | November 1992 |
| - Grenada | | | | | | | | | | | July 1992 |
| - St Kitts | | | | | | | | | | | August 1993 |

| STRATEGY 1: AIDS, HIV and CSTD SURVEILLANCE AND RESEARCH | | | | | | | | | | | | |
|--|---------------|----------------|--------------|---------------|----------------|--------------|---------------|----------------|--------------|-----------|----------|------------------|
| Activities | 10/91 - 9/92 | | | 10/92 - 9/93 | | | 10/93 - 9/94 | | | Status | | |
| | 1 Sept-Dec | 2 Jan-April | 3 May-Aug | 1 Sept-Dec | 2 Jan-April | 3 May-Aug | 1 Sept-Dec | 2 Jan-April | 3 May-Aug | Completed | On going | |
| 1.3.2 Clinical Management Workshop | | | | | | | | | | | | Nov 19-22, 1992 |
| 1.3.3 Clinical Management Guidelines | | | | | | | | | | | | Aug, 1994 |
| 1.4 KABP Surveys | | | | | | | | | | | | |
| 1.4.1 Quantitative Surveys - St Kitts and Nevis | | | | | | | | | | | | July 1992 |
| 1.4.2 Qualitative Survey - Antigua; Dominica; Montserrat & BVI | | | | | | | | | | | | May 1994 |
| 1.4.3 KABP Survey Dissemination | | | | | | | | | | | | |
| 1.5 Other key activities not funded by USAID | | | | | | | | | | | | |
| 1.5.1 HIV sero-survey antenatal patients | | | | | | | | | | | | |
| - Montserrat | | | | | | | | | | | | May 10, 1993 |
| - St. Vincent | | | | | | | | | | | | March 1993 |
| - St Lucia | | | | | | | | | | | | October 28, 1993 |
| 1.5.2 Pilot prevalence study of STD pathogens - Guyana | | | | | | | | | | | | |
| 1.5.3 Regional Epidemiology Training | | | | | | | | | | | | |

| STRATEGY 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV | | | | | | | | | | | |
|---|--------------|-----------|---------|--------------|-----------|---------|--------------|-----------|---------|-----------|------------|
| Activities | 10/91 - 9/92 | | | 10/92 - 9/93 | | | 10/93 - 9/94 | | | Status | |
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | Completed | On Going |
| | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | | |
| 2.1 Behavioural Interventions through Information, Education and Communication (IEC) Campaign | | | | | | | | | | | |
| 2.1.1 STD Intervention study - Trinidad | | | | | | | | | | | Dec 92 |
| 2.1.2 STD Intervention study - St Lucia | | | | | | | | | | | Sept 92 |
| 2.1.3 STD Intervention - Antigua | | | | | | | | | | | June 92 |
| 2.1.4 Communication campaign Impact survey - Quantitative Study - St Vincent - Qualitative Study - St Lucia | | | | | | | | | | | April 92 |
| 2.1.5 Carnival Intervention package | | | | | | | | | | | ✓ |
| 2.1.6 Communication Activities Planning | | | | | | | | | | | ✓ |
| 2.1.7 OECS Communication Campaign - Phase 1 - "When you can't protect them anymore.. Condoms can | | | | | | | | | | | Dec 1991 |
| 2.1.8 Music video and audio - "Sharing the Challenge" (World AIDS Day) | | | | | | | | | | | Nov 1991 |
| 2.1.9 Communication campaign impact survey Phase I | | | | | | | | | | | April 1992 |
| 2.1.10 OECS Communication campaign - Phase II Lifestyles - "Think! Choose! Live!" | | | | | | | | | | | Dec 1992 |
| 2.1.11 Support material for CAREC/CFPA Campaign - 2 Posters "Domino Effect & Choices" | | | | | | | | | | | |
| 2.1.12 Communication campaign Impact survey Phase II - Part 1 | | | | | | | | | | | |

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| STRATEGY 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV | | | | | | | | | | | | |
|---|--------------|-----------|---------|--------------|-----------|---------|--------------|-----------|---------|-----------|-----------|---|
| Activities | 10/91 - 9/92 | | | 10/92 - 9/93 | | | 10/93 - 9/94 | | | Status | | |
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | Completed | On Going | |
| | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | | | |
| 2.1.13 Lifestyles campaign Part II - Writers Workshop | | | | | | | | | | | July 1993 | |
| 2.1.14 Video Documentary - Time to Act (World AIDS Day) | | | | | | | | | | | Dec 1993 | |
| 2.1.15 Communication Planning based on KABP Survey results BVI, Montserrat, Antigua and Dominica | | | | | | | | | | | | ✓ |
| 2.2 Development of Caribbean Resource Network | | | | | | | | | | | | ✓ |
| 2.3 National Health Educators Training | | | | | | | | | | | | |
| 2.3.1 Communication Research Packages: - Using Popular Music in HIV/AIDS Prevention - Reaching Teens and parents of Sexually Active Youth - How to work with and Advertising Agency - How to Develop Effective Communication Strategies | | | | | | | | | | | May 1993 | |
| 2.3.2 Animated Condom Use Video | | | | | | | | | | | Dec 1993 | |
| 2.4 Training of Professionals, community leaders, and influentials | | | | | | | | | | | | |
| 2.4.1 Second Regional Media Workshop on AIDS, St Kitts - Media Personnel | | | | | | | | | | | Nov 1991 | |
| 2.4.2 World AIDS Day Sight and Sound Festival | | | | | | | | | | | | |

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| STRATEGY 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV | | | | | | | | | | | |
|--|--------------|-----------|---------|--------------|-----------|---------|--------------|-----------|---------|---------------------|----------|
| Activities | 10/91 - 9/92 | | | 10/92 - 9/93 | | | 10/93 - 9/94 | | | Status | |
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | Completed | On Going |
| | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | | |
| 2.4.3 Course on Responsible Reporting on HIV/AIDS in the Caribbean - Media Personnel - 1993 | | | | | | | | | | | |
| 2.4.4 Workshop for significant decision-makers in the Caribbean | | | | | | | | | | October 20-22, 1993 | |
| 2.4.5 Course on Responsible Reporting on HIV/AIDS in the Caribbean - 1994 | | | | | | | | | | June, 1994 | |
| 2.5 Development of Hotlines | | | | | | | | | | | |
| 2.6 Community Involvement in AIDS Prevention | | | | | | | | | | | |
| 2.6.1 NGO Small Grants Program - Forteen (14) grants awarded for the period July 1991 to September 1994 (Details on seperate lists) | | | | | | | | | | | ✓ |
| 2.6.2 Designing and Implementing HIV/STD Prevention Programmes - Grenada | | | | | | | | | | May 18-19, 1993 | |

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| STRATEGY 3: PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL PROGRAMMES | | | | | | | | | | | |
|--|--------------|-----------|---------|--------------|-----------|---------|--------------|-----------|---------|-----------|-----------|
| Activities | 10/91 - 9/92 | | | 10/92 - 9/93 | | | 10/93 - 9/94 | | | Status | |
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | Completed | On going |
| | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | | |
| 3.1 Training of National Managers of AIDS Programmes | | | | | | | | | | | |
| 3.1.1 LogFrame Training Programme for senior and middle managers | | | | | | | | | | | |
| 3.1.2 LogFrame Train the Trainers programme | | | | | | | | | | | |
| 3.1.3 Sub-regional Logical Framework Approach Workshop | | | | | | | | | | | May 1993 |
| 3.1.4 In-country LogFrame Working Session-Montserrat | | | | | | | | | | | May 1993 |
| 3.1.5 In-country Workshops - "Introduction to Logical Framework Approach" | | | | | | | | | | | ✓ |
| - Dominica | | | | | | | | | | | June 1990 |
| - Antigua | | | | | | | | | | | June 1993 |
| - Montserrat | | | | | | | | | | | July 1994 |
| 3.1.6 Country Updates (CAREC/USAID) | | | | | | | | | | | |
| 3.2 Operations Research in Management of AIDS Programs | | | | | | | | | | | |
| 3.2.1 AIDS Impact Modelling Study - Phase I | | | | | | | | | | | |
| 3.3 Alternative Financing and Demand Analysis | | | | | | | | | | | |
| 3.3.1 Cost Analysis: Estimating the cost of Trinidad's AIDS Education and condom distribution program | | | | | | | | | | | Sept 1992 |
| 3.3.2 Cost Analysis: Estimating the cost of Antigua's Health Education and Condom distributing Program | | | | | | | | | | | |

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| STRATEGY 3: PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL PROGRAMMES | | | | | | | | | | | | |
|--|--------------|-----------|---------|--------------|-----------|---------|--------------|-----------|---------|-----------|--|---|
| Activities | 10/91 - 9/92 | | | 10/92 - 9/93 | | | 10/93 - 9/94 | | | Status | | |
| | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | Completed | On going | |
| | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | Sept-Dec | Jan-April | May-Aug | | | |
| 3.3.3 Cost Assessment: Estimating the cost of St Lucia's Prisoner HIV/AIDS Education Study | | | | | | | | | | | Oct 1993 | |
| 3.4 Other key activities not funded by USAID | | | | | | | | | | | | |
| 3.4.1 CAREC's Scientific and Advisory Committee and Council Meetings | | | | | | | | | | | March 1992 March 1993 March 1994 | ✓ |
| 3.4.2 CAREC's Administrative Development Project | | | | | | | | | | | | ✓ |

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III. PROGRAM DESCRIPTION SUPPLEMENT - AMENDMENT NO. 3 (OCTOBER 31, 1991)

PROGRAM DESCRIPTION SUPPLEMENT

GRANT No. 538-0161-G-00-9175

AMENDMENT No. 3

PAN AMERICAN HEALTH ORGANIZATION
CARIBBEAN EPIDEMIOLOGY CENTRE

October 31, 1991

PROGRAM DESCRIPTION SUPPLEMENT

1. BACKGROUND

1.1. Introduction

This document is a supplement to the Program Description attached to and incorporated in the original grant no. 538-0161-G-00-9175 to the Pan American Health Organization (PAHO) for activities conducted by the Caribbean Epidemiology Centre (CAREC) under the AIDS Communication and Technical Services (ACTS) project. It provides details on the activities which will be the focus of attention during the second phase of the grant, extending from October 1, 1991 to September 30, 1995, and should therefore be read in conjunction with the original Program Description. The activities described in this Supplement are, in many instances, outgrowths of those conducted in Phase I of the project, or refinements of the same activities, with somewhat different focuses being brought to bear. The Supplement does not terminate or cancel on-going activities from Phase I. Activities which have not been identified in this Supplement may, with the approval of USAID/RDO/C, be included in Annual Implementation Plans.

1.2. Phase I Summary

The first phase of the ACTS project, over the last three years, has succeeded in initiating efforts to better monitor disease trends and prevent sexual transmission of human immunodeficiency virus (HIV). Two US organizations, Family Health International (FHI) and the Academy for Educational Development (AED) along with the PAHO sub-regional center, CAREC, have jointly strengthened Caribbean capacity to advise Ministries of Health on effective HIV prevention and control measures. During this phase, regional activities focused on training of personnel, developing standardized surveillance forms and generic knowledge, attitudes, beliefs and practices (KABP) study questionnaires for country use, determining point prevalence of two common sexually transmitted diseases (CSTDs), promoting condom use, and development and distribution of educational materials.

Country-specific efforts consisted of three KABP studies, behavioral interventions among high risk groups, establishing hotlines, upgrading two STD facilities and performing three cost studies on intervention alternatives.

AIDS has become increasingly prevalent in the Caribbean. Cases in the region have increased from the 1987 cumulative total by 693 (an increase of 208% in three years), and show a male to female ratio of 2.3:1. The majority of cases (73.4%) occurs in the 20-44 age group and the case fatality rate is approximately 62.4%. Data on gonorrhea and syphilis cases reported to CAREC are questionable due to variation in the quality and availability of services and lack of private participation. However, it appears that the incidence of CSTDs in the region has increased in the last decade, especially, in the last four years. Syphilis cases reported in Trinidad bear this out with 131/100,000 cases in 1987 compared to 37/100,000 in 1984. This increase was also seen in positive syphilis serologies among antenatal attendees, a more representative group of the total population.

1.3. Phase II Summary

An interim evaluation in early 1991 found overall project performance quite satisfactory and recommended that the project activities continue, but with CAREC playing a more active role in project coordination and technical direction.

2. PROJECT GOAL, PURPOSE AND END-OF-PROJECT STATUS

2.1. Goal and Purpose

The goal of the ACTS project, "to prevent and control the spread of AIDS in the Eastern Caribbean" remains the same. Similarly, the purpose, which is "to establish a capacity to develop, implement and monitor cost-effective surveillance, information, education and intervention strategies in support of projecting trends in and reducing the transmission of HIV infection and AIDS" is unchanged.

In implementing activities towards accomplishment of the goal and purpose, the project will continue to focus attention during the second phase on the three strategies as follows:

1. establishing and strengthening epidemiological surveillance and research programs to gather information on the extent and characteristics of STD transmissions and AIDS cases;
2. introducing, improving and evaluating programs which will reduce the incidence of sexual transmission of HIV infection; and
3. improving the management skills of the human resource base charged with implementing AIDS programs and the design of intervention programs that are cost-effective and sustainable.

2.2. End-Of-Project Status

2.2.1. Targets

The two quantifiable objectives identified in the original project documents remain the same. They are:

1. to reduce the annual rate of new sexually transmitted disease cases by 25% from the current or projected level in select target countries.
2. To prevent HIV infection from exceeding 1 percent prevalence in 1995 in countries which had little or no infection in 1988 (e.g. St. Lucia, Montserrat) as measured in groups representative of the general population (e.g. ante-natal clinic attendees).

The most appropriate way of verifying these objectives appears to be through sentinel surveillance of gonorrhoea and syphilis among antenatal women in several different urban sites. Monitoring syphilis seroprevalence among young women in the under 19 year age group will provide a reflection of relatively "new" disease or incidence. Other methods, such as surveys of reported symptoms of urethral discharge and genital ulcers (PHI's QuiSTD Index), and protocols currently being tested by A.I.D. in Jamaica may be available in the near future. CAREC will introduce to countries a sentinel surveillance matrix, similar to the one suggested in Annex I to this Supplement, which will indicate the sentinel surveillance activities to be developed for monitoring the above objectives.

2.2.2. End-Of-Project Conditions

The five conditions originally identified remain valid in phase II. However, in this phase surveillance systems will also track the incidence of syphilis as a

3. PROGRAM DESCRIPTION FOR PHASE II

3.1. Strategy 1: AIDS, HIV+ and CSTD Surveillance and Research.

Under strategy 1, epidemiological surveillance of AIDS, HIV and CSTDs, countries will be assisted in establishing sentinel surveillance systems that reflect an estimation of disease frequency and distribution, and provide an indication of program effectiveness in reducing transmission. Assessing and monitoring knowledge, attitudes, beliefs and practices will be performed using a variety of methods, including national and modified KAP studies.

3.1.1. Development of Standardized Surveillance Systems

This activity will comprise several discrete elements. Firstly, CAREC will continue to strengthen STD surveillance systems in the region by convening an additional workshop on STD surveillance, with technical assistance obtained as needed from the AIDSTECH sub-project. The workshop should aim to summarize the use of new reporting forms, to discuss any problems or issues regarding completion, accuracy and timeliness, and more importantly should recommend a suggested STD surveillance plan for countries to follow. The plan should make use of existing data sources of HIV and CSTD trend information. These would include tests done as a requirement for US visas, employment-insurance programs which require HIV testing for new enrolments, and positive syphilis serology data on antenatal women performed over the recent years. These results may be analyzed by each country according to age group and year. Rates of seroprevalence among the youngest women would provide a close approximation to new syphilis (incidence) and thus, potential HIV infectivity rates. Significant change in rates of syphilis would reflect impact from intervention programs, assuming availability of antenatal services stays the same.

CAREC will also convene a workshop on STD laboratory diagnostics for all its member countries. In addition to training in chlamydia and herpes testing and confirmatory testing for syphilis, CAREC will need to develop STD guidance on basic laboratory needs, and to more precisely define its own role in serving as a regional laboratory in the area of CSTDs.

At the country level, sentinel surveillance strategies (based on CAREC's matrix) and reporting systems will be refined to ensure that forms are completed properly, on a timely basis, with biographical data (age, marital status, or number of steady partners, address, etc.) to assure that facilities and laboratories are complementary in reporting procedures.

Significant effort will be devoted to assessing and developing private sector reporting potential. This particular effort will be one part of a larger effort to work with the physicians and pharmacists in overall STD management. A series of short (one day) workshops will be convened by CAREC in the priority countries, targeted at private pharmacists and physicians. The workshops will aim to improve the pharmacists' and physicians' skills in clinical diagnosis of STDs and their support for full reporting on the incidence of these diseases.

CAREC will assist the priority countries to implement their surveillance systems for monitoring and estimating trends in AIDS, gonorrhoea, and infectious syphilis cases, and HIV and syphilis seroprevalence. The feasibility of reporting non-gonococcal infections will be investigated. Technical assistance should be provided to each country to assess the existing epidemiologic situation, defining the objectives of the surveillance, determining general survey methods, sampling methods, laboratory services and training/briefing personnel and identifying equipment needs.

The following indicators may be selected to assist in the monitoring progress:

patients and their sexual partners. National health educators and "community influentials" will receive training on the threat of AIDS and means to prevent HIV/AIDS transmission. Through a direct RDO/C cooperative agreement, the Caribbean Family Planning Association (CFPA) will collaborate with CANDC and national governments in the creation of IEC packages.

3.2.1. Behavior Interventions through Information, Education and Communication (IEC) Campaigns.

Phase II will concentrate outreach on young adults with behavioral oriented campaigns for prevention of sexual transmission. Youth constitute the largest target group for STD infection in the Caribbean. The incidence of AIDS and CSTDs in this population points to the group's vulnerability. Evidence indicates that their level of awareness on STDs needs to be improved. There is a widespread consensus on the need to reach this population and Phase II will support efforts including:

- o research, employing focus groups and other qualitative and quantitative methods, to determine the needs of youth;
- o development of campaign "packages" with print, video, and audio aids in education and communications to be used by Health Education Units;
- o review of effective youth programs, such as the peer counselling program in St. Lucia, and adolescent health centers in St. Vincent and Antigua, so that replication in other countries can be tried and assessed;
- o strategy development to reach youth in various settings: in and out of school, and the young adult who has completed schooling;

In addition to the focus on youth, the "lifestyles"-type of communications campaign will also specially target Caribbean males. Socially, economically, and culturally, the male role is dominant in hetero-sexual relationships in the Caribbean. Males are therefore an important sub-group to be targeted for behavior change. Evidence from outside the region suggests that men will respond positively to supportive interventions which promote healthier sexual lifestyles and cooperation with partners in sharing health and (in heterosexual relationships) contraceptive concerns.

Due to an apparently considerable incidence of "serial monogamy" as well as long term extra-marital relationships, this special concern for effecting lifestyle changes in Caribbean males is warranted in spite of the other general IEC efforts also being targeted to this group.

The project will develop generic communications packages of materials reflecting integrated campaigns targeted on a defined youth audience that can be utilized in several countries. A campaign "package" would include suggestions for local research or focus group topics, pretested print materials, scripts or taped messages for radio, training manuals for people working on the campaign, video programs or spots if appropriate, media plans, monitoring techniques for assessing coverage and progress, background information on the specific AIDS issues, suggestions for coordination with activities of other organizations, suggested lists of ancillary activities, events, or messages, etc.

Generic packages that can be adapted for local circumstances will enable national health education units or an NGO to undertake a comprehensive, effective communications campaign even if they lack the resources or the skilled personnel to create the campaign themselves.

To the extent possible, the flexibility for adaptation will be preserved, so that, for example, local audio tracks can be dubbed onto video, or furnished radio scripts can be recorded with local talent in the correct accent. The high risk group interventions initiated during the first phase (that address smaller audiences) are themselves candidate interventions for "packaging," if it appears that they would be useful in multiple sites.

It is anticipated that between five and ten such packages might be required during the second phase of ACTS.

3.2.2. Development of Caribbean Resource Networks

Another aspect of strengthening the region's capabilities in the psycho-social or behavioral change area will involve identifying sub-regional, regional, and U.S. networks of psycho-social scientists who are familiar with the Caribbean or have particular strategic skills and availability. CAREC, with technical assistance as appropriate, will plan and conduct at least one seminar on psycho-social research in support of AIDS prevention. CAREC will also develop a strategy of behavioral surveillance, research services and consultation for implementing applied KABF and ethnographic research.

The object of this activity is to assure that the region can identify and access the appropriate resources to continue interventions in the psycho-social areas after this project ends.

3.2.3. National Health Educators Training

The evaluation highlighted the need to build the skills of the health education personnel in ministries of health. To this end, the project will conduct one regional workshop aimed at upgrading the skills of health education staff in the priority countries, specifically addressing the interventions being implemented under this project.

The evaluation also identified the over-concentration of resources at the person-to-person level as a weakness in the health education/communications strategy. Fewer contacts are made via this route than by the more mass media related interventions. Given that resources in health education at the country levels are limited, Phase II will concentrate more efforts at mass media strategizing and skill building through workshops on research methodology, planning mass media campaigns, and impact assessment. The workshop activities will be supplemented by follow up visits made to the priority countries by CAREC and contractor personnel.

3.2.4. Training of Professionals, Community Leaders, and Influentials.

Although Phase I helped to expand the knowledge of health and education personnel through trainer of trainers (TOT) workshops, no actions addressed community leaders and influentials. During Phase II, greater attention will be given by the National AIDS coordinators to reach and involve community leaders and influentials, particularly educators, politicians, sports personalities, and entertainers. These efforts at country level will be supported by two regional workshops, and technical assistance visits from project personnel located at CAREC.

Further, the AIDS Impact Model (AIM) now under development will be promoted in all countries to persuade decision makers to move forward more quickly on AIDS interventions. The grant will help provide country-relevant data for the AIM, tailor it specifically for target countries, and to make presentations in all

address these needs will be developed and implemented.

An important effort under this activity will be to assist the countries to "disaggregate" Medium Term Plans (MTPs) for more effective implementation. The intention will be to transfer skills in the planning process and encourage greater participation by all the agencies involved in implementing AIDS prevention programs.

Where computer skills and hardware exist in the countries, the project will assist the coordinators to build on these skills using the same management software as the Project Coordinator. These interventions will be reinforced by the sharing of copies of management articles and publications when available.

3.3.2. Operations Research in Management of AIDS Programs

Operations research activities will be undertaken to provide managers with information on ways to refine activities, solve problems, or improve management. The research will be simple in design and method and will have practical application. For example, potential topics might include optimal methods of contact tracing, diagnosing CSTD by syndrome versus laboratory confirmation, and the feasibility of extending or changing STD clinic hours. This activity will provide project implementing agencies with the flexibility to design and pursue inquiry on subjects that will enhance the successful accomplishment of the project purpose.

3.3.3. Alternative Financing and Demand Analyses

The project will apply alternative financing and demand analyses to selected interventions, whether implemented through this project or supported by another donor. The objective will be to assist national AIDS committees and governments to make more informed decisions on the allocation of resources. Decisions on the involvement and extent of the NGO community in implementing AIDS activities would be assisted by the results of these studies.

4. PROJECT MANAGEMENT AND IMPLEMENTATION

4.1. Management Structure

The overall management structure for the project will continue to involve USAID/RDO/C, CAREC and the other cooperating agencies, working in close collaboration with the National AIDS Coordinators in each of the six priority countries. Based on the experiences during the first phase in trying to develop a workable arrangement, and the findings of the recent project evaluation, the management structure in phase II will place greater emphasis on CAREC's role as the principal implementing agency.

CAREC will direct project efforts in all project strategies, identify and coordinate technical assistance and small grant resources, and monitor country and regional program implementation and the circumstances affecting progress. As indicated in the original program description (p. 11) CAREC is "responsible, therefore, for ensuring that activities are carefully scheduled to minimize duplication and overload at the country level and that all inputs are in place to carry out project components."

With the addition of the Caribbean Family Planning Affiliation Ltd (CFFA) to the project implementation group, the need for coordination, and the clear

The addition of the new staff will round out CAREC's technical capabilities to respond to the AIDS epidemic, by better equipping the organization to plan, undertake and monitor promotive health interventions, which are the major thrust of this project. CAREC will conduct a thorough assessment of its staffing capabilities, and develop and revise job descriptions for all positions to allocate functions appropriately to positions.

To strengthen CAREC and regional capabilities, the U.S. institutional contractors will provide long and short term technical assistance both directly to CAREC and to countries as identified in the country and regional MTFs, and the annual project implementation plans. The purpose of the technical assistance will be to assist CAREC to develop expertise in the planning, management and evaluation of AIDS prevention and control programs and to fill technical resource gaps in the implementation of field programs. Two experienced advisors, in social marketing/communications and behavioral science research, will be provided by AED and FHI and assigned to CAREC as part of the institutional strengthening strategy, for periods of fifteen and nine months respectively. The advisors will be assigned counterpart technical staff at CAREC, according to the technical area being assisted, so that technical transfer of skills is accomplished.

4.4. Monitoring And Evaluation

4.4.1. Monitoring and Technical Reporting

With regard to the ACTS project activities, CAREC will develop a standard reporting format in conjunction with other implementing agencies and the USAID project manager as a priority action early in Phase II. This format will be followed by CAREC and the other institutions involved in project implementation. The format will be simple but complete in its inclusion of all project activities, logframe objectives, and indicators. STD data from the countries' surveillance systems and the suggested STD program process indicators should be available to be included in these reports by 1993. The national implementing agencies will be asked to complete this report quarterly for submission to CAREC. The reports from the National AIDS Coordinators will first be submitted to the NAPCs and then forwarded to CAREC.

CAREC will aggregate the data, compile its own report three times annually, and provide two copies to USAID, by within one month of the end of the reporting period. CAREC's report will cover its own activities and a review of performance at the country level, including progress towards established targets, problems encountered, and suggestions for future remedial action. The National Coordinators' reports will be included as appendices. The semi-annual and annual meetings may jointly review all reports.

Two copies of each technical report developed with grant resources shall also be forwarded by CAREC to USAID.

The final project report from CAREC to USAID shall include a full review of the project activities completed, relative to the goals and plans established, the effectiveness of the mechanism used in accomplishing the project's purpose, and an assessment of project impact. CAREC should use information available from project studies, evaluations and its own assessments in completing the final report.

4.4.2. Evaluations

An internal review will be planned, structured and conducted annually by the implementing agencies and National AIDS Coordinators. These reviews will allow project personnel to identify problems, examine issues, and seek solutions on an

ANNEX I

SUGGESTED IN-COUNTRY SENTINEL SURVEILLANCE
MATRIX

| Disease | Routine Reporting | (Prev/Incid) | Special Surveys | (Prev/Incid) |
|------------|------------------------|--------------|-----------------|--------------|
| HIV | blood donors | X | prostitutes | X |
| | STD patients | X | prisoners | X |
| | | | migrants | X |
| | | | cohorts | X |
| AIDS | H.C. facility patients | X | | |
| Syphilis | antenatals | X | prostitutes | X |
| | STD patients | X | prisoners | X |
| | family plan. | X | migrants | X |
| Gonorrhoea | STD patients | X | prostitutes | X |
| | antenatal | X | prisoners | X |
| Urethritis | STD patients | X | males | X |

(Prev = Prevalence and Incid = Incidence)

Countries will be encouraged to work towards the establishment of routine sentinel surveillance and reporting in the groups listed for each disease or syndrome. The special surveys will be dependent upon individual country environments, assessment of risk for each group and available resources. These surveys will not be performed at the expense of the routine sentinel surveillance activities.

CAREC and countries will include these data reported from above, as indicators within their respective STD evaluation strategies. It will be assumed that these data will be gathered from both public and the private sector; and that priority will be accorded to urban sites versus rural. Linked and unlinked testing of HIV will be determined at the local level.

IV. WORKPLANS (1991-1994)

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AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT, No. 538-0161

ANNUAL IMPLEMENTATION PLAN

OCTOBER 1, 1991 TO SEPTEMBER 30, 1992

ACTIVITIES PLAN AND SCHEDULE

STRATEGY # 2: REDUCING SEXUAL TRANSMISSION OF HIV, AIDS, (and STDs)

| # : | ACTIVITY DESCRIPTION | :LOCATION(S): | START : | END : | EXECUTING : | IMPORTANT |
|-----|--|---------------|---------|--------|----------------|---------------------------------|
| : | : | : | DATE : | DATE : | AGENCY : | ASSUMPTIONS |
| : | Barbados HRG intervention: Clinic/IEC actvts.: | Barbados | Sep-91 | Sep-92 | MOH/FHI | MOH approval of intervention |
| : | Barbados HRG Intervention: Ethnographic study: | Barbados | Sep-91 | Dec-91 | FHI | : |
| : | Counseling and Condom Promotion training | Dominica | Oct-91 | Feb-92 | FHI | : |
| : | Hotline Development: Group of Concerned Women | Grenada | Oct-91 | Sep-92 | AED | : |
| : | Completion of Antigua HRG Intervention Report: | Antigua | Oct-91 | Feb-92 | FHI/MOH | : |
| : | IEC materials development for STD clinic | Trinidad | Oct-91 | Mar-92 | FHI/CAREC | materials field test 12/91 |
| : | World AIDS day materials printing | Antigua | Oct-91 | Oct-91 | FHI | : |
| : | Trinidad HRG: Outreach, condoms, Eval. | Trinidad | Oct-91 | Sep-92 | MOH/FHI | : |
| : | Lifestyles Condom Campaign: Assmnt/Trg/TA. | Dominica | Oct-91 | Sep-92 | FHI | : |
| : | World AIDS day material produced, distributed: | OECS | Nov-91 | Dec-91 | CAREC | : |
| : | Regional Media Workshop | St. Kitts | Nov-91 | Nov-91 | CAREC | : |
| : | World AIDS Day: Radio Program (CANA) | OECS | Nov-91 | Dec-91 | AED | : |
| : | Impact survey (focus) on Youth Radio campgn. | Grenada | Dec-91 | Dec-91 | CAREC | Campgn runs to Nov (focus grp) |
| : | Red Cross Education Contract | St. Vincent | Dec-91 | Sep-92 | AED | contract extension approval |
| : | Public Education Campaign: using Yth. Cncils | Grenada | Dec-91 | Sep-92 | AED | : |
| : | Public Education Campaign: using Yth. Cncils | St. Lucia | Dec-91 | Sep-92 | AED | : |
| : | Public Education Campaign: using Yth. Cncils | St. Kitts | Dec-91 | Sep-92 | AED | : |
| : | Public Education Campaign: using Yth. Cncils | St. Vincent | Dec-91 | Sep-92 | AED | : |
| : | Communications Resrch Packages: pkgng/dissemin.: | OECS | Dec-91 | Sep-92 | AED/CAREC | : |
| : | Communications Campaign Tracking Surveys | St. Vincent | Jan-92 | Jul-92 | CAREC/AED | : |
| : | Improve supply/mgmt of condoms | OECS | Jan-92 | Sep-92 | CAREC/CFPA | : |
| : | Impact survey (Quantit) on Youth Radio campgn: | St. Vincent | Jan-92 | Jan-92 | CAREC | Campgn runs to Nov (quantitive) |
| : | Comms. campaign planning using KABPs | Grenada | Jan-92 | Jan-92 | CAREC/AED | MOH participation |
| : | Phase II Comms. campaign: Campaign planning | OECS | Jan-92 | Sep-92 | CAREC/AED/CFPA | Impact survey results in hand |
| : | In-country follow-up with Media workers | OECS | Jan-92 | Sep-92 | CAREC | : |
| : | Comms. campaign planning using KABPs | St. Vincent | Jan-92 | Jan-92 | CAREC/AED | MOH participation |
| : | Evaluation of sex behavioral interventions | OECS | Jan-92 | Sep-92 | CAREC/FHI | Behav. Sc. Advisor on board |
| : | Promotion of HGO Small grants | OECS | Jan-92 | Sep-92 | CAREC/CFPA | : |
| : | Focus Group Trg.: to devl. peer educ. prog. | Antigua | Jan-92 | Mar-92 | CAREC | : |
| : | Focus Group Trg.: ToT for Peer Educ. | Dominica | Jan-92 | Feb-92 | CAREC | : |
| : | Phase II Comms. campaign: Materials prodn. | OECS | Feb-92 | Sep-92 | CFPA/CAREC/AED | Impact survey results in hand |
| : | Prodn./dissem. of Condom Use Training modules: | OECS | Feb-92 | Aug-92 | CAREC/AED | : |
| : | St. Lucia HRG: Migr. farmer/Prison IEC, counsel: | St. Lucia | Feb-92 | Sep-92 | MOH/FHI | : |
| : | Phase II Comms. campaign: disseminatn/trackng: | OECS | Apr-92 | Sep-92 | CAREC/AED | Impact survey results in hand |
| : | Comms. campaign planning using KABPs | St. Kitts | Apr-92 | Apr-92 | CAREC/AED | KABP completed on time |
| : | Regional STD symposium | Jam./TnT | May-92 | May-92 | CAREC | UWI participation |
| : | Evaluation of public education campaigns | OECS | Jun-92 | Sep-92 | CAREC/AED | : |
| : | Regional IEC workshop | OECS | Jul-92 | Jul-92 | CAREC | : |
| : | : | : | : | : | : | : |
| : | : | : | : | : | : | : |
| : | : | : | : | : | : | : |
| : | : | : | : | : | : | : |

ANNUAL IMPLEMENTATION PLAN

OCTOBER 1, 1991 TO SEPTEMBER 30, 1992

ACTIVITIES PLAN AND SCHEDULE: Grouped by Country Activities

STRATEGY # 2: REDUCING SEXUAL TRANSMISSION OF HIV, AIDS, (and STDs)

| # : | ACTIVITY DESCRIPTION | :LOCATION(S): | START | END | : EXECUTING | : | IMPORTANT |
|-----|---|---------------|--------|--------|----------------|---|--------------------------------|
| : | : | : | DATE | DATE | : AGENCY | : | ASSUMPTIONS |
| : | Completion of Antigua HRG Intervention Report: | Antigua | Oct-91 | Feb-92 | FHI/MOH | : | |
| : | Focus Group Trg.: to devl. peer educ. prog. | Antigua | Jan-92 | Mar-92 | CAREC | : | |
| : | World AIDS day materials printing | Antigua | Oct-91 | Oct-91 | FHI | : | |
| : | Barbados HRG intervention: Clinic/IEC actvts.: | Barbados | Sep-91 | Sep-92 | MOH/FHI | : | MOH approval of intervention |
| : | Barbados HRG Intervention: Ethnographic study: | Barbados | Sep-91 | Dec-91 | FHI | : | |
| : | Counseling and Condom Promotion training | Dominica | Oct-91 | Feb-92 | FHI | : | |
| : | Focus Group Trg.: ToI for Peer Educ. | Dominica | Jan-92 | Feb-92 | CAREC | : | |
| : | Lifestyles Condom Campaign: Assmnt/Trg/TA. | Dominica | Oct-91 | Sep-92 | FHI | : | |
| : | Comms. campaign planning using KABPs | Grenada | Jan-92 | Jan-92 | CAREC/AED | : | MOH participation |
| : | Hotline Development: Group of Concerned Women | Grenada | Oct-91 | Sep-92 | AED | : | |
| : | Impact survey (focus) on Youth Radio campgn. | Grenada | Dec-91 | Dec-91 | CAREC | : | Campgn runs to Nov (focus grp) |
| : | Public Education Campaign: using Yth. Cncils | Grenada | Dec-91 | Sep-92 | AED | : | |
| : | Regional STD symposium | Jam./TrnT | May-92 | May-92 | CAREC | : | UWI participation |
| : | Communications Resrch Packages: pkgng/dissem.: | OECS | Dec-91 | Sep-92 | AED/CAREC | : | |
| : | World AIDS day material produced, distributed: | OECS | Nov-91 | Dec-91 | CAREC | : | |
| : | Phase II Comms. campaign: Materials prodn. | OECS | Feb-92 | Sep-92 | CFPA/CAREC/AED | : | Impact survey results in hand |
| : | World AIDS Day: Radio Program (CANA) | OECS | Nov-91 | Dec-91 | AED | : | |
| : | Phase II Comms. campaign: Campaign planning | OECS | Jan-92 | Sep-92 | CAREC/AED/CFPA | : | Impact survey results in hand |
| : | Improve supply/mgmt of condoms | OECS | Jan-92 | Sep-92 | CAREC/CFPA | : | |
| : | Promotion of NGO Small grants | OECS | Jan-92 | Sep-92 | CAREC/CFPA | : | |
| : | Regional IEC workshop | OECS | Jul-92 | Jul-92 | CAREC | : | |
| : | In-country follow-up with Media workers | OECS | Jan-92 | Sep-92 | CAREC | : | |
| : | Prodn./dissem. of Condom Use Training modules: | OECS | Feb-92 | Aug-92 | CAREC/AED | : | |
| : | Evaluation of sex behavioral interventions | OECS | Jan-92 | Sep-92 | CAREC/FHI | : | Behav. Sc. Advisor on board |
| : | Evaluation of public education campaigns | OECS | Jun-92 | Sep-92 | CAREC/AED | : | |
| : | Phase II Comms. campaign: disseminatn/tracking: | OECS | Apr-92 | Sep-92 | CAREC/AED | : | Impact survey results in hand |
| : | Regional Media Workshop | St. Kitts | Nov-91 | Nov-91 | CAREC | : | |
| : | Comms. campaign planning using KABPs | St. Kitts | Apr-92 | Apr-92 | CAREC/AED | : | KABP completed on time |
| : | Public Education Campaign: using Yth. Cncils | St. Kitts | Dec-91 | Sep-92 | AED | : | |
| : | Public Education Campaign: using Yth. Cncils | St. Lucia | Dec-91 | Sep-92 | AED | : | |
| : | St. Lucia HRG: Migr.farmer/Prison IEC,counsel: | St. Lucia | Feb-92 | Sep-92 | MOH/FHI | : | |
| : | Communications Campaign Tracking Surveys | St. Vincent: | Jan-92 | Jul-92 | CAREC/AED | : | |
| : | Impact survey (Quantit) on Youth Radio campgn: | St. Vincent: | Jan-92 | Jan-92 | CAREC | : | Campgn runs to Nov (quantitve) |
| : | Comms. campaign planning using KABPs | St. Vincent: | Jan-92 | Jan-92 | CAREC/AED | : | MOH participation |
| : | Public Education Campaign: using Yth. Cncils | St. Vincent: | Dec-91 | Sep-92 | AED | : | |
| : | Red Cross Education Contract | St. Vincent: | Dec-91 | Sep-92 | AED | : | contract extension approval |
| : | Trinidad HRG:Outreach, condoms, Eval. | Trinidad | Oct-91 | Sep-92 | MOH/FHI | : | |
| : | IEC materials development for STD clinic | Trinidad | Oct-91 | Mar-92 | FHI/CAREC | : | materials field test 12/91 |
| : | : | : | : | : | : | : | |
| : | : | : | : | : | : | : | |
| : | : | : | : | : | : | : | |
| : | : | : | : | : | : | : | |

5

AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
WORKPLAN -- OCTOBER 1992 TO SEPTEMBER 1993

| STRATEGY 1: Surveillance, Epidemiology and Research | | | | | | | | | |
|--|---------|---|---|---|--|----------------------|-----------------------------------|--------------------------------|---|
| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
| | 1 | 2 | 3 | 4 | | | | | |
| Review/assess existing STD services including surveillance systems for all OECS countries. | X | X | | | All OECS countries | CDC | MOH | Head STD Program Analyst/Stat. | |
| Review/adapt current case definitions of STDs/AIDS, including developing standardized formats. | | | X | | | CDC | MOH | " | |
| Identify two pilot countries and implement new standardized formats. | | | X | | St. Lucia St. Vincent | CDC | MOH | " | |
| Identify/target sentinel populations for HIV. | | X | X | X | 3 countries | CDC | MOH | " | |
| Targeted sero-surveys including antenatal patients. | | X | X | X | All OECS countries | CDC | MOH | " | |
| TRAINING | | | | | | | | | |
| Conduct regional symposium on STDs (should include surveillance/management) | | | X | | | CDC | MOH Professional Organizations | Head STD Project Coordinator | Rescheduled to 4th quarter. Date not yet determined. |
| Conduct in-country training in STD management. | | | X | X | BVI, St. Kitts Grenada, St. Vinc. Ant. | None | " | " | |
| Provide technical assistance to OECS in behavioural research for selected population. | X | X | X | X | All OECS countries | CDC | MOH | Research Officer | Technical assistance provided to Dominica and Antigua |
| Coordinate Behavioural Research activities of the SPSTD ACTS Project. | X | X | X | X | All CMCs | CDC | MOH | Research Officer | Ongoing with particular focus on males and youth. |

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| STRATEGY 2: Prevention of Sexual Transmission | | | | | | | | | |
|--|---------|---|---|---|------------------------|----------------------|------------------------------|---|--|
| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
| | 1 | 2 | 3 | 4 | | | | | |
| Participate in Regional Influential meeting-CARICOM/PAHO | | X | | | | None | CPC-Barbados | Head STD and Project Co-ordinator | Meeting scheduled for Oct. 20-23 Grenada. More than 50 participants representing Government, NGO and CBO. |
| Mobilize community leaders to support STD/AIDS prevention strategies | | X | | | OECS | None | Ministries of Health (M.O.H) | Com. Advisor, Info. Officer Project Coordinator | |
| Initiate/review existing research | | X | | | | None | None | Soc. Marketing Officer | |
| Initiate activities/projects in 3 countries based on outcome of research | | | X | X | | | MOH | Project Coordinator | |
| Conduct Phase II Communication campaign | X | X | | | CAREC Member Countries | | CFPA/AED/MOH | Project Coordinator Com. Advisor Soc. Marketing Officer | Completed for distribution - 3 TV and 6 radio spots in October, 1993. |
| Evaluate Phase II Communication campaign | | X | | | | | " | Com. Advisor, Com. Officer Soc. Marketing Officer | |
| Produce and distribute Communication Packages | X | X | X | | | | CFPA/AED/MOH | Soc. Marketing Officer Com. Officer | Communication package disseminated in OECS countries. |
| Evaluate existing communication materials | X | X | X | X | | Yes | AED | Soc. Marketing Officer Com. Advisor | Completed. Report submitted. Info Resource Centre being reorganized to facilitate storage and retrieval. Reprint will be considered on completion of this exercise. |
| Conduct qualitative research | | X | X | X | BVI. Dom. Antigua | Yes | AED/CDC/MOH | Project Co-ordinator Research Officer | |
| Promote behavioural interventions among special populations: | | X | X | X | | Yes | CDC/MOH | Research Officer Project Analyst | Ongoing However, requires some rewriting of interventions undertaken during Phase I - especially in the area of financial outlays. To be addressed in 93/94 w/plan with technical assistance from CDC. |
| -STD clinic attendees | | | | | Dom/Ant/St.Kit | | | | |
| -Hospitality industry | | | | | Ant/BVI/Dom | | | | |

Cont'd..

AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
WORKPLAN -- OCTOBER 1992 TO SEPTEMBER 1993



| STRATEGY 2: Prevention of Sexual Transmission Cont'd | | | | | | | | | |
|--|---------|---|---|---|-----------------------------------|----------------------|------------------|--|---|
| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
| | 1 | 2 | 3 | 4 | | | | | |
| -Women with partners with multiple partners | | | | | St. Kitts Antigua St. Lucia | | | | |
| Assist countries with translating KABP surveys into communication programmes | X | X | X | X | | None | AED/CDC | Com. Officer Soc. Marketing Officer Com. Advisor (AED) | Technical assistance provided to St. Kitts National Communication Campaign developed. Some product work done. Need to follow up in 93/94. |
| Promote existing Hotlines | X | X | X | X | | None | AED | Com. Officer | Hotline evaluation not received from AIDSCOM. Hotlines are in varying degrees of "functioning". |
| INFORMATION/EDUCATION | | | | | | | | | |
| Assess CDC communication capability for technical assistance to SPSTD | | X | | | Atlanta | None | CDC | Project Coordinator Com. Officer | Done. Draft technical assistance proposal developed and shared. to be discussed and agreed to at next Workplan meeting- October 93. |
| TRAINING | | | | | | | | | |
| Assist CARIMAC to provide training to media personnel. | | X | | | Jamaica | None | CARIMAC (UWI) | Com. Officer Info. Officer Project Coordinator | Completed in July 93. Participants were drawn from 12 CMC of which five OEC States were represented. Second course scheduled for 1st quarter, 1994. |
| Develop Proposal/Plan for field attachment for OECS persons to improve audio visual capability | X | X | | | Trinidad | None | CDC/MOH | Info. Officer Social Marketing Officer Project Coordinator | |
| Implement Plan for field attachment for OECS persons to improve their audio visual capability | | | X | | CMC | Yes | To be determined | Info Officer | |
| Coordinate the Small Grants for Community Education efforts | X | X | X | X | ALL OECS | None | MOH | Com. Officer | Small Grants well subscribed from CMCs. Grants awarded to Nevis, Grenada, Trinidad. (Small grants support by non-USAID funds for non-OECS countries). |

AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
 WORKPLAN -- OCTOBER 1992 TO SEPTEMBER 1993

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STRATEGY 3: Programme Management

| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
|---|---------|---|---|---|--|----------------------|------------------------------------|--|---|
| | 1 | 2 | 3 | 4 | | | | | |
| TRAINING | | | | | | | | | |
| Assess exposure to Logframe of National AIDS Programmes. | X | | | | OECS countries | None | PAHO/CPC | Project Analyst Project Coordinator | Completed |
| Review costing/cost effectiveness studies for appropriate reporting to relevant NAP | X | | | | " | None | None | Project Analyst Project Coordinator | Ongoing reports of studies done are being prepared. |
| Provide Logframe training to NAP --Workshop | | X | | | All OECS | | Team Technologies/MOH | Project Analyst Project Coordinator | Completed in Nov. 92. All USAID priority countries represented. Subsequent in-country workshops completed in Antigua, Dominica, Montserrat. |
| In-country Logframe and team building workshops | | X | X | X | All OECS | None | MOH | Project Analyst Project Coordinator | |
| OPERATIONS RESEARCH | | | | | | | | | |
| - Evaluate Hotline | X | X | | | St. Vincent St Lucia Grenada Trinidad | AED AIDSCOM | AED/AIDSCOM | Project Analyst | Report not received from AIDSCOM. |
| - KABP surveys | | | X | X | Grenada St.Vincent St. Kitts | Yes | CDC/Health Economic Planning | Project Analyst | Ongoing |
| - Regional Communication Campaigns | | | X | X | 3 CMC- 2 OECS/ 1 generic | Yes | CDC/Health Economic Planning | Project Analyst | Ongoing |

**AIDS COMMUNICATION
AND
TECHNICAL SERVICES PROJECT**

**WORKPLAN
October, 1993 to September, 1994**

**Caribbean Epidemiology Centre
16-18 Jamaica Boulevard
Federation Park
Port of Spain, Trinidad**

October, 1993

AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
WORKPLAN -- OCTOBER 1993 TO SEPTEMBER 1994

1. Epidemiological Surveillance and Research

| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation |
|--|---------|---|---|---|------------------------|----------------------|----------------|---|----------------|
| | 1 | 2 | 3 | 4 | | | | | |
| SURVEILLANCE | | | | | | | | | |
| Pilot the STD Surveillance Module in selected CAREC Member countries - Dominica, St. Lucia. | X | X | | | Dominica/ St. Lucia | CDC | Min. of Health | Head-SPSTD/ Prog. Analyst/Statistician | |
| Evaluation of STD Surveillance Module | | X | X | | | | | Head, SPSTD | |
| Implementation of Module in all CMCs | | | X | X | Trinidad | CDC | Min. of Health | Prog. Analyst/Statistician | |
| Continue implementation of HIV sero survey - antenatal patients- | | | | | CMC | CDC | Min. of Health | Head SPSTD/ Prog. Analyst/Statistician | |
| Montserrat | X | X | X | X | | | | | |
| St. Vincent | X | X | X | X | | | | | |
| St. Lucia | X | X | X | X | | | | | |
| Dominica | | X | X | X | | | | | |
| Antigua | | X | X | X | | | | | |
| Grenada | | X | X | X | | | | | |
| Conduct in-country training in STD management including standardized case-definitions and protocol (clinical) targeted at health-care workers. | X | X | X | X | CMC | CDC | Min. of Health | Head, SPSTD | |
| Implement prevalence studies of HIV and CSTD in selected populations and countries. | | X | X | X | CMC | CDC | Min. of Health | Head, SPSTD Prog. Analyst/Statistician | |
| Support the development and pilot implementation of PHLIS modules for HIV/STD. | X | X | X | X | Trinidad | CDC | - | Head SPSTD/ Prog. Analyst/Statistician | |
| National and regional training on surveillance of STD/HIV. | X | X | X | X | CMC | CDC | Min. of Health | Head SPSTD/ Prog. Analyst/Statistician | |

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AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
WORKPLAN -- OCTOBER 1993 TO SEPTEMBER 1994

1. Epidemiological Surveillance and Research (Cont'd)

| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
|--|---------|---|---|---|---------------------|----------------------|----------------|---|-----------------------|
| | 1 | 2 | 3 | 4 | | | | | |
| BEHAVIOURAL RESEARCH | | | | | | | | | |
| Develop and implement two ethnographic research studies on major targeted risk groups: - women with partners with multiple partners - hospitality industry | | | X | X | CMC | CDC | Min. of Health | Research Officer | |
| Continue to implement targeted behavioural intervention to high risk groups - STD clinic attendees - hospitality industry - -Grenada/Antigua | X | X | X | X | Grenada/ Antigua | CDC | Min. of Health | Research Officer | |
| Investigate the low male participation in STD clinic services - St. Lucia | | X | X | | St. Lucia | - | Min. of Health | Research Officer | |
| Convene a meeting of Behavioural Sciences along with CDC consultant to review CAREC/ SPSTD Behavioural Research Programme. | | X | X | | Trinidad | CDC | - | Research Officer/ Project Coordinator | |
| Research and develop concepts for utilization of ACTS condom supply through Social Marketing approaches. | | X | X | | Trinidad | - | CMC | Social Marketing Officer Beh. Research Officer | |

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AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
WORKPLAN -- OCTOBER 1993 TO SEPTEMBER 1994

2. Prevention of Sexual Transmission: Communication Activities

| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
|--|---------|---|---|---|----------|----------------------|----------------|--|-----------------------|
| | 1 | 2 | 3 | 4 | | | | | |
| CAMPAIGNS IN CFPA/CAREC | | | | | | | | | |
| Assist countries with Communication Campaigns based on KAP and other research | X | X | X | X | OECS | - | Min. of Health | Social Marketing Officer/ Communication Officer | |
| Mobilize NGO participation in AIDS prevention activities. | X | X | X | X | OECS | - | - | Social Marketing Officer/ Project Coordinator | |
| Produce material based on research - for targeted groups - e.g. women. | X | X | X | X | OECS | - | | Communication Officer | |
| Convene a Social Marketing Workshop. | | | X | | CMC | CDC | | Social Marketing Officer | |
| Continue to support the small Grants for NGOs. | X | X | X | X | CMC | - | | Communication Officer | |
| Promote Social Marketing among Health Educators and National AIDS Programme Coordinators. | X | X | X | X | OECS | - | Min. of Health | Social Marketing Officer | |
| Technical assistance to CMCs as follow up to the Influentials workshop with specific reference to the NGO sectors. | X | X | X | X | OECS | - | | Project Coordinator | |
| Develop and distribute material to support World AIDS Day - | | | | | | | | Social Marketing Officer Communication Officer Information Officer | |
| - Animated Condom Use Brochure | X | | | | | | | | |
| - Documentary | X | | | | | | | | |
| Work with community influentials to support AIDS Prevention (based upon existing research) | X | X | X | X | OECS | - | - | Project Coordinator Communication Officer | |

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AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
 WORKPLAN -- OCTOBER 1993 TO SEPTEMBER 1994

2. Prevention of Sexual Transmission: Communication Activities (Cont'd)

| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
|---|---------|---|---|---|-------------|----------------------|---------------|---|-----------------------|
| | 1 | 2 | 3 | 4 | | | | | |
| Collaborate with CDC in supporting the Information function - | | | | | | | | | |
| - Technical assistance visit to Atlanta | X | | | | Atlanta and | | | Information Officer/ Project Coordinator | |
| - Technical Assistance to CAREC | | X | | | Trinidad | CDC | | | |
| CARIMAC/CAREC training for media personnel - | | | | | | | | | |
| - plan workshop | X | | | | | | | Project Coordinator/ Information Officer | |
| - implement workshop | | X | | | | | | | |
| Develop and implement Plan for Field Attachment for visual/audio technicians. | X | X | | | | | | Information Officer Project Coordinator | |

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AIDS COMMUNICATION AND TECHNICAL SERVICES PROJECT
WORKPLAN -- OCTOBER 1993 TO SEPTEMBER 1994

6. Programme Management

| Activity | Quarter | | | | Location | Technical Assistance | Collaborators | Responsibility | Implementation Status |
|---|---------|---|---|---|-------------------|----------------------|----------------|------------------------------------|-----------------------|
| | 1 | 2 | 3 | 4 | | | | | |
| Continue in-country LogFrame workshops: | | | | | OECS | - | Min. of Health | Project Analyst | |
| - St. Kitts | | X | | | | | | | |
| - Tortola | | X | | | | | | | |
| - Antigua | | | X | X | | | | | |
| - St. Lucia | | | X | X | | | | | |
| - St. Vincent | | | X | X | | | | | |
| - Anguilla | X | | | | | | | | |
| Operations Research/Cost analysis - Technical assistance CDC consultant. | X | | | | Trinidad | CDC | | Project Analyst | |
| Programme management and evaluation - Technical assistance/CDC visit and follow up. | | X | X | X | OECS | CDC | | Project Coordinator | |
| ACTS Project interim evaluation. | | X | | | Trinidad/ OECS | - | Min. of Health | Head SPSTD/ Project Coordinator | |

V. REVIEW QUESTIONS

**WHAT ARE/WERE YOUR CONCERNS ON HIV/STD/AIDS?
(Present, Past, Future)**

- Where do you see things going?
- How does your work within your country relate to these interventions?
 - STD services - clinical management
 - Behavioral research
 - IEC
 - Condom marketing
 - Surveillance
- Who is responsible?
- How comfortable are you with your data bases (information gathering system) on HIV/AIDS/STD
- What opportunities are there for cost-effective programs built on existing services and activities.
- Strengths of programme?
Weakness(es) of programme? Needs?
Opportunities for future?
Threats? Obstacles? Perceived.
- What is the level of skill of NGOs, Government Ministries and Departments to plan, implement and evaluate AIDS prevention, counseling and treatment of AIDS patients and their families.
- Is the community taking care of its own? (HIV positive)
- Has there been a change in practicing safe sexual behaviors?
 - What types of change?
 - How do you know?
 - Are people using condoms?
 - Has there been an increase in sales?
 - If condoms were no longer free, would the general population purchase them?
(a market for sales)
- What is the relationship between HIV/STD and Family Planning Programmes (data gathering and programmes)

- What are the barriers which your project encountered? e.g. religion, age, myths, economics, tradition, gender roles
- Have you been exposed to the log frame approaches to project management?
 - Do you use it?
 - Is it useful?
 - How could it be made more useful?
 - Have you been exposed to other project management concepts?
 - Are you interested in other management tools?
 - What are they?
- Who are the high risk groups in your city (country)
 - If young people need a condom, where do they go?
 - How do you know where they go?
- How rapidly can your programme respond/adapt to change in the epidemic?
- Are you getting enough/or too much policies/structure/direction from CAREC?
- How often? Please elaborate.
- Is there a sentinel surveillance system?
 - Is there a plan for a sentinel surveillance system?
 - What progress has been made for fulfilling it?
 - Who are your partners?
 - What do you estimate the level of awareness or concern is among general population about the risk of acquiring AIDS?
 - Have you identified target audiences?
 - What are they? How did you decide?
 - What do you estimate the level of awareness or concern is among those target audiences about the risk of acquiring AIDS?
 - What are they? How did you decide?

- Is there any radio/TV/print - media information in your area?
 - What is the course?
 - How often does it occur?
- How well is the public receiving HIV/AIDS/STD information?
 - ex. Discussion - open, taboo, stigmatize
- How do you assess the worth of this activity?
- What criteria do you use to judge this?
- How can CAREC assist you?
- How can we improve our services to you?
- Have there been any STD workshops, i.e. training, capacity building, etc.
- Have there been investments in strengthening diagnostic capabilities?
- Are STDs recognized as a major health concern outside the HIV/STD populace?
- What project activities have taken place, i.e. community leaders, health practitioners, influentials?
- Do you use case definitions for STD/AIDS.
- How frequently do you collect STD information?
- Who uses them?
- How are they used?
- Which of your projects have community members involved in HIV/STD activities (education, training)?
- When you are developing a programme for a specific target audience, do you involve that target audience in planning and implementation?
- How would it survive?
- What steps is your programme taking to ensure that priority activities are sustainable, i.e. independent of external funding?

- Have your countries HIV/STD/AIDS health priority concern been addressed by CAREC supported activities?
- If so, which ones?
- If not which ones?

VI. ACRONYMS

List of Abbreviations and Acronyms

| | |
|----------|--|
| ACTS | AIDS Communications and Technical Services |
| AED | Academy for Educational Development |
| AIDS | Acquired Immune Deficiency Syndrome |
| AIDSCOM | AIDS Communications Program |
| AIDSTECH | AIDS Technical Services Program |
| CAREC | Caribbean Epidemiology Centre |
| CARIMAC | University of West Indies Caribbean School of Mass Communication |
| CARISURV | PHILIS (Caribbean version) |
| CDC | Centers for Disease Control and Prevention |
| CFPA | Caribbean Family Planning Affiliation, Ltd. |
| CHIS | Community Health Information System |
| CMC | CAREC Member Country |
| CPC | PAHO Caribbean Office for Programme Coordination |
| CSTD | Conventional Sexually Transmitted Diseases |
| EOPS | End-of-Project Status |
| FHI | Family Health International |
| GPA | Global Programme on AIDS |
| HIV | Human Immunodeficiency Syndrome |
| IEC | Information Education Campaign |
| IHPO | International Health Program Office |

| | |
|-------|--|
| KABP | Knowledge, attitudes, beliefs and practices "Innovative Community Approaches"- grant program |
| MIS | Management Information System |
| MTPS | Medium Term Plan System |
| MS | Monitoring Surveillance |
| NAC | National AIDS Coordinator |
| NAP | National AIDS Program |
| NAPC | National AIDS Programme Committee |
| NGO | Non-Governmental Organization |
| OECS | Organization of Eastern Caribbean States |
| PA | Participating Agency |
| PAHO | Pan American Health Organization |
| PIO/T | Project Implementation Order/Technical |
| RDO/C | Regional Development Office/Caribbean (USAID-Bridgetown) |
| SBR | Social Behavioral Research Unit |
| SPSTD | Special Program on Sexually Transmitted Diseases |
| STD | Sexually Transmitted Diseases |
| UWI | University of the West Indies |
| WHO | World Health Organization |

VII. SUMMARY OF COUNTRY SPECIFIC REPORT FOR ANTIGUA

ACTS Project Internal Review, September 1994

COUNTRY VISIT: ANTIGUA

LIST OF PERSONS MET

Ministry of Health and Home Affairs

Mrs. S. Archibald, Permanent Secretary
Mrs. O. Gardner, Principal Nursing Officer
Dr. C. Mulraine, Chief Medical Officer and Head of the National AIDS Committee

National AIDS Committee

Mrs. M. Lewis, Chairman, Sub-Committee Public IEC
Mrs. B. Kelsick, Chairman, Sub-Committee Condom Promotion and Distribution

AIDS Secretariat, Ministry of Health

Mrs. F. Aymer, National AIDS Program Manager
Mrs. Springer AIDS Educator/counselor
Mrs. P. Walters AIDS Educator/counselor

Adolescent Health Program an Health Education Department, Ministry of Health

Mrs. J. Jeffries, Principal Health Education Officer
Mrs. J. Williams, Health Education

Non-Governmental Organizations

Mrs. H. Benjamin, Executive Director, Antigua Planned Parenthood Association (APPA)
Dr. Tirbani Jagdeo, Chief Executive Officer

COUNTRY SITUATION

National AIDS Programme

Organizational Structure

- The National AIDS Programme, Antigua is in a renewed situation. The present Programme Coordinator is Mrs. Felicity Aymer who has a background in Health Education and was National AIDS Programme Coordinator to the Bahamas prior to returning home 2 years ago.
- The programme has a management sub-committee comprising

Permanent Secretary,
Chief Medical Officer,
Chief Nursing Administrator; and
National AIDS Programme Coordinator
- The other sub-committees of the National AIDS Programme include the very important Public IEC Committee and the Condom Promotion and Distribution committee.
- The National AIDS Programme, in March, 1992 developed a Medium Term Plan for the implementation of their programme for the period 1992 - 1997. This Plan is presented based on the six WHO GPA strategies for AIDS Prevention and Control:
 1. Programme Management
 2. Prevention of Sexual Transmission
 3. Prevention of Perinatal Transmission
 4. Prevention of Transmission by Blood, Blood products and Piercing Instruments
 5. Reduction of Impact on Individuals, Groups and Society
 6. Epidemiological Surveillance

The objectives of the Antiguan programme are:

1. To prevent and control the transmission of HIV infection and STDs;
2. To promote ideals of sexual health and well being in the context of family life and reproductive health;
3. To promote a social climate that is tolerant and supportive of those affected by AIDS and HIV infection;
4. To strengthen the infrastructure of the Ministry of Health in order to better respond to the challenges of AIDS and STDs, with concurrent development of collaborative activities with NGOs and community groups(1)

- The source document (MTP 1992-1997) clearly identifies the following areas for focus by both Government and external assistance during the first biennium of the MTP. These are:
 - ensuring strong leadership to the programme;
 - revitalizing the National AIDS Committee;
 - instituting organizational arrangements and administrative procedures to improve programme management;
 - strengthening epidemiological surveillance;
 - implementing a KABP survey (national);
 - IEC initiatives that focus on youth, young adults and persons with risk behaviors;
 - training for personnel to provide for counseling and care for persons with AIDS, HIV infection and STDs.

Demographics

Antigua is a member of the Organization of Eastern Caribbean States. The population is 63,880 as at 1991 national census. Per capita income 5,238.US\$. Per capita expenditure on health, 1991 38,474,385EC\$. Surveillance data to March, 1994 on this OECS State confirms 32 AIDS cases in the country.

SURVEILLANCE EPIDEMIOLOGY AND RESEARCH

Implementation of the strategy on surveillance is designed to improve surveillance systems for AIDS, HIV, and CSTDs at the national level. To this end in October 1993, CAREC hosted a regional workshop on STD management and surveillance in Barbados. The CAREC Medical Officer, Dr. Mulraine, participated in this workshop. Participants were introduced to the syndromic approach to STD diagnosis and treatment and the STD surveillance protocol. In Antigua, there has been some attempt to discuss these with private physicians. However, to date, there appears to be no formal mechanism for dissemination of the case definition nor interactive discussions to facilitate their use.

Discussion on HIV sentinel surveillance has not been finalized by the Ministry of Health. Therefore, no decisions have been made to fully implement sentinel surveillance. There is thus need for some in-country assistance to clarify the concept of sentinel surveillance and to assist in the development of an official policy to facilitate full implementation. Such discussion should focus on the cost-effective benefits for Antigua.

Dr. Mulraine expressed great interest in implementing the syndromic approach to STDs. However, one of the barriers to full implementation is lack of understanding by local physicians. He expressed strong interest for in-country technical assistance for intensive follow-up with physicians to assure better management of STDs.

Antigua has also benefited in the area of surveillance from a PAHO fellowship. Dr. Kenneth Bell, the medical officer of health, is receiving additional training in international epidemiology at CDC. This additional training will certainly help to strengthen National efforts in the area of surveillance. Thus, it would appear that additional persons would benefit from future workshops.

At present there are no written treatment strategies for persons with HIV/AIDS. Any future follow-up on the STD case management should also assist in the development of treatment strategies for HIV/AIDS.

One opportunity identified in epidemiology was a request/interest expressed by both Dr. Mulraine and Ms. Gardner, Principal Nursing Officer, was the need for nurses to be more involved in epidemiology. Both expressed interest in the training of a nurse epidemiologist. Antiguan personnel have also participated in the meetings of National Epidemiologists and the National Laboratory Directors. The head of each of these units attended their respective meetings.

The National AIDS Programme Coordinator eluded to issues around the coordination of surveillance and the National AIDS Committee. She noted that surveillance and reporting continue to be a problem with private practitioners. STD reporting now is from the government and health services. There appears to be some problems with confidentiality. For STDs, contact tracing will occur for a case that gets treated in government services. Some physicians may have problem with clinical treatment guidelines and diagnosis of STDs at some clinics.

PREVENTION OF SEXUAL TRANSMISSION OF HIV

Behavioral Interventions - Information, Education and Communication

Except for the prostitute study completed in 1991, there has been no targeted interventions to other special populations. There is a plan to provide information and education to two lower socio-economic groups on the outskirts of St. Johns - one to a village that is host to the annual Antigua Sailing week and the other to a village with a high concentration of poor people, from which several AIDS cases have come. When asked whether there was behavioral research to support these target choices, they admitted not.

With particular reference to the sustainability of the prostitute intervention, the review team understands that 1 of the 3 houses of prostitution continue to implement the intervention strategy which includes HIV testing every 3 months (national pathologist) and condom distribution (STD clinic nurse). STD testing is also done by another physician. The manager of this house has made it mandatory that his girls be tested and use condoms at all times. If a woman is tested positive for HIV, she is asked to leave the house. It has not been determined whether she returns to her home, country or simply moves to another house. Note: Any further targeted interventions with this population should note the majority of female sex workers in Antigua speak Spanish as their primary language.

Material Development

Once materials are developed (national or regional), it is difficult to estimate either the demand or supply. The National AIDS Programme Coordinator indicated that when she runs out of brochures, she xeroxes quantities that she needs. The health education unit staff reiterated this issues and noted the specific need for a graphic artist for continued development and updating of indigenous materials. These skills were previously provided for by a Peace Corps person who has since returned to his home country. A review of the brochures available from the ministry of health corroborated this need, e.g. the brochures, "HIV negative? "AIDS do I have it?" "Living with HIV infection", "HIV Positive and STD" could be nicely update with graphics.

Mrs. Walter and Mrs. Springer, two dedicated full time AIDS educators of the AIDS Secretariat staff, conduct prevention workshops nationwide. Types of audiences trained in these workshops include clergy, business sector, service industries, schools and youth groups.

Condoms

The DPPA distributes materials and condoms to 8 health centres and 19 subcentres. The Programme reports some brand collection issues where **rough riders** are the preferred brand. Also that some women report want to feel vagina burning which appears to occur with the **rough riders**. There may be a need to research this phenomena to determine if abrasions are the source of this sensation of burning and whether this may increase risk of transmission.

Neither the NAPC nor the Chair Condom promotion and distribution sub-committee, identified any problems with a steady supply of condoms. At present condoms are supplied by IPPF through the CFPA for the population programme. The NAP also maintains a supply for distribution during their specific activities.

Impact Evaluation

Outcome evaluation which focuses on the effects of any intervention programs has not been performed or planned for the immediate future. There is no indication of an immediate change in knowledge, attitudes, and beliefs of participants as a result of any intervention. Moreover there is no data to compare one group with another. There is some anecdotal evidence that Family Planning had increased condom use and clients did return for counseling following the intervention, but no qualitative or quantitative research indicated behavior change.

PROGRAM MANAGEMENT

The National AIDS Programme Coordinator was able to produce copies of the Antigua NAP Medium Term Plan 1992 - 1997. This plan clearly articulates the strategic direction of the local programme as well as areas for technical assistance by external agencies including CAREC. This plan should be used as a guide for technical assistance under the ACTS Project.

The review team met with the Management committee of the NAP, i.e. the Permanent Secretary, Ministry of Health, the CMO, the NAPC and the Chief Nursing Officer. Minimal contributions were received from the Permanent Secretary.

This absence of individual perspective may demonstrate some non-involvement at that level in Programme Planning and implementation. Yet it is important to note that key positions in the Ministry have been filled during the period of this review 91 - 94.

A full time Chief Medical Officer is now in place and the National AIDS Programme Coordinator is paid by the Antiguan government. Two full time AIDS educators work out of the National AIDS Programme Secretariat. The Permanent Secretary also alluded to the site of the AIDS secretariat not being suitable and indicated that the Ministry was seeking to relocate it.

According to the AIDS Program Manager, Log frame management training was useful. She expressed strong need for regional meetings of program managers to allow for sharing of experiences to facilitate problem-solving. National AIDS Programme Coordinator is in constant communication with CAREC staff and can call CAREC. However, the program has a problem with coordination/integration because their programs must fit among a matrix of donors. She felt that there was a need for collaborators at the national level to be trained in program management. The review team noted that since a CDC STD technical assistance team had been present in Antigua the week before, the national program did not schedule any contact with individuals responsible for STD, treatment or with surveillance. However, the review team was able to raise issues on surveillance and STD management with the Chief Medical Officer, Dr. Mulraine.

CAREC collaborated in the training of national program managers in the WHO modules led by Dr. Gene Robeson of the WHO staff. This training was held in Antigua and two members of the Antigua NAP participated. The project team coordinator and the head of the SPSTD staff were facilitator. Other attendees were the NAPC and MOH, Mrs. Dymmer and Dr. Bell.

Intra-Sectoral Collaboration

The review team met with the managers of the Antiguan Health Education Unit and the Adolescent Health Program. These two program share premises and to some extent staff. The Health Education department did not appear very active in AIDS Prevention work. They however are brought into major activities at the invitation of the NAPC. Their representatives

have sat on subcommittees of the NAP. They report a need for their own material and staff to implement their program. There is a comprehensive family life education program for primary schools. Secondary schools received support upon requests.

The Adolescent Health Program provide comprehensive health service to young people. The program is centralized in St. Johns. However, through the use of the Health Education Unit transport, the program is taken to the outer reaches of Antigua by 2 full time outreach workers. Sexual issues are discussed readily and condoms are provided to those who are sexually active. This program provides service to youth in and out of school.

Inter-Sectoral Collaboration

There are a few non-governmental organizations which support AIDS prevention. Most notable are the Antiguan Planned Parenthood Association and the Red Cross. Though the Red Cross was on the schedule for meetings, the representative did not show up for the meeting.

On the other hand, the APPA representative was present and shared what was obviously a sincere interest in AIDS prevention work. She reports that she has been the recipient of a CAREC small grants to NGOs and to use her word the "spin offs" have been magnificent. The APPA was able to sponsor a youth forum. One exciting result of this was the funding and volunteer support for a youth telephone hotline from the conference.

APPA has requested a resources to buy a microscope which will aid in the diagnosis of STDs. However, previous teams from CAREC had expressed concerns regarding their ability to dispose of biological waste. There appears to be a need for follow-up and technical assistance from CAREC in this area.

The National AIDS Programme Coordinator reports the development of an AIDS foundation born out of the national disclosure of a young person with AIDS. He has since died but that private sector support for AIDS prevention continues. The NAPC continues to engage the support of this sector through the implementation of AIDS in the workplace seminars/workshops.

Media

Regional media workshops have been conducted by CAREC under the ACTS project. Their purpose being to sensitize the media to issues around HIV/AIDS. In Antigua, there appears to be close working relationships with two media person who have benefited from this training.

RECOMMENDATIONS

- 1 CAREC has gathered qualitative data (focus group) on knowledge attitudes and behaviors specific to Antigua. Data from these studies should guide the development of any materials developed by either CAREC or CFPA in the future.
- 2 Determine appropriate outcome and process measures in Antigua for any behavioral interventions or communications strategies, including mass media, health education and facility based information dissemination.
- 3 The present focus on STDs is primarily on clinical management and need to include interventions responsive to behavioral as well as environmental determinants of risk.
- 4 There is a need for training in programme planning, the development and use of monitoring and evaluation tools for the National AIDS Programme Coordinator and for national programme collaborators.
- 5 CAREC should assist with implementation of the STD surveillance protocol and with the development of a policy and programme on HIV and CSTD sentinel surveillance.

CONCLUSION

The close proximity of the visits of the project evaluation review team and CAREC/CDC technical assistance team on surveillance and STD impacted on this review in several ways. First, it impacted on the review team's ability to fully evaluate surveillance issues on Antigua. Secondly, and perhaps more importantly, the proximity of the visits exacted some burden on national counterparts in Antigua and their ability to attend to their assigned duties. In addition, one CAREC staff member was scheduled to provide technical assistance to National AIDS Program staff during the week of the review. The team recommends that in the future, the designated project coordinator should ensure that schedules are consistent with priority activities. This will ensure that the project does not dilute national efforts, remaining consistent with the goal of this project to strengthen in-country capacity building.

CARIBBEAN FAMILY PLANNING AFFILIATION

ACTS Project Collaborator
Interview with Dr. Tirbani Jagdeo, CEO CFPA, Ltd.

The project review team met with Dr. Tirbani Jagdeo, Chief Executive Officer of the Caribbean Family Planning Affiliation (CFPA) on Friday 16th September, 1994.

Dr. Jagdeo emphasizes the "lifestyles" approach for the development of materials, rather than targeted messages focusing on behavior change. Campaigns are released twice yearly with the second release, "in time for World AIDS Day." Dr. Jagdeo disclosed there are two weeks remaining in his contract. A no-cost extension has been requested and there is indication that this will be approved by USAID. There is \$300,00 US Dollars remaining.

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In assessing his accomplishments under the contract, Dr. Jagdeo identified no deliverables under this contract. In addition, the third goal appears not to be fully accomplished since only two small (\$5,000) grants were awarded to two affiliated family planning groups. These were in Dominica and Antigua.

All CFPA materials are delivered to CAREC for distribution/dissemination. These materials have included posters, radio and TV spots. In the last package, a calypso was also developed. The review team noted that in all materials reviewed that CFPA is noticeably featured in the materials developed. The CAREC logo is also featured. When asked how the brochures were linked to program dissemination, he noted that development of brochures that closely matched the theme of other materials developed was not in his contract.

ACTS project staff have not been truly able to impact on the quality and content of the CFPA materials. CFPA does not submit materials in various stages of development for review and approval by appropriate CAREC staff or in-country program managers. Moreover, brochures and other "fulfillment item" such as drip mats, key chains or the like are not developed with the same theme. It would appear that CFPA is promoting its own organization goals rather than the very specific goals of the ACTS project.

VIII. SUMMARY OF COUNTRY SPECIFIC REPORT FOR DOMINICA

ACTS Project Internal Review, September 1993

COUNTRY VISIT: DOMINICA

PRIMARY CONTACTS

Ministry Of Health

- Hon. Allan Guye, Minister of Health and Social Security
Mr. Eliud T. Williams, Permanent Secretary

Dr. Carissa Etienne, Director of Primary Health Services and National AIDS Program
Director

Health Education Unit

Ms. Joan Henry, Health Educator

Ministry of Community Development

Ms. Amoy Williams, Assistant Chief, Youth Development Officer

Teacher's College

Ms. Sonia Bruiny, Principal

Dominica Planned Parenthood Association (DPPA)

Ms. Rita Olivocee, Director of DPPA and Chairman of District AIDS Committee of Point
Michel

BACKGROUND INFORMATION

Second Medium Term Plan by Ministry of Health and Social Security dated November 1991, to cover 1992-1997 activities. The 6 strategies of the MTP are:

1. Program management
2. Prevention of sexual transmission
3. Prevention of transmission through blood and blood products
4. Prevention of perinatal transmission
5. Reduction of HIV impact on individuals, groups and society
6. Epidemiology and surveillance

AIDS and STD Program Director (ASPD)
National AIDS/STD Prevention and Control Programme (NACP)

NACP operates through (as part of) the highly integrated Primary Health Care system; AIDS resources also benefit from emphasis and integration with primary health care.

Objectives of MTP-2:

- Prevent and control HIV/STD infection; to reduce morbidity and mortality "and to promote sexual health."
- Promote social climate tolerant and supportive to PWHIV/AIDS
- Strengthen management-coordination and assessment capability of MOH; to facilitate continued collaboration of MOH with NGOs.

Country Situation

- Population (1992) 81,600; c. 33% live in Roseau (capital district). 38% are under 15; 53.6% are female; Adult literacy rate: 95%.
- TFR 83/1000; IMR 15/1000;
- Leading causes of death: Heart disease; malignant neoplasms; diabetes mellitus; other diseases of the respiratory system; cerebrovascular disease. EPI indicators: Measles coverage: 86% in 1989; DPT and Polio coverage = 90%.
- Health expenditures as percent of GDP=4%; Health expenditure = EC \$180 per capita. Total number of health centers = 50; 1 tertiary care hospital; 2 district hospitals; 1 mental health hospitals. 195 Hospital beds; 38 physicians (.4 per 1000); 290 nurses ; 35 nurses auxiliaries (.4/1000). (2.7/1000 population)
- of the population speak Patois, while English is taught in formal educational settings.
- Main areas of focus in MTP include IEC activities, aimed at youth, and improvement in the STD clinic & available counseling services.

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The interview team met with Dr. Etienne, who was able to provide information on Surveillance and Program Management. Mrs. Dorothy James is the Administrative Assistant of the National AIDS Programme and her job responsibilities largely consist of AIDS related activities. Since GPA funds were withdrawn last year her salary has been paid by the Ministry of Health. She is also involved with other activities, in addition to AIDS. During the period of time the review team was present, she was attending a family planning activity in ST. Lucia.

SURVEILLANCE, EPIDEMIOLOGY AND RESEARCH

Regarding the chlamydia study by FHI (David Zolkal and Harry Casey were the consultants; Roderick Fortune, the was the in-country counterpart.), It appeared that these were the primary players in the country and she is aware of a final report which is in the possession of the country counterpart, but there was not wide involvement of other Ministry of Health staff in either the implementation or use of the study. The NAP director noted that while the chlamydia would not have been a high priority for them and (they may have considered implementation of a KABP study as a priority to guide their behavioral intervention and communication), it was nevertheless useful to learn about the prevalence of chlamydia in Dominica.

The private physician seminar was implemented in Dominica with participation of physicians and nurse practitioners, along with senior hospital nurses. They were able to address the issues of STDs. The workshop was seen as useful, allowing good interaction between resource persons and in-country staff. One important result of the meeting was that doctors were introduced to doxycycline as a choice to consider instead of always prescribing tetracycline. Doctors were also able to practice how to use condoms, and this is a new skill for doctors.

Dominica participated in the national epidemiologists and laboratory directors meeting in November 1992.

The regional meeting on STD management and surveillance was held in Barbados in October 1993. Dominica was represented by the National AIDS Programme Coordinator and Director of Primary Health Care. At the Barbados meeting a form was introduced for surveillance of STDs only. The introduction of the form threw the meeting into confusion; the form was too long. She felt the form was more appropriate for a special STD study, rather than for in-country surveillance. The follow up to the Barbados meeting was to set up a smaller strategy meeting by a special committee which met in December 1993 in Trinidad to investigate expansion of CHIS to include syndromic approach to STDs. CAREC was charged with changing the form, but to date nothing has been communicated back to the country. The report of the meeting is consistent with this discussion.

Regarding the STD management and surveillance assessment in country in 1993, the CAREC program with the assistance of CDC provided some useful technical assistance. The Dominica team got a better understanding of STD management. The health centers made a request to have microscopes for some diagnosis. The regional guidelines on STD were useful, The director of primary health care stated that the next step appears to be the adaptation of the guidelines for use in the national context. She emphasized that while regional guidelines were helpful, there may be country differences that require consideration.

Since AIDS and HIV are reportable by law, surveillance for HIV/AIDS is simplified. The new Dominica health plan includes a confirmatory test for VDRL and the case definitions for STDs, consistent with the syndromic case definitions distributed by CAREC. However, she said more training of service providers is needed to implement these guidelines.

HIV serosurveys may need to be done, particularly in young people. They had planned to do a survey of ante natal women but it was held up both for logistic reasons and because some concerns about ethical issues still had to be resolved (confidentiality). The NAP director expressed strong interest in having this study performed and completed in the future.

The Health Educator noted that STD services must be available with other health services because her clients will not go to a designated STD clinic because of stigma attached to that.

PREVENTION OF SEXUAL TRANSMISSION

Information, Education and Communication

Regarding the Focus groups, an HIV/STD Knowledge, attitudes and behaviors, the NAP Program Director had seen a letter from CAREC stating that the results are in-country. However, she had not received it yet. Dominica staff was informed when the focus group team was coming and was able to observe the training and learn something about conducting focus groups. Dr. Etienne stated the value of the study was to learn people's knowledge and attitudes, and the information would assist in program design, development and implementation. She stated that they have a need to get the AIDS message to young people. She stated that they do not know the extent of the problem of HIV among young people and hope to do some serological studies. She stated that they want to focus on the integration of AIDS messages into broader health education approaches, such as to focus efforts on schools in their Family Life Education classes. She stated that she believed young people are at risk because of early initiation of sex, and noted the barrier that condoms are not easily accessible to young people.

Young people become sexually active at a young age. She believes that some young women are targeted by men because they are believed to be clean or not sick. She needs some KABP survey information on the topic of young people.

On the topic of mass media the NAP Program Director stated that the CFPA/CAREC material were useful, but they had to have "a way to sustain information" and keep it before the public in new ways to reinforce the message. She stated that they have a need for peer educators in the schools. She stated that they have a need for new resource materials, and presentation materials.

The result of the regional media workshop was that several media people who attended were responsible for bringing AIDS to the public's attention. In particular, the editor of the newspaper started to write editorial and articles and even now Dr. Etienne can still call the editor to put NAP news in the paper. The result of the in-country media workshop was that the media was sensitized to AIDS issues and it opened the door for media to discuss other health issues. The media even produced and aired their own PSAs about AIDS. For example, one radio announcer, Felix, attended the workshop and the local media workshop. He interviewed AIDS patients on the radio and produced a PSA in patois. The same HIV infected person was on the radio and this was the first time this occurred in Dominica, and it impressed the public on the psycho-social issues of HIV/AIDS.

Regarding the CFPA/CAREC TV and radio ads, she did not preview the PSAs before they arrived at media outlets in Dominica. The first time she saw them was on TV or when she heard people in Dominica discussing them. There has been no negative feedback on ads by CFPA. The NAP Director stated: "A good percentage of our population watches TV and listens to radio. If well done, PSAs have to be repeated and follow-up surveys need to be done to measure their effectiveness at changing behaviors." This has not been accomplished to date.

The CAREC AIDS Window is useful and easy to read. However, there is no central in-country centre to store similar material. She stated also, there was no in-country resource to support material development.

Materials

The head of the Health Education Unit expressed concerns about the vagueness of the messages conveyed in the CFPA posters. she suggested that any future posters should convey messages with a specific behavioral intervention. She suggested that one message to consider would be **using a condom each time and every time** someone has sex.

The head of the Health Education Unit noted that any brochures should be simple and short. She noted that having a brochure to match the posters for condoms would have five points: they might be why condoms should be used; why a new condom for each act of intercourse, etc.

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Ms. Henry noted the utility of the ACTS-project sponsored video, AIDS in the Caribbean. She noted that feedback from young people was that they were able to identify with it because the video had a Caribbean focus. The Health Education Unit was able to find out the times that young people listened to the radio and arranged a programme during that time. the 5-minute weekly programme occurred for 5 minutes each week for 11 weeks preceding World AIDS Day. The Ministry of Health was able to get free advertisement on the radio for a couple of days to promote the programme.

The team met with Ms. Williams, the Assistant Chief of Youth Development and they have 5 youth offices. The chief is Ms. Alfred. The Youth Division of Community Development has social workers who work directly with you. HIV is integrated where possible into existing programmes. Two examples provided were the **When Somebody Cares** Diaper and Day Camp. **When Somebody Cares** trains young people 9 - 11 up to 13 years. She noted that they concentrate on AIDS because she knows that teens are at risk. The Chief of Youth Development got feedback from young people regarding TV and Radio spots.

She noted that young people stated "there is nothing in here about AIDS. She noted that all of the social workers state that youth are aware of AIDS but are not taking precautions. this office doesn't distribute condoms through its programme to schools and churches, but they are available in the Ministry of health youth centres.

Mrs. Olivocee noted that DPPA participated in the pre-testing of materials developed by CFPA. She noted language differences in Dominica and the importance of materials being sensitive to specific in-country needs.

Distribution of Materials

The Health Education Division distributes materials to every health centre, hospital, school, the Dominica Planned Parenthood Association, the Council of Women, the Youth Division and Churches. DPPA also distributed condoms to over 60 outlets -bars, stores, youth centres and other locations.

The Permanent Secretary stressed the need for greater input into message development. He noted that the quality of input into message will assure the quality of message conveyed. He noted the need for continued reinforcement of message by bombarding Dominica with the same messages on radio and TV.

The P.S. also noted the need to have a budget line that would allow flexibility to access technical advisors in the development of work. He also noted the need for assistance in dissemination and information management system. He stressed that building in-country capacity is not holding a workshop and telling people what to do.

PROGRAM MANAGEMENT

Regarding the log frame regional training, she attended the workshop in Montserrat. Dr. Ettiene felt that log frame is a very good approach to project design. As a result, she invited CAREC staff to present an in-country training of the log frame in Dominica. Her staff was enthusiastic about learning and using log frame. One outcome was that she subsequently used log frame during a planning session to evaluate health care. Overall, log frame was very useful and since other health problems and the AIDS program are integrated in Dominica, use of log frame will assist in the overall approaches as well as the monitoring of progress in achieving goals.

Regarding the National AIDS Programme Manager Training in Barbados in 1992, presentations to country representatives had a packed agenda with information provided on Epi-Info, program management, modeling and ACTS staff presented social marketing. There were no interactive session, nor adequate time to process all the information. She stated that the information presented was of limited value for program purposes after the conference.

Regional versus National Agenda

One need that was identified the NAP Director was the need to involve all levels of program in in-country workshop. She stated it was important for national training to involve as many people as possible because she relies on people who also work in various areas. Any new or existing initiatives should involve national staff.

In addition, she called for more regional workshop with more national staff. She stated that the Caribbean is not one big mass, but rather there are different experiences in each island. She stated that "our professionals are isolated. It is important that we get together to share experiences, establish bonds and have colleagues to call when we encounter difficulties."

The rationale for including as many people as possible is that in Dominica, as in much of the Caribbean, one person has many responsibilities.

Dr. Ettiene made a distinction between training and initiatives stating that she has trouble with initiatives generated at the regional level. Any initiatives at the national level must use the nurses because they are essential in the primary health care centers located in communities across Dominica. She stated that Dominica is more rural than other Caribbean counterparts. Community based approaches are therefore particularly important in Dominica.

Multisectoral Collaboration

They have been successful in Dominica in targeting influentials and community leaders. On World AIDS Day, the health, business sector, and social groups were part of a 1/2 day World AIDS Day Program. The media was invited and they had good follow-up coverage. Feedback was excellent. The head of health and social security discussed financial implications of AIDS, and the Chief Welfare Officer talked about the impact on women and children. The head of Commerce and Industry discussed the impact on business. Interest in the business sector was sparked by this presentation and as a result they have conducted workshops on AIDS at the request of several businesses including factories, banana growers, farmers and public service agencies.

The NAP has supported AIDS activities during Carnival. They have a new bishop now and don't know what impact it may have in future activities. In the past at Carnival, they put condoms in all bars on the island. They wanted to get more brochures, but they photocopy quantities that they had. She said they need more information, but not materials that they don't use.

Dominica Teachers Training College

Mrs. Buiny the principal of the Teacher's College reports that the college has held many sessions on AIDS for the student teachers. Each batch size range from 20-30 people. She has included STD and AIDS in the curriculum that she uses in the training. The National AIDS Program staff have also done presentations during training.

The CFPA AIDS posters and brochures are used for discussion during training. The teacher's college also uses PAHO curriculum guide for Family Life Education for their training program.

Dominica Planned Parenthood Association

The project review team met with the Executive Director of DPPA Ms. Rita Olivarcee. A number of CAREC as well as CFPA ACTS project material were in obvious display at the office of the DPPA. DPPA trains and develops negotiation skills with DPPA youth peer counselors who go to secondary schools and works with youth groups, girl guides and PTAs.

The director of the program reported that their FPA participated in the pretesting of the CFPA communication material on AIDS. Their FPA was responsible for coordinating the groups.

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District AIDS Committee

Dominican AIDS program is clearly implemented by the community through the District AIDS Committees. These were formed 2 years ago as a result of World AIDS Day programs. The most successful of these has been the Point Michelle District AIDS Committee has used innovative strategies to generate funds and sustain interest in its program. These have included sports meetings, rallies, video nights, and walks. The program is implemented by a group of young people all of whom range in age from 15-25, who themselves have adopted lifestyles consistent with what they teach. This includes no drug use and monogamous relationships. They generally portray themselves as role models for the community.

Point Michelle DAC has been used as a model in an attempt by the NAP to spawn similar groups with similar motivation. The Permanent Secretary in the Ministry feels this is possible if DAC are not only trained in developing, designing, and implementing programs, but also provided with seed money to finance such activities. This may be an area to investigate for the use of small grants under the ACTS project.

The Permanent Secretary reiterated the fact that one person may have many demands of their time. He stated that he wanted Ms. Henry to attend another meeting on the day our project team was being escorted by her.

Meeting with The Minister and Permanent Secretary Ministry of Health and Social Security

The permanent Secretary acknowledged that CAREC is quite visible and commented positively on the many technical assistance visits from CAREC, including the ACTS project staff. While he admitted not having personal knowledge of each visit, he noted that his perception was that CAREC staff were willing and able to provide support to Dominica.

The Permanent Secretary noted that there was a great need to increase efforts to involve the NAP at the implementation level. He noted that one immediate barrier to implementation was the loss of staff resulting from the severe reduction in budget from GPA/WHO. This has had a deleterious effect on the ability to undertake and sustain activities. The Permanent Secretary expressed a strong need for both renewal funding and seed money to support community level initiatives from the DAC and other non-governmental organizations.

The team noted the level of understanding of the Permanent Secretary, whose interest and knowledge of the program were high. The PS also demonstrated some appreciation of the need for behavior change.

The Minister of Health and Social Security noted the need for evaluation. He noted that information messages:

- a. must be continuous
- b. must have bombardment of information
- c. community-based involvement and willingness to address related issues such as child sexual abuse
- d. integration with other health issues like drug abuse

He stressed the need for consistency of messages.

RECOMMENDATIONS FROM THE DOMINICANS

Overall, Dominica needs technical assistance with helping the community develop its own projects. Community based initiatives have been very successful in Dominica. For example, as a result of World AIDS Day, District AIDS committees were established. She identified the need for small amounts of seed money and help defining project of interest to them. The following recommendations were made:

- 1) CAREC needs to visit the island more.
- 2) CAREC needs to assist countries in developing their national programs.
- 3) MOH needs money, especially since the loss of GPA AIDS-specific funding has resulting in loss of key support staff, including Dr. Etienne's secretary and a driver who serves the health centers.
- 4) 4)Dominica needs more support for IEC from preparing materials to testing. They also have trouble getting material in a timely fashion. The public is visual and needs visually appealing materials.
- 5) They need help setting up a surveillance system.
- 6) They may be one of pilots for PHILIS. However, before they accept in-country PHILIS, they must have national surveillance guidelines. They noted that the epidemiology training held in the past was too rushed as the facilitators were not sensitive to the level of skill of the staff which was insufficient to follow a very fast paced program with much new information.
- 7) Regional meetings have to be followed up by national in-country meetings. In particular community level interaction with CBOS should be emphasized with regard to surveillance, IEC and program management.

VIX. SUMMARY OF COUNTRY SPECIFIC REPORT FOR ST. LUCIA

AIDS COMMUNICATION

AND

TECHNICAL SERVICES REPORT

INTERNAL ASSESSMENT REPORT

SAINT LUCIA

November 1994

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AIDS COMMUNICATION & TECHNICAL SERVICES PROJECT

INTERNAL ASSESSMENT REPORT

SAINT LUCIA ASSESSMENT

I. INTRODUCTION

This report documents the findings of an internal assessment of the implementation of Phase II of the AIDS Communication Technical Services (ACTS) Project in Saint Lucia by the Caribbean Epidemiology Centre (CAREC).

The first cases of AIDS in Saint Lucia were reported in 1985. By the end of 1992, a total of 86 HIV infections had been detected, including 41 persons who had developed full blown AIDS. Heterosexual transmission accounts for approximately 75% of all infections. Less than 5% of known infections are a result of homosexual or bisexual transmission. However, risk factors for approximately 17% of total infections have not been identified. Perinatal transmission and transmission through injecting drug use accounted for 4% and 2% respectively.

The AIDS/STD Programme Director is also the Ministry of Health's Epidemiologist. The programme is supported by a functioning AIDS Advisory Committee.

II. EXPECTED RESULTS

Under the ACTS Project a variety of activities were scheduled for implementation. Following is a delineation of these activities and their related strategies.

STRATEGY 1: AIDS, HIV AND CSTD SURVEILLANCE AND RESEARCH

To assist countries in establishing sentinel surveillance systems that reflect an estimation of disease frequency and distribution, and provide an indication of program effectiveness in reducing transmission. The activities planned under this strategy were as follows:

1.1 Development of Standardized Surveillance Systems

- strengthen STD surveillance systems in the region;
- facilitate the development of a model STD surveillance plan for

- target countries;
- strengthen laboratory diagnostic skills in CMCs;
- facilitate an improvement in national sentinel surveillance strategies and reporting systems to assure that facilities and laboratories are complementary in reporting procedures;
- assess and develop private sector reporting potential;
- assist priority countries in implementing surveillance systems for monitoring and estimating trends in AIDS, HIV and conventional STDs.

1.2 STD Small Grants Research Program

- oversee the principal investigators of the small grant research projects funded during Phase I of the project;
- reintroduce the small grant research program for CSTDs.

1.3 STD Symposia

- convene a regional symposium to review available data on HIV infection and CSTDs in the Caribbean and to identify areas for STD research and control strategies;
- convene a follow-up regional symposium to report on the results of the targeted STD small grant research program.

1.4 Knowledge, Attitudes, Beliefs and Practices (KABP) Surveys

- conduct KABP surveys in the three priority countries remaining from among the six originally identified for surveys in Phase I of the project.

STRATEGY 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV INFECTION

To promote safer sexual practices to a target population of young adults and other sub-populations most at risk; prostitutes, clients of prostitutes, STD patients and migrant workers through the use of behavioural research, IEC and behaviour intervention activities. This was to be augmented by the promotion of condoms and the effective treatment and management of STD patients and their sexual partners.

A complementary component concentrated on training health educators and community influentials on the threat of AIDS and means to prevent HIV/AIDS transmission.

The activities planned for implementation under this strategy were:

2.1 Behaviour Interventions through IEC Campaigns

- conduct research, employing focus groups and other qualitative and quantitative methods to determine the needs of youth;
- develop five to ten generic IEC multi-media campaign "packages" to be adapted to local conditions and used by priority countries;
- review effective youth programs so that replication in other countries could be facilitated;
- develop strategies to reach youth in various settings: in and out of school, and the young adult who has completed schooling.

2.2 Development of Caribbean Resource Networks

- identify sub-regional, regional and U.S. networks of psycho-social scientists familiar with the Caribbean or who have relevant strategic skills;
- implement at least one seminar on psycho-social research in support of AIDS prevention;
- develop a strategy of behavioural surveillance, research services and consultation for implementing applied KABP and ethnographic research.

2.3 National Health Educators Training

- implement a workshop to upgrade the skills of health education staff in priority countries;
- strengthen national capacity for mass media strategizing and skill building through workshops and in-country follow-up on research methodology, planning mass media campaigns, and impact assessment.

2.4 Training of Professionals, Community Leaders, and Influentials

- conduct two regional workshops and in-country follow-up to support increased attention by National AIDS Coordinators on

reaching and involving community leaders and influentials, especially educators, politicians, sports personalities and entertainers;

- promote the AIDS Impact Model (AIM).

2.5 Development of AIDS Hotlines

- monitor AIDS Hotlines, with particular focus on their cost-effectiveness.

2.6 Community Involvement in AIDS Prevention

- encourage greater NGO and community participation in AIDS prevention and control through the NGO Small Grants Program;
- implement a regional workshop in proposal writing for potential grant recipients.

STRATEGY 3: PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL PROGRAMS

To improve the skills of people charged with managing the implementation of AIDS programs and with designing interventions that are cost effective and sustainable. Emphasis was to be given to research and training activities.

The activities scheduled under this strategy are as follows:

3.1 Training of National Managers of AIDS Programs

- facilitate the development of goals, objectives and work plans; the improvement of time, task and meeting/workshop management skills; understanding and managing group dynamics; and the improvement of analytical skills to identify practical cost-effective methodologies for program development and implementation.
- transfer skills in the planning process and encourage greater participation by all the agencies involved in implementing AIDS prevention programs.

3.2 Operations Research in Management of AIDS Programs

- provide national managers with information on ways to refine activities, solve problems and improve project management.

3.3 Alternative Financing and Demand Analysis

- assist the NAC and the government through the MOH and other related ministries to make more informed decisions on the allocation of resources.

III. STATUS OF ACCOMPLISHMENTS

This section delineates the extent to which the pertinent activities outlined in the previous section were realized in Saint Lucia and assesses the effectiveness their delivery.

STRATEGY 1: AIDS, HIV, AND CSTD SURVEILLANCE AND RESEARCH

1.1 Development of Standardized Surveillance Systems

- Quarterly AIDS reporting in place:
 - review of laboratory capacity for undertaking AIDS sentinel surveillance completed.
- Preliminary groundwork completed and HIV antenatal sentinel system in place;
 - quarterly reporting ongoing;
- CSTD Surveillance system under review:
 - representatives of National AIDS Program participated in sub-regional meeting to develop model surveillance system;
 - CAREC Practical Guidelines for STD Surveillance completed and distributed for review.

1.2 STD Small Grants Research Programme

No activity undertaken.

1.3 STD Symposia

No activity.

1.4 Knowledge, Attitudes, Behaviour and Practices Survey

KABP Survey undertaken as planned.

STRATEGY 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV INFECTION

2.1 Behaviour Interventions through IEC Campaigns

- KABP Survey conducted to determine the target groups for behaviour interventions and their needs;
- dissemination and implementation of multi-media Lifestyles Communications Campaign Phase I targeted at parents, "When You Can't Protect Them Anymore, Condoms Can" - 1991;
- development and dissemination of a music video and audio, "Sharing the Challenge" by David Rudder , for World AIDS Day 1991;
- implementation of multi-media Lifestyles Communications Campaign Phase II targeted at youths and men, "Think, Choose, Live" - 1992;
- production and dissemination of a video documentary, "A Time to Act," for World AIDS Day 1993;
- reprint and dissemination of a brochure on condom use;
- production and distribution of a Carnival Interventions Prototype IEC Package, 1992.

2.2 Development of Caribbean Resource Network

- No activity implemented.

2.3 National Health Educators Training

- sub-regional Social Marketing working group and follow-up convened in St Vincent and the Grenadines to address the topic, "The Use of Social Marketing in Communications Campaigns" - March 1991;
- development and distribution of a resource package, Communications Packages Resource Guides comprised of the following titles: "Using Popular Music in HIV/AIDS Prevention," "Reaching Teens and Parents through Radio Drama," "How to Work with an Advertising Agency," "How to Develop Effective Communications Strategies;"
- participation of the National AIDS Programme Coordinator in the Third Pan American Teleconference on AIDS, 1991, and in the First Regional Conference on AIDS Service Organizations, 1991.

2.4 Training of Professionals, Community Leaders and Influentials

- participation of local media representative in Regional Media Workshop, November 1991.

2.5 Development of AIDS Hotlines

- The St Lucia Hotline was started during the first phase of the ACTS Project. At the present time it is being revitalized, after floundering in 1993.

2.6 Community Involvement in AIDS Prevention

- Community involvement is evident in the operation of the Hotline and in the implementation of IEC activities. This, however, is not entirely attributable to the ACTS project.

STRATEGY 3: PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL PROGRAMS

3.1 Training of National Managers of AIDS Programs

Very little activity has taken place under this strategy. However, management development did take place under the aegis of the general WHO/GPA programme.

3.2 Operations Research in Management of AIDS Programs

- no activity.

3.3 Alternative Financing and Demand Analysis

- no activity.

IV. COMMENTS ON THE DELIVERY OF TECHNICAL COOPERATION UNDER THE ACTS PROJECT

Staff of the Saint Lucia Ministry of Health, and in particular the AIDS/STD staff, felt that the technical cooperation provided by CAREC was of a high quality. However, strong comments were made about the fact that CAREC's staff appeared to be overburdened and, therefore, were unable to provide assistance when it was required. Long delays in CAREC's response sometimes rendered the assistance less than useful by the time it was delivered.

The Programme Director express a strong need for more training in the area of strategic planning skills and groups dynamics and hope that the project would be able to provide this. Log Frame training, scheduled under the project, was due for implementation in October 1994.

Assistance was also identified for the area of STD management. Particularly in the area of computerization and in the strengthening of care seeking behaviour of clients.

The IEC support, in particular, the mass media campaigns developed by the CFPA were well received. These were in keeping with national priorities.

The Communications resource package distributed in 1994 received a very high rating by the programme and one of the partner NGO agencies. They found it to be very useful.

St Lucian skills in IEC materials development, while very strong within the Ministry of Health, would benefit by having training directed at some of the NGP partners such as the local Planned Parenthood Association. Specifically, focus group skills training have been requested.

In summary, it would appear that the technical assistance that was delivered was good, though frequently late, and that most of the activities planned for St Lucia were not implemented. The area of most strength was that covering the Prevention of Sexual Transmission.

**V. RECOMMENDED PRIORITIES FOR THE FINAL YEAR OF THE ACTS PROJECT
IN ST LUCIA**

1. Ensure that the management of the programme is strong and that sustainability beyond the life of the project is assured.
2. Provide the Programme Manager and the AIDS/STD Committee with further skills and training for improved management.

X. SUMMARY OF COUNTRY SPECIFIC REPORT FOR ST. VINCENT

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**AIDS COMMUNICATION
AND
TECHNICAL SERVICES REPORT
INTERNAL ASSESSMENT REPORT
SAINT VINCENT AND THE GRENADINES ASSESSMENT**

November 1994

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AIDS COMMUNICATION & TECHNICAL SERVICES PROJECT

INTERNAL ASSESSMENT REPORT

ST VINCENT AND THE GRENADINES ASSESSMENT

I. INTRODUCTION

This report documents the findings of an internal assessment of the implementation of Phase II of the AIDS Communication Technical Services (ACTS) Project in St. Vincent and the Grenadines by the Caribbean Epidemiology Centre (CAREC).

As of June 30, 1994, sixty-five (65) AIDS cases and sixty (60) deaths had been reported in St. Vincent and the Grenadines. The virus has been transmitted primarily heterosexually and women account for at least forty percent (40%) of all cases. Two pediatric cases have been identified to date.

The AIDS/STD Programme is managed by the Acting Health Planner who, until recently, was its full-time Coordinator and lone staffer. That individual is still the only person designated with the responsibility of administering the programme and continues to do so in addition to the obligations associated with the post of Health Planner. The technical aspects of the programme have been integrated across the Primary Health Care System.

The National AIDS Advisory Committee, the body appointed by Cabinet to oversee and guide the program is largely non-functional and needs to be reconstituted.

II. EXPECTED RESULTS

Under the ACTS Project a variety of activities were scheduled for implementation. Following is a delineation of these activities and their related strategies.

STRATEGY 1: AIDS, HIV AND CSTD SURVEILLANCE AND RESEARCH

To assist countries in establishing sentinel surveillance systems that reflect an estimation of disease frequency and distribution, and provide an indication of program effectiveness in reducing transmission. The activities planned under this strategy were as follows:

1.1 Development of Standardized Surveillance Systems

- strengthen STD surveillance systems in the region;
- facilitate the development of a model STD surveillance plan for target countries;
- strengthen laboratory diagnostic skills in CMCs;
- facilitate an improvement in national sentinel surveillance strategies and reporting systems to assure that facilities and laboratories are complementary in reporting procedures;
- assess and develop private sector reporting potential;
- assist priority countries in implementing surveillance systems for monitoring and estimating trends in AIDS, HIV and conventional STDs.

1.2 STD Small Grants Research Program

- oversee the principal investigators of the small grant research projects funded during Phase I of the project;
- reintroduce the small grant research program for CSTDs.

1.3 STD Symposia

- convene a regional symposium to review available data on HIV infection and CSTDs in the Caribbean and to identify areas for STD research and control strategies;
- convene a follow-up regional symposium to report on the results of the targeted STD small grant research program.

1.4 Knowledge, Attitudes, Beliefs and Practices (KABP) Surveys

- conduct KABP surveys in the three priority countries remaining from among the six originally identified for surveys in Phase I of the project.

STRATEGY 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV INFECTION

To promote safer sexual practices to a target population of young adults and other sub-populations most at risk; prostitutes, clients of prostitutes, STD patients and migrant workers through the use of behavioural research, IEC and behaviour intervention activities. This was to be augmented by the promotion

of condoms and the effective treatment and management of STD patients and their sexual partners.

A complementary component concentrated on training health educators and community influentials on the threat of AIDS and means to prevent HIV/AIDS transmission.

The activities planned for implementation under this strategy were:

2.1 Behaviour Interventions through IEC Campaigns

- conduct research, employing focus groups and other qualitative and quantitative methods to determine the needs of youth;
- develop five to ten generic IEC multi-media campaign "packages" to be adapted to local conditions and used by priority countries;
- review effective youth programs so that replication in other countries could be facilitated;
- develop strategies to reach youth in various settings: in and out of school, and the young adult who has completed schooling.

2.2 Development of Caribbean Resource Networks

- identify sub-regional, regional and U.S. networks of psycho-social scientists familiar with the Caribbean or who have relevant strategic skills;
- implement at least one seminar on psycho-social research in support of AIDS prevention;
- develop a strategy of behavioural surveillance, research services and consultation for implementing applied KABP and ethnographic research.

2.3 National Health Educators Training

- implement a workshop to upgrade the skills of health education staff in priority countries;
- strengthen national capacity for mass media strategizing and skill building through workshops and in-country follow-up on research methodology, planning mass media campaigns, and impact assessment.

2.4 Training of Professionals, Community Leaders, and Influentials

- conduct two regional workshops and in-country follow-up to support increased attention by National AIDS Coordinators on reaching and involving community leaders and influentials, especially educators, politicians, sports personalities and entertainers;
- promote the AIDS Impact Model (AIM).

2.5 Development of AIDS Hotlines

- monitor AIDS Hotlines, with particular focus on their cost-effectiveness.

2.6 Community Involvement in AIDS Prevention

- encourage greater NGO and community participation in AIDS prevention and control through the NGO Small Grants Program;
- implement a regional workshop in proposal writing for potential grant recipients.

STRATEGY 3: PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL PROGRAMS

To improve the skills of people charged with managing the implementation of AIDS programs and with designing interventions that are cost effective and sustainable. Emphasis was to be given to research and training activities.

The activities scheduled under this strategy are as follows:

3.1 Training of National Managers of AIDS Programs

- facilitate the development of goals, objectives and work plans; the improvement of time, task and meeting/workshop management skills; understanding and managing group dynamics; and the improvement of analytical skills to identify practical cost-effective methodologies for program development and implementation.
- transfer skills in the planning process and encourage greater participation by all the agencies involved in implementing AIDS prevention programs.

3.2 Operations Research in Management of AIDS Programs

- provide national managers with information on ways to refine activities, solve problems and improve project management.

3.3 Alternative Financing and Demand Analysis

- assist the NAC and the government through the MOH and other related ministries to make more informed decisions on the allocation of resources.

III. STATUS OF ACCOMPLISHMENTS

This section delineates the extent to which the pertinent activities outlined in the previous section were realized in St Vincent and the Grenadines and assesses the effectiveness their delivery.

STRATEGY 1: AIDS, HIV, AND CSTD SURVEILLANCE AND RESEARCH

1.1 Development of Standardized Surveillance Systems

- Quarterly AIDS reporting in place:
 - review of laboratory capacity for undertaking AIDS sentinel surveillance completed.
- HIV sentinel system initiated:
 - HIV antenatal sentinel system in place;
 - quarterly reporting ongoing;
 - periodic sampling conducted among prison population.
- CSTD Surveillance system under review:
 - representatives of National AIDS Program participated in sub-regional meeting to develop model surveillance system;
 - CAREC Practical Guidelines for STD Surveillance being reviewed for possible national implementation in 1995.

1.2 STD Small Grants Research Programme

No activity undertaken. CAREC indicated that funds were not available for this activity in Phase II.

1.3 STD Symposia

No activity.

1.4 Knowledge, Attitudes, Behaviour and Practices Survey

Activity undertaken as planned and reported under Strategy 2.

Strengths of the Delivery on Strategy 1

The technical assistance delivered by CAREC under this Strategy was described as being of a high quality. This support has facilitated the introduction of a reporting system that allows the country to monitor the development of the epidemic and to utilize that information for programme planning and implementation.

Areas for Improvement in the Delivery of Strategy 1

1. While the quality of technical assistance was characterized as being good, it was noted that it was not always timely. Assistance was provided according to CAREC's schedule rather than at the time that it was most needed by the country.
2. More training was needed before the standardized case definitions for the conventional STDs could be used.

STRATEGY 2: PREVENTION OF SEXUAL TRANSMISSION OF HIV INFECTION

2.1 Behaviour Interventions through IEC Campaigns

- KABP Survey conducted in May 1991 to determine the target groups for behaviour interventions and their needs;
- dissemination and implementation of multi-media Lifestyles Communications Campaign Phase I targeted at parents, "When You Can't Protect Them Anymore, Condoms Can" - 1991;
- development and dissemination of a music video and audio, "Sharing the Challenge" by David Rudder, for World AIDS Day 1991;
- implementation of multi-media Lifestyles Communications Campaign Phase II targeted at youths and men, "Think, Choose, Live" - 1992;

- production and dissemination of a video documentary, "A Time to Act," for World AIDS Day 1993;
- reprint and dissemination of a brochure on condom use;
- production and distribution of a Carnival Interventions Prototype IEC Package, 1992.

2.2 Development of Caribbean Resource Network

- No activity implemented.

2.3 National Health Educators Training

- sub-regional Social Marketing working group and follow-up convened in St Vincent and the Grenadines to address the topic, "The Use of Social Marketing in Communications Campaigns" - March 1991;
- development and distribution of a resource package, Communications Packages Resource Guides comprised of the following titles: "Using Popular Music in HIV/AIDS Prevention," "Reaching Teens and Parents through Radio Drama," "How to Work with an Advertising Agency," "How to Develop Effective Communications Strategies;"
- participation of the National AIDS Programme Coordinator in the Third Pan American Teleconference on AIDS, 1991, and in the First Regional Conference on AIDS Service Organizations, 1991.

2.4 Training of Professionals, Community Leaders and Influentials

- participation of local media representative in Regional Media Workshop, November 1991; (verify)

2.5 Development of AIDS Hotlines

- During Phase I of the ACTS Project, St. Vincent was linked to the St Lucia Hotline. This undertaking was expensive to maintain and once funding had been exhausted, the link was discontinued.

2.6 Community Involvement in AIDS Prevention

- no activity recorded under the project.

Strengths of the Delivery on Strategy 2

The focus and the strength of the technical cooperation delivered to St Vincent and the Grenadines was in the communications packages.

These were well received and used widely to complement national IEC efforts. Their target groups and messages coincided with the national priorities for the management and control of HIV/STD and were sensitive to the country's cultural context. The "When You Can't Protect Them Anymore, Condoms Can" campaign did elicit criticism from the churches and was the topic of much debate on radio call-in shows and in conversations. However, the general reaction towards it was one of acceptance.

Significantly, the packages allowed the country to mount sustained multi-media campaigns where ordinarily it would not have been able to, given the shortage of the appropriate human and financial resources.

The resource guides received by the National AIDS Programme Coordinator and her participation in the Social Marketing Working Group, the AIDS Teleconference and the CASO Workshop all served to strengthen her knowledge and skills.

The national principals who were interviewed felt that, generally, the technical cooperation delivered by CAREC was of a high quality.

Areas for Improvement in the Delivery of Strategy 2

1. The KABP Survey indicated a high level of awareness among the target populations regarding HIV/AIDS methods for its prevention. Given this, the communications interventions should have focussed more strongly on effecting behaviour change rather than simply continuing awareness building.
2. The communications campaigns, as well designed as they were, did not address the need in St Vincent and the Grenadines for material geared to low level literacy audiences.
3. In-country interviews revealed a poor understanding of behaviour change theory and practices among those individuals charged with the responsibility of facilitating a reduction in the spread of STD/AIDS through IEC activities. Furthermore, the Project Coordinator indicated that still they were not able to interpret the KABP data. One stated

purpose of the ACTS project was to strengthen national capacity to plan and implement effective mass media IEC campaigns. This was not addressed.

4. Another stated intent of the project was the study and development of cost-effective IEC interventions that would be shared with target countries. This was not done in the case of St Vincent and the Grenadines.
5. A key concern of the ACTS Project was on ensuring that countries would be able to sustain the activities and momentum originating under the project. Given the points raised in 2 and 3 above, the sustainability of IEC interventions begun under the project is doubtful.
6. There is are no organized counselling services for HIV/AIDS clients and their significant others. This should have been addressed.
7. The project document asserts that greater NGO and community involvement in AIDS prevention and control would be encouraged through the NGO Small Grants Program. Continuing in this same vein, the project agreement with the Caribbean Family Planning Affiliation (CFPA) Ltd states that the CFPA would use its linkages to encourage member family planning organizations to access small grants for relevant community outreach.

There is no evidence to indicate that Small Grant Program was promoted as vigorously as the project document indicated that it should have been in Phase II. Furthermore, the only application for a small grant from St Vincent and the Grenadines was turned down precisely because it was submitted by the St Vincent Planned Parenthood Association which was already addressing AIDS interventions as a complement to its primary portfolio. This appeared to contradict directly the clause in the CFPA agreement mentioned above.

8. This component of the project was too ambitious in its expectations and scope. As a result, only a very small portion of its planned activities were implemented in or for St Vincent and the Grenadines.

STRATEGY 3: PROMOTION OF EFFECTIVE MANAGEMENT OF NATIONAL PROGRAMS

COMMENTS ON THE DELIVERY OF TECHNICAL ASSISTANCE UNDER STRATEGY 3

Based upon information collected during the interviews of key players involved in the HIV/AIDS/STD activities in St.Vincent and a review of the project workplans (1991-1994), very few achievements were realized among the activities described above.

A National AIDS Programme Committee (NAPC) was formed by the ministerial cabinet but has not functioned over the past one to two years. In spite of the absence of a functioning NAPC, two sub-committees were created to deal with issues relating to counselling and education. Responsibility for coordination of the National AIDS Programme (NAP) activities has been assumed by the Health Planner position in the MOH. The individual in this position participated in a CAREC sponsored regional logframe training workshop. The tools and skills acquired during the workshop were used to develop goals, objectives and work plans for the three projects. The MOH has been effective in development of a collaborative relationship with partner agencies (e.g. Red Cross, Planned Parenthood, Family Planning Association of St.Vincent, Service Organizations and churches) to move together towards achievement of the HIV/AIDS programme objectives. There is ample evidence of joint planning and ongoing consultation throughout the life of the project.

There is no evidence that indicates CAREC's assistance in identifying weaknesses in St. Vincent's NAP management structures nor that training programs were developed and implemented to address these specific needs. On the other hand, the MOH has not been active in requesting CAREC's assistance in these areas. As a result, the depth of strong programme management skills to manage the NAP does not exist in St. Vincent.

IV. RECOMMENDED PRIORITIES FOR THE FINAL YEAR OF THE ACTS PROJECT IN ST VINCENT AND THE GRENADINES

1. Strengthen the national capability to design, implement and evaluate effective low cost IEC interventions for behaviour change, including those geared to low level literacy audiences;

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2. Facilitate the development of an organized and sustainable counselling service;
3. Facilitate sustainability of the AIDS/STD interventions beyond the life of the project by strengthening the national management capability, in part by complementing the Ministry of Health plan to institutionalize STD/AIDS IEC interventions by integrating them into existing relevant programmes.
4. It is recommended that PAHO/CPC and USAID/RDO/C collaborate to encourage St. Vincent MOH to make the commitment to develop and implement an effective NAPC.

XI. ASSESS THE RELEVANCE OF HIV/AIDS INTERVENTIONS TO CARIBBEAN DEVELOPMENT (RATIONALE FOR CONTINUED SUPPORT OF AIDS INTERVENTIONS IN THE REGION).

The HIV/AIDS epidemic, if allowed to continue unchecked, promises a dismal future for the Eastern Caribbean. Based on the application of the AIDS Impact Model (AIM) to the current course of the epidemic in the region, it is projected that, in the absence of effective interventions, there could be, by the year 2000 at least 125, 000 HIV infected persons in the region. Those in the 25-39 age group would be most affected and AIDS would be the predominant cause of mortality, accounting for 60-80% of all deaths.

The direct costs attributed to the epidemic (costs of health care of those infected with HIV) and indirect costs (loss of income in the most productive years of life because of associated illnesses and premature deaths) may reach US\$400 million at best, as much as US\$1 billion (based on 1989 US dollars) if the prevalence rates in young adults reaches 5%.

The countries of the Eastern Caribbean have made significant strides in working to manage and control the epidemic. But these are just the beginning and are insufficient. Much more has to be done to ensure that the scenario described above does not materialize.

The present state of Caribbean economies, however, preclude the achievement of such a goal without the collaboration of external partners. In many countries, the direct costs for caring for HIV infected persons may be higher than the entire health budget. Thus, we recommend the continuation of financial and technical assistance to the region.

Communicating the accomplishments of the ACTS supported projects in regional meetings of PAHO/WHO will educate and update headquarters. Only the most senior staff should perform this function. Regional meetings should also showcase CAREC staff as well as particularly successful programs within countries stimulated by ACTS activities and sustained by in country efforts.

Consideration may be given to provide resident advisors from CAREC to specific countries to assist in completing planned ACTS Project supported activities in all three strategic areas. This may have the additional benefit of making up for lost time due to continued delays in the IEC area. Advisors should focus on targeting projects for sustainability and to work within countries to refine projects for submission to appropriate funding agencies.

Operations research on the best methods to enhance communication on AIDS is necessitated by the obstacles encountered in country transportation, inter country communication and in country dissemination of materials. Consideration should be given to information management and building and sustaining CAREC's ability to sustain an AIDS Information Resource Center. The project should support an investigation of methods to assure timely availability and distribution of materials. Any efforts in building CAREC's information sharing capacity should look toward developing in country capacity to meet its information needs.

Consideration should to information management (see PP for clearinghouse activities) providing future donor organizations are accessible for additional funding. Emphasis could be given to building and sustaining an AIDS Information Resource Center.

USAID should investigate further the feasibility of sustained financial support in the Eastern Caribbean, given the successes of the ACTS Project in building CAREC's own capacity and that of OECS member countries in preventing and controlling the spread of AIDS. Should continued efforts be supported, CAREC should be the contractor for products and services. This will ensure CAREC's ability to coordinate efforts, particularly with regard to IEC activities and consistent with USAID's stated intention to support CAREC's role of lead implementation agency in the Caribbean.

USAID must be mindful of its role in continued monitoring of ACTS Project activities in the remaining year of the project with a view towards sustainability and capacity building of CAREC and the OECS member countries.

XII. MINIMUM ESSENTIAL FEATURES OF A SUSTAINABLE HIV/AIDS INTERVENTION PROGRAM FOR THE CARIBBEAN

The following represents the consensus of the ACTS Project Internal Assessment Team:

1. National participation in planning at the regional level.
2. Ability to attract seed monies for projects at the national level.
3. Continued skills development in the areas of: targeted behavioral intervention; strategic planning; and ongoing monitoring and evaluation.
4. Opportunity to meet, cooperate and share experiences with other national programs.
5. Integration of NAP into existing health services delivery system especially where activities are outside the Ministry of Health.
6. Demonstration of significance of the HIV problem with respect to the national population and development issues.
7. Sustained community involvement.
8. Continued financial support to NAP by local governments.
9. Monitoring and evaluation of all efforts at the national level.
10. Define the role of the WHO/GPA National AIDS Program Committee in the multisectoral response to AIDS and coordination structure at the national level.
11. A sustainable supply system for condoms.

XIII. PRINCIPAL PERSONS MET

APPENDIX

PRINCIPAL PERSONS MET

CAREC

| | |
|-------------------------|---|
| Ms. Valerie Wilson | Senior Lab Technician, TQM Project Team Leader |
| Ms. Marilyn Jones | Social Marketing Coordinator, SPSTD |
| Ms. Nicola Taylor | Project Analyst, SPSTD |
| Ms. Cheryl Mounts | Communications Officer, SPSTD |
| Ms. Wendy Kitson-Pigott | Laboratory Liaison to CMC's |
| Mr. Milton Mangol | Epidemiologist/SPSTD |
| Ms. Carol Gayle | STD/HIV Surveillance Coordinator, SPSTD |
| Dr. Sam Rollins | Entomology/Oppportunistic Virology |
| Ms. Gladstone Skeats | Administration |

SAINT VINCENT, WEST INDIES

SAINT VINCENT MINISTRY OF HEALTH

| | |
|--------------------------|--|
| Mr. Carl Browne | Permanent Secretary, Ministry of Health and Environment |
| Ms. Ann Anderson | National AIDS/STD Programme Coordinator |
| Dr. Douglas Slater | Medical Officer of Health |
| Dr. H. Rampersaud | Chief Medical Officer |
| Ms. Valorie Beach-Murphy | Chief Health Educator |
| Ms. Anneke Wilson | Nurse Family Planner, Coordinator |

KINGSTON GENERAL HOSPITAL

| | |
|--------------|-------------------------------------|
| Dr. D. Silva | Physician in charge HIV/AIDS/STD |
|--------------|-------------------------------------|

STD LABORATORY PROGRAM-KINGSTON GENERAL HOSPITAL

| | |
|--------------------|----------------------|
| Chief Technologist | |
| Sr. Patsy Caruth | Nurse Epidemiologist |

NON GOVERNMENTAL ORGANIZATIONS

| | |
|--------------|---|
| Ms. M. Payne | Director, Planned Parenthood Association |
|--------------|---|

SAINT LUCIA, WEST INDIES

MINISTRY OF HEALTH, INFORMATION AND BROADCASTING

| | |
|-----------------|--|
| Dr. Debra Nanan | HIV/AIDS/STD Programme Director, National Epidemiologist |
| Edward Emanuel | Director, Bureau of Health Education |

EZRA LONG LABORATORY

| | |
|----------------|-----------------|
| Trudy Joseph | Deputy Director |
| Pamela Ambrose | Microbiologist |
| Veronica Lee | Blood Services |

CLINICAL CARE

| | |
|-------------------------|---------------|
| Marie Granderson-Didier | STD Physician |
|-------------------------|---------------|

NON GOVERNMENTAL ORGANIZATIONS

SAINT LUCIA PLANNED PARENTHOOD ASSOCIATION

| | |
|------------------|---|
| Patricia Bissett | I & E Supervisor, National AIDS Committee Member |
| Theodota Chicot | Field Worker |
| Julietta Simon | Field Worker |

HOTLINE

| | |
|-------------|---------------------|
| Baulah Duke | Hotline Coordinator |
|-------------|---------------------|

ANTIGUA, WEST INDIES

MINISTRY OF HEALTH AND HOME AFFAIRS

| | |
|-------------------|--|
| Mrs. S. Archibald | Permanent Secretary |
| Mrs. O. Gardner | Principal Nursing Officer |
| Dr. C. Mulraine | Chief Medical Officer, and Head of the National AIDS Committee |

NATIONAL AIDS COMMITTEE

| | |
|-----------------|---|
| Mrs. M. Lewis | Chairman, Sub-Committee Public Information, Education and Communication |
| Mrs. B. Kelsick | Chairman, Sub-Committee Condom Promotion and Distribution |

AIDS SECRETARIAT, MINISTRY OF HEALTH

| | |
|------------------|-------------------------------|
| Mrs. F. Aymer | National AIDS Program Manager |
| Mrs. K. Springer | AIDS Educator/counsellor |
| Mrs. P. Walters | AIDS Educator/counsellor |

ADOLESCENT HEALTH PROGRAM AND HEALTH EDUCATION DEPARTMENT,