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**Final Evaluation
Women and AIDS Research Program
International Center
for Research on Women**

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Acronyms

| | |
|--------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| CEDPA | Center for Development and Population Activities |
| COAG | Cooperative Agreement |
| FHI | Family Health International |
| GPA | Global Program on AIDS |
| HIV | Human Immunodeficiency Virus |
| HTS | Health Technical Services |
| ICRW | International Center for Research on Women |
| MHN | Maternal Health and Nutrition |
| MOH | Ministry of Health |
| NGO | Non Government Organization |
| NIH | National Institutes of Health |
| NSF | National Science Foundation |
| OR/TA | Operations Research/Technical Assistance |
| PROWID | Promoting Women in Development |
| RFP | Request for Proposal |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| TAG | Technical Advisory Group |
| UNAIDS | United Nations Program on AIDS |
| USAID | U.S. Agency for International Development |
| WARP | Women and AIDS Research Program |
| WHO | World Health Organization |
| WID | Women In Development |

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Executive Summary

From 1991 through 1997 the International Center for Research on Women (ICRW) has directed the Women and AIDS Research Project (WARP) through a Cooperative Agreement (COAG) financed by the Office of Health and Nutrition and the Office of Women in Development of USAID. The COAG originated in an unsolicited proposal submitted by ICRW to the AIDS Division of the Office of Health in 1990 entitled "Fighting AIDS in Developing Countries: A Focus on Women." The original COAG supported 17 projects in Asia, Africa, and Latin America and the Caribbean to conduct research on the factors that put women in developing countries at risk for HIV infection. The COAG was extended for a Phase II which included ten projects.

A five-person team guided by personnel from the Health Technical Services (HTS) Project was asked to evaluate the performance of this project. The team was asked to evaluate the usefulness of the research methodology; the efficiency of the small grants mechanism for generating new knowledge for HIV/AIDS prevention and building research capacity; the manner that findings were disseminated and used to influence policy, and to suggest ways such an enterprise could be improved. The team interviewed ICRW staff and USAID personnel, reviewed project documents and published articles, conducted phone interviews with Principal Investigators and TAG members, and visited four Phase II sites.

The Phase I projects were selected by ICRW staff and USAID personnel assisted by a Technical Advisory Group (TAG) from a total of more than 240 proposals submitted. The grants went to research teams who were part of local NGOs or universities who used primarily qualitative research methods to examine the context and content of women's sexuality, sexual relations, and knowledge of HIV and AIDS in some thirteen developing countries. Technical support was provided by ICRW staff assisted by TAG members. ICRW decided a Phase II was needed in order to allow projects time to demonstrate that qualitative research findings could be used to develop and implement effective interventions. Phase II projects were selected because of the quality of their research, their readiness to undertake an intervention, and their links to the local population.

The qualitative research approach used by the WARP projects, provided descriptions of the perspectives of women themselves on their knowledge and experience regarding sexuality, sexual relations, reproductive health issues, and HIV/AIDS. Projects followed a similar evolution in their choice of target populations and their research methods: formulation of questions, conducting formative research, collection of more data using several techniques, analysis of the findings, materials development, and identification of potential interventions. In this way, they were able to clarify the context in which sexual decisions are made in addition to the decision making process and to provide guidelines for appropriate interventions. The use of participatory research methods by some, not all teams (*i.e.*, using peers as interviewers, involving the target group in the development of the instruments, discussing the findings with the target groups. .) also served to strengthen ties between the implementing institution and the population served in many projects.

The initial strength of the findings came from the consistency across Phase I country sites. Small group discussions and individual interviews with women in numerous sites showed that women were not prepared to protect themselves against STD and HIV infections as they lacked both the basic information and the power necessary to do so.

These findings also had particular significance because little was known about the process of sexual decision-making among women. Although the women and men interviewed individually and in groups were not necessarily representative of the total population, the consistency of the findings across sites gave them credibility.

Although project reports featured the perspective of women in their decisions about sexual relations and vulnerability to STD and/or HIV infection, data were also collected from men in the majority of sites. This proved extremely useful for highlighting the importance of gender as it provided contrasts in the experiences and power of men and women in making decisions about sexual relations and highlighted differences in male and female vulnerability to HIV.

The ICRW staff was quick to synthesize findings from Phase I projects, to derive policy recommendations, and to publicize both in many venues. They rapidly gained a sympathetic hearing in USAID circles. Although the relationship of the policy recommendations to the findings was not always clear, ICRW demonstrated the need for an approach to HIV/AIDS that recognized the special needs of women in protecting themselves against HIV infection. The results clearly showed the need for considering gender issues in planning HIV/AIDS

prevention. ICRW was able to meet its objective of affecting policy in Washington by:

- Reaching a huge constituency with the RFP;
- Raising awareness of gender issues in the context of HIV/AIDS, both through response to the RFP and through research results;
- Supporting qualitative and, in some cases, truly innovative research and/or interventions.

The Phase II projects focused on training, materials development, interventions with target populations, and evaluation of the intervention process. Providing technical assistance for materials development and interventions proved more demanding than the data collection stages, since research teams needed a great deal of assistance in interpreting the formative research findings. The methods used for evaluation were not always appropriate to the interventions and the project teams needed a lot of assistance in interpreting their evaluation finding. Although ICRW decided that some interventions were to be evaluated according to their feasibility and accessibility rather than their overall impact, some projects also conducted impact evaluations. The mixed results suggest a lack of clarity in technical support for this aspect.

The use of multiple grants was well suited to the Phase I objectives of exploring the situation of women in a wide variety of social contexts regarding their sexual relations and risks for HIV infection. This approach allowed research to be conducted in a large number of sites and in quite different contexts. It also permitted a number of NGOs to gain experience in conducting research and facilitated the formulation of policy recommendations drawing on parallel findings. The small scale of the research designs and the use of qualitative methods was highly appropriate for examining sensitive issues about which very little had been known at the time. The participatory and community-based approach contributed enormously to the development of relevant and effective interventions.

The small grants mechanism and ICRW's management of the mechanism worked well in generating new knowledge about research methods and the context of exposure to HIV infection for low-income women. The similarity across sites was striking. Women were able and willing in small groups to discuss their own experiences with sexual relations and their fears about exposure to STDs and HIV. The process of peer group education had very positive effects on the self-image and self-confidence of participants. Women thought they had very little power to determine how and when they had sex with their male partners. Most men and women seemed to accept a double standard for men and women

regarding multiple partners. It was the similarity across sites that gave power to these findings.

The small grants mechanism also worked reasonably well in building research capacity for examining women's experience with HIV/AIDS. This was a function of three factors: the research experience of the groups who received the grants, the technical support given during the projects, and the relation of the research team to the local population. Giving multiple grants provided a number of NGOs the opportunity to conduct research for the first time. The ICRW staff gave technical support in developing research instruments, interpreting the data collected, and writing up project reports. The projects with close and direct ties to adjacent communities had the best chances for continuing their activities. Those involving an outside researcher with weak connections to a local team, and those with a research team without strong relations to a local population were less likely to continue.

Expanded capacity building could have occurred with more timely technical assistance which should have required a larger budget. Some projects needed more assistance than anticipated with data analysis and report writing. The research groups that seemed to profit most from outside assistance were: 1) local NGOs with strong roots in the local population; 2) university groups with a clear interest in involvement in local social problems.

The WARP approach was compared to other research activities funded by USAID: the PROWID Project, a cooperative agreement with ICRW and CEDPA; the Women's Studies Program, a cooperative agreement with Family Health International (FHI); and the Operations Research/Technical Assistance Project (OR/TA), a series of contracts with the Population Council. WARP was found to have a narrower program focus with a broader reach than the other three programs. PROWID uses a process for grant selection similar to WARP, while OR/TA and FHI usually identify projects through USAID missions. OR/TA and FHI have a more developed system to provide technical assistance than either WARP or PROWID. FHI has less of a focus on interventions than the other three programs.

ICRW has clearly demonstrated that qualitative research can be used productively to better understand the context of women's vulnerability to HIV infection and to develop interventions appropriate to their situation. The WARP has contributed greatly to an understanding of how gender must be considered in AIDS prevention.

Recommendations

Four aspects of implementing this COAG seemed particularly effective and could be replicated by USAID or other donors for AIDS research and program development.

1. Using a broadly defined understanding of the relevant issues within a general population (as opposed to populations at differentially high risk) was a productive beginning. As the impact of the AIDS epidemic broadens to affect larger numbers of sexually active people, social scientists must be able to identify contextual factors that put people at risk as well as to understand differences in men's and women's experiences in sexual relations. Much of AIDS research has already moved from specific studies of HIV transmission and condom use to the context of sexual relations. This approach should continue to improve our understanding of how and why people place themselves at risk and what options are available to ameliorate the situation.
2. Giving small applied research grants to NGOs with a track record of community service accomplishes two things. First, it builds capacity to obtain and use information for improving programs. Second, it promotes better links with the populations being served. Such efforts should continue in carefully chosen venues.
3. The use of qualitative research and participatory research methods and interventions has been shown to be effective in building community support to explore sensitive issues. This does not necessarily imply use of what has loosely been called "focus groups", though some form of group discussions are likely to be used. The emphasis should be on understanding the decision-making process in sexual relations: who makes the decisions in what manner for what reasons. Without a knowledge of local concepts relevant to peoples' thinking, interventions are not likely to produce change.
4. Time and resources should be devoted to rapid analysis and diffusion of research results and their effects. Presentations should clarify links between policy recommendations, if applicable, and specific findings. Less emphasis should be placed on making general policy recommendations that are too loosely connected to empirical findings and which have limited applicability in programming.

There are several ways in which the WARP experience can be improved should this model be repeated in a similar form.

1. If cost-effectiveness of specific research and intervention objectives are deemed critical in the attainment of specific objectives, then those considerations should be made part of the original selection of projects for funding. For instance, in several discussions with USAID personnel, it was suggested that there might be a trade-off between investing in gaining new knowledge versus building research capacity. The relative importance of those two objectives was largely decided by the nature of the projects funded rather than by USAID management over the life of the projects.
2. A way should be found to make technical support more readily available. In the ICRW projects, several research groups were unable to wait for the assistance requested. Having only TAG members to provide technical feedback to ICRW staff was not sufficient. In several cases, ICRW staff tried to locate local in-country consultants. This is the preferred solution, both because it is economical and because it helps build local in-country research capacity. The other solution would be to have an additional research expert on the ICRW staff.
3. The evaluation methods used by a number of projects did not seem well-matched to the interventions. ICRW seems to have made a tactical decision during Phase II to judge intervention effects by whether the interventions were accessible and feasible, which is a reasonable position for this type of research. However, some projects sought to measure program effects in more traditional fashion with rather disappointing results. There seems to have been some ambiguity about how the evaluations were to be structured.

The team suggests that USAID can profit from the WARP experience by considering the following points for future HIV/AIDS programming:

1. The small research grants approach is an effective method to obtain information from a variety of contexts. It allows for examination of the role of contextual factors (social relations, economic options, social dependence, family dynamics, communication about sex) in placing women at risk for HIV/AIDS. Furthermore, it permits the collection of data that can be used to develop key questions that can be explored with larger samples and quantitative analyses.
2. The multiple grants approach, whether considered as small or large, offers an excellent tool for building local capacity for applied research, and for building local commitment to project implementation.

3. The emphasis upon qualitative research adopted by ICRW is highly appropriate for examining sensitive topics and for developing educational materials and interventions to reduce the risk of HIV infection. Identifying local concepts of HIV/AIDS and capturing individual experience as promoted by contextual risk factors, promotes interventions that address local concerns.
4. The success of ICRW in disseminating its findings early suggests that USAID should program resources for similar diffusion efforts in future projects. Operations research projects of high technical quality should not wait until the project has ended to distribute findings to the larger community. A phased approach can be built into the study design to create intermediate milestones so that early results can have an immediate impact.
5. One of the reasons that the WARP effort had an impact on policy was that it benefited from a high level of support from USAID personnel. Persons from several different offices worked closely with ICRW staff and participated actively in decisions.
6. Most of these projects included both males and females in their research. Although project reports focused on women's perspectives, many research staff members stated or wrote that HIV/AIDS programs must address male and female concerns. Thus a gender approach to HIV/AIDS should recognize that the need for support and education of men and women may be different, but that both must be addressed simultaneously in order to maximize the chance for success.

I. Introduction

A. BACKGROUND TO THE COOPERATIVE AGREEMENT

The Cooperative Agreement (COAG) between USAID and the International Center for Research on Women (ICRW) originated in an unsolicited proposal submitted to the AIDS Division of the Office of Health of USAID by ICRW in May of 1990. Entitled "Fighting AIDS in Developing Countries: A Focus on Women," the proposal made a compelling case for the need to conduct research on the factors that put women at risk for HIV infection and on women's potential role in the prevention of HIV transmission. That proposal advanced four reasons for devoting substantial resources to understanding women's risk for HIV infection. First, although AIDS affects as many women in the developing world as men, we knew relatively little in 1990 about the epidemiology of AIDS among women. Second, we knew very little about the behaviors that put women at risk for HIV infection. Third, unlike men, women can transmit the virus to their children as well as to their sexual partners. And finally, as the principal caretakers within households in developing countries, women are in a prime position to shape communal responses to the AIDS epidemic.

At the time this proposal was submitted, most of the research in the domain of HIV and AIDS focused on the relative risk of infection of certain populations considered as "high risk," on the biomedical accuracy of knowledge of HIV and AIDS among general populations, and on the efficacy of condom social marketing. Research relied on quantitative methods for data collection and analysis to assess the relative risks as well as to identify statistical associations between social and economic factors and the spread of the virus.

Research on AIDS in developing countries was examining the behavior of populations most at risk or those thought most likely to transmit HIV infection such as commercial sex workers and long distance truck drivers who were known to have many sexual partners. These populations were becoming highly stigmatized. National AIDS control programs emphasized the communication of accurate knowledge of transmission routes and the use of condoms for preventing HIV infection. Many countries invested heavily in making condoms more accessible and in using both the mass media and community-based distribution systems for marketing condoms to the general population. The Global Programme on AIDS (GPA) was still sponsoring large scale surveys of knowledge of AIDS and public attitudes toward condom use to measure the effects of mass communication campaigns. Attention was focused on individual knowledge and behavior (unprotected sex, sex with multiple partners).

Research on the social and cultural contexts of sexual relations had just begun in the late 1980s. A feasibility study for a nation-wide survey of sexual behaviors in the U.S. sponsored by the N.I.H. in 1987 met with political resistance and was put on hold (Lindenbaum 1991). For developing countries, researchers found that ethnographies published before the AIDS epidemic contained little useful information about sexual relations. In 1988 a special session was held at the annual meeting of the American Anthropological Association devoted to discussing the reasons behind the lack of reliable information about sexual behaviors in anthropological literature. Studies of populations deemed most at risk had begun, but very few studies of sexual relations of other populations were being conducted.

In 1990 the major donors to AIDS prevention campaigns such as the Global Programme on AIDS (GPA), USAID, and many others were assisting Ministries of Health (MOH) not only to protect the blood supply from contamination, to establish voluntary centers for HIV testing, and to improve services at STD clinics, but also to conduct mass media education campaigns about the dangers of HIV infection and to promote prevention strategies. The policies of individual countries most affected by the epidemic had moved from initial denial through blaming outsiders to a recognition of the reality of the danger. However, in many cases, commercial sex workers and migratory workers or truck drivers were blamed for the spread of HIV/AIDS. AIDS prevention campaigns focused on convincing a skeptical public that the danger was real, on improving individual knowledge about HIV, and on the reduction of risky individual behaviors. The messages recommended abstinence, the reduction of multiple partners, and the use of condoms. These campaigns assumed that accurate knowledge of risk and easy access to condoms would lead to behavior change.

At the time, very little was known about the options women had in determining the nature of their own sexual relations. Debate in the public health community about the rising numbers of infections among women in developing countries had just begun. Extensive literature reviews and discussions with specialists confirmed the impression of the ICRW staff that few studies had examined why women were being infected. What options did women have to decide how and when to have sex with their partners? How did young women learn about their own sexuality and about sex in general? What role might social and economic factors play in women's options? What was the nature of the communication between male and female partners regarding sex? What did young women know about HIV and AIDS prevention? These were all critical questions that were receiving insufficient attention at the time.

The majority of HIV/AIDS messages were designed implicitly for men with multiple partners, whether married or not. Of course, young single women were advised to abstain from sex or persuade their male partners to use a condom. Married women were somehow supposed to convince their husbands to use condoms with them if they had other relationships. Most importantly, the social context of decision-making about sex, and the roles and perceptions of both men and women were receiving little attention.

Rather than assuming that the main problem of HIV transmission was a question of individual knowledge and motivation, **the ICRW proposal assumed that women's perceptions of their own sexuality and power to participate in sexual decision-making were key factors in understanding women's vulnerability to HIV and possible behavior change.** This approach constituted a departure from common strategies of research in a number of ways.

- It asked USAID to sponsor a series of research projects rather than intervention projects.
- The projects were to use primarily qualitative research aimed at discovering women's perceptions of sexual relations rather than their knowledge of AIDS.
- The projects were to examine the social and economic context in which sexual decisions were made. This considerably broadened understandings of what was considered as relevant.
- The projects were to conduct research in a way that would lead to interventions empowering women to change their own behavior.

The current staff of ICRW mentioned several reasons for electing to propose a small grants model of research rather than to invest in several, larger scale projects. First, ICRW had just directed the Maternal Nutrition and Health Care (MNHC) program in developing countries, and they found the model to be a cost-effective way to obtain quality research results while building research capacity in participating countries. The MNHC program, financed through a COAG with the Offices of Health and Nutrition of USAID, funded twenty projects selected from more than 140 proposals submitted. Second, not enough was known about women's perception of sexuality and HIV/AIDS to identify several major questions that could be answered with a few large-scale studies. Large-scale studies are appropriate once researchers are confident about the relevance of key questions. Third, the staff wanted to examine contextual factors in decision-making in a variety of social contexts, and a series of small grants would allow them to do that.

B. THE NATURE OF THE COOPERATIVE AGREEMENT

The Cooperative Agreement provided \$2,142,544 to ICRW over three years to "support behavioral, ethnographic, and operations research to identify ways in which women can be effective agents in reducing their risk of HIV infection." The COAG provided for the financing of at least 15 small research grants averaging about \$65,000, each for activities lasting from 15 to 18 months. Applications from interdisciplinary teams as well as collaborative arrangements between American and developing country research groups were strongly encouraged in the RFP. ICRW also encouraged applications from Nongovernmental Organizations (NGO) providing social and/or health services.

While the primary objectives of the program were to support social science research that 1) identifies factors that put women at risk of HIV infection and 2) determines women's behavioral options for AIDS prevention, the following secondary objectives were articulated in the proposal accepted in the COAG.

- Identify behaviors that put women at risk of HIV infection and factors that determine their ability to adopt behavior change.
- Contribute new insights on the factors that affect sexual practices related to the spread of AIDS and women's control over these factors and life choices.

- Assess women's attitudes and practices toward sexually transmitted diseases (STDs) as well as factors that affect women's utilization of STD and other related health services.
- Identify the most effective means to communicate knowledge of AIDS, its characteristics, and prevention to women.
- Translate the findings generated into policies and projects that can have an immediate impact in reducing women's risk of HIV infection and enlist women as active agents in the prevention of the syndrome.
- Strengthen research capacity in developing countries as well as industrialized nations to undertake AIDS relevant research with a focus on women, households, and communities.

These objectives were to be achieved in a program with three components:

1. a research awards competition for funding projects with intervention objectives;
2. technical assistance and monitoring of projects through the constitution of a Technical Advisory Group that would advise the ICRW staff on all technical matters;
3. an active program of synthesis and dissemination of the findings generated through a series of special reports, public presentations, and policy round-tables.

These components fit well with the overall mandate of ICRW, which is to generate new information in order to influence policy.

As the activities conducted under this COAG were nearing completion, ICRW requested more funding for a second phase in order to better use the findings from Phase I for specific interventions in a smaller number of sites. ICRW received about \$1.6 million for two and one-half years more, with one-half coming from the Office of Health and one-half from the Office of Women in Development (WID) for additional work in eight sites. The ICRW staff formed a new Technical Advisory Group (TAG) for Phase II and ended by funding activities in ten sites.

C. THE EVALUATION PROCESS

The evaluation team was asked to “assess the technical performance, management, and progress of activities under the Women and AIDS Cooperative Agreement,” which included activities of Phase I and Phase II. The evaluation was to include comments on the significance of the results for the field of HIV/STI prevention, and the progress made in developing a gender-sensitive approach to HIV/AIDS. It was also to assess the strengths and weaknesses of the small grants approach in generating new knowledge about the epidemic, building research and implementation capacity in project host institutions, and affecting policy in developing nations and international venues.

The evaluation was conducted by a team of five persons with extensive experience in qualitative and quantitative research, HIV/AIDS and child survival program evaluation, gender issues, social marketing and communication, and USAID health programs. Documents made available to the team included materials from USAID and ICRW concerning the Cooperative Agreement, individual project proposals for Phase I, and Phase II, final reports for Phase I and Phase II for most projects, ICRW special reports about the projects, and published articles by the ICRW staff. The team contacted all the principal investigators from Phase II and many from Phase I, as well as members of the Technical Advisory Group, by fax and by phone to discuss their involvement in the projects and to obtain their assessments of strengths and weaknesses they had observed. Team members prepared short summaries of project activities and achievements at each site for circulation to other participants.

In addition, four project sites from Phase II were visited by team members: Chiang Mai University in Thailand, the University of Zimbabwe in Harare, the Feminist Collective in São Paulo, Brazil, and the Casa de Passagem in Recife, Brazil. Chosen by the ICRW staff and USAID technical advisors, these were Phase II sites that had used research-based educational materials to promote discussions of sexuality, sexual relations, and the risks of HIV infection with target populations. The South African site was not visited because the Project Implementor was in the U.S. at the time of the evaluation.

Each region developed educational materials appropriate to the region and population. The research team in Chiang Mai had directed the development of a romantic novel (*Lamyia*), a comic book (*Poo Pi Tak*), and a manual with short stories and photographs for use in peer education of factory workers. In Zimbabwe training materials and discussion guides were developed for use in workshops that trained teachers to lead discussions about friendship, sexual

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relations, and HIV/AIDS. The team of the Casa de Passagem in Recife, Brazil, had developed a booklet depicting real-life situations of young women, so adolescents could guide discussions with their peers. In São Paulo the team used a pamphlet from Phase I to lead small group discussions with factory women.

During site visits, team members discussed the research process with principal investigators, met with individuals who had led and participated in training or discussions, obtained information about the relationship between ICRW and project staff as well as details on local efforts to disseminate research findings in-country.

II. Project Processes: A Description

A. PHASE I PROJECTS

The Request for Proposals (RFP) invited submissions that addressed project objectives, had clear intervention potential, were rooted in community relations, and used innovative data collection techniques. The RFP asked for proposals that examined the lives of women in their own contexts and that focused on women's own perceptions as they were faced with choices about sexual relations. Other elements from the RFP included proposals for research that would be relevant to the HIV/AIDS situation in the country involved, that used appropriate research methods, and that involved collaboration among several disciplines. Finally, ICRW was seeking proposals that promised productive collaboration between U.S. and developing country institutions where possible.

The RFP was distributed through the networks of the MNHC project, USAID missions, other AIDS program implementing agencies, and universities. The ICRW staff and USAID personnel were surprised to receive more than 240 proposals in a short time. They attributed this large response to their extensive mailing lists and network, the wide diffusion through USAID missions, the simplicity and brevity of the proposal format, and ICRW's reputation as a small and accessible organization. In addition, the relatively small size of the grants made it possible for a wide range of groups to apply. Although difficult to document, people may also have recognized a huge gap in information about women's experiences with sexual relations and HIV/AIDS.

The ICRW staff, assisted by the Technical Advisory Group (TAG) members, selected the proposals for funding in Phase I. The staff, along with the USAID COTR, prepared a short list of 29 proposals for the TAG. Eliminated were those from countries without a USAID mission, those with inadequate research methods, those that explored traditional issues (studies of “high risk groups”), or used solely quantitative evaluation methods (only questionnaires for data collection). Also rejected were proposals with no potential for interventions and those with weak links to local institutions.

TAG members—specialists in HIV/AIDS, health communication, sociology, and behavior change—made written comments on the proposals using a guide from the ICRW staff. The guide included questions about the degree to which proposals met ICRW program goals; the appropriateness of the research questions, study design, and methodology; the relevance to the country situation; and the potential of the research team to collaborate among members and to implement the research. The TAG recommended funding for 12 or 13 projects based on their technical merits. The staff then submitted a few more for consideration in order to fill research priority needs. The results package was 15 projects: six from Africa, five from Asia, and four from Latin America and the Caribbean. Two additional projects (Mexico and Zimbabwe) were added as collaborative agreements, making a grand total of seventeen. The later two projects were not included in the original group of proposals but came early to the attention of ICRW. Both were studies of communication between parents and adolescents about sexual relations and reproductive health. The duration of all projects ranged from 15 to 18 months. Four countries had two separate projects each: Brazil, India, Thailand, and Zimbabwe.

The ICRW made extensive explanatory comments to research groups who were finalists but not selected. In some cases, they recommended other sources for funding or sent the proposals to other possible donors.

Table 1 provides a list of the projects with the principal investigators (P.I.) and the links with local and U.S. institutions. All of the teams with the exception of the Recife, Brazil team, were experienced researchers. Some teams, however had little or no experience with HIV/AIDS sexuality research. Two projects in Zimbabwe did not have direct ties with a U.S. institution. The same was true for Papua New Guinea where the P.I. was based in the Medical Research Institute at Goroka.

PROJECT PROCESSES: A DESCRIPTION

TABLE 1: PHASE I PROJECTS - INSTITUTIONAL LINKS

| Country | Principal Investigator(s) | Local Institution | U.S. Institution |
|-----------------------|---|--|------------------------------|
| Malawi | Deborah Helitzer | University of Malawi | Johns Hopkins U. |
| Mauritius | Geeta Oodit & Stephen Schensul | Mauritius Family Planning Association | University of Connecticut |
| Nigeria | C.U.B. Uwakwe, colleagues | University of Ibadan | None |
| Senegal | Cheikh I. Niang | Cheikh Anta Diop Univ. | None |
| South Africa | Abdool Karim, Zena Stein, & N. Morar | Albert Luthuli Foundation | Columbia University |
| Zimbabwe: Com Med | Godfrey Woelk & Mary Bassett | Dept. of Comm. Med. University of Zimbabwe | None |
| Zimbabwe: Psychology | D. Wilson et. al. | Dept. of Psychology, University of Zimbabwe | None |
| India: Tata Institute | Asha Bhende & Saeed Rallia-Ram | World Vision | None |
| India: WV | Annie George & S. Jaswal | Tata Institute | None |
| Papua New Guinea | Carol Jenkins | PNG Institute of Medical Research | None |
| Thailand: Chiang Mai | Kathleen Cash & Bupa Anasuchatkul | Khon Kaen U. & Population Council | University of West Virginia |
| Thailand: Khon Kaen | John Stoekel & Earnporn Thongkraja | Chiang Mai University | Population Council |
| Brazil: Recife | A. Vasconcelos et. al. | Casa de Passagem | None |
| Brazil: São Paulo | Donna Goldstein | ABIA and Collectivo Feminista | U. of California at Berkeley |
| Guatemala | A. Hirschmann, E Arathoon & B. Bezmalinovic | AGCPS Data Pro | None |
| Jamaica | Gail Wyatt et. al. | U. of the West Indies | UCLA |
| Mexico | Martha Givaudan et. al. | IMIFAP | None |

Table 2 shows the population targeted by each project along with the methods used for data collection. All of the projects proposed doing some form of small group discussion early in the process. Although all the projects except the one in São Paulo used the term “focus group” to describe this activity, roughly half of them conducted the discussions in ways that differed from formal focus groups. For those projects, it is preferable to speak of “small group discussions.”

The majority of these projects (10 of 17) proposed working with adolescents or younger women, often factory workers or students in high school or university. Although the projects focused primarily on the vulnerability of women to HIV infection, 11 of the 17 also collected data from men also. The projects in South Africa, the two in Zimbabwe, and those in Papua New Guinea, Thailand (Khon Kaen), and Mexico gave about equal attention to men and women in the data collection process. Those in Senegal and Brazil (São Paulo) included interviews with only a small number of men.

Some projects used both quantitative and qualitative research methods for data collection. Qualitative methods dominated, however, with individual interviews and group discussions as the preferred research methods. ICRW’s prioritization of projects that relied on qualitative methods was affirmed when researchers at the outset lacked sufficient information to properly formulate questions for questionnaires. In many cases, a questionnaire was developed from group discussions (Malawi, Nigeria, South Africa, India [WV], Thailand [Chiang Mai], Brazil [Recife], Jamaica). Furthermore, ICRW wanted initial research to be as open-ended as possible; individual and group interviews facilitated that goal.

TABLE 2: PHASE I PROJECTS - RESEARCH ACTIVITIES

| Country | Population Targeted | Data Collection Methods |
|----------------------------------|--|---|
| Malawi | adolescent girls in rural Malawi | PO of initiation rituals; IDI with 120 girls; census of 212 households; SQ of 515 girls |
| Mauritius | young unmarried women aged 15-24 working in factories: export processing zones | KII with factory workers; IDI with 90 women and 30 men from factories; secondary analysis of WHO KAP data set on HIV/AIDS |
| Nigeria | female students residing in the dormitories of University of Ibadan | SGDs with six groups of female students, four sessions each; SQ for 500 female students; one day workshop |
| Senegal | members of the Dimba women's association and the Laobé group of women in Kolda | KII with community leaders; IDI with 64 Dimba and 16 Laobé; SDGs with two groups of Dimba and Laobé women; PO with two Dimba and two Laobé groups, and sex workers from two bars; life histories from 11 men and 14 women; SQ of 250 men and 250 women of Kolda |
| South Africa | men and women from a peri-urban settlement and a rural community in Natal | KII with 29 opinion leaders; SDGs with 78 groups of varied composition; SQ for 219 women and 99 men; IDI with ten men and ten women about efforts to obtain a "dry vagina" |
| Zimbabwe: Dept. of Comm. Med. | male and female secondary students; H.S. teachers | SGDs with male and with female students; two SDGs with both sexes together; IDI with mothers of females in six schools |
| Zimbabwe: Dept. of Psychology | male and female adolescents and their parents in Harare | KII with community leaders and male and female adolescents; two FGDs with: male adolescents, female adolescents, fathers, mothers; IDI with: 40 male HS students, 40 female HS students, 40 fathers, 40 mothers |
| India: Tata Institute | mothers 15-45 years of age from Bombay slums | SGDs with six groups of women, 15-20 discussions each; IDI with eight women |

Abbreviations: **SGD**: small group discussions; **FGD**: focus group discussions; **KII**: key informant interviews; **IDI**: in-depth interviews; **SQ**: survey questionnaire; **CS**: case studies **PO**: participant observation

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| Country | Population Targeted | Data Collection Methods |
|----------------------|--|--|
| India: World Vision | low-income adolescent girls in slums of Bombay | survey of all households in six settlements; KII with community leaders; SQ with 85 girls and 125 boys; three FGDs each with girls, boys, and mothers |
| Papua New Guinea | men and women in general | focus groups; sexual life histories |
| Thailand: Chiang Mai | single adolescent girls working in garment factories in Chiang Mai | four FGDs with girls; 15 IDI with girls; SQ with girls before and after the intervention |
| Thailand Khon Kaen U | male and female adolescent students in Khon Kaen | FGDs with students; baseline and follow-up survey of 2,909 students; second round of FGDs with students after intervention |
| Brazil: Recife | adolescent girls from a Recife slum | SGDs with girls from H.S. and the street; SQ with open-ended questions for 199 girls from 17 schools and 56 girls from the street |
| Brazil: São Paulo | low-income factory women in São Paulo | IDI with 20 male and 40 female factory workers in São Paulo; SGDs with six groups of women; three sessions each; PO in a Rio slum |
| Guatemala | low-income women of Guatemala City | FGDs with: clients of prenatal clinic, male and female clients of an STD clinic, female sex workers, men and women with AIDS IDI with 37 participants in FGDs; four small group workshops |
| Jamaica | low income female workers in Kingston | eight FGDs with factory workers and commercial importers; 17 IDI with same; SQ of 383 factory workers |
| Mexico | male and female adolescents and their parents in Mexico City | FGDs with adolescent males, females, and their mothers; IDI with H.S. students: 50 males and 49 females; IDI with 96 mothers and 57 fathers; CS of communication in four families |

B. SELECTION OF PHASE II PROJECTS

Throughout Phase I, findings from the projects were sent to ICRW in the form of quarterly reports that were passed on to TAG members for their comments. Findings showed women were not well-informed about reproductive health issues, had little communication about sex with their male partners, and had little power to influence the nature of their sexual relations. But there was also evidence in a few sites that women who participated in the research process found group discussions with their peers highly stimulating and were quite willing to discuss their sexual relations.

There were several reasons for ICRW to request an extension to the COAG. First, the 18 month limit did not allow sufficient time to conduct research, develop educational materials, and then implement and evaluate an intervention. The two projects in Thailand were exceptions, for they both conducted interventions during Phase I. Other projects (Brazil [São Paulo], Mauritius, Zimbabwe [Dept. of Com. Med.], India [WV]., Guatemala) progressed no further than a series of group discussions using materials developed through research. Second, convinced of the importance of its research, ICRW wanted to apply this information to interventions that could change women's role in sexual relations, as well as public opinion. Participants in several projects also had requested that the research staff continue their activities with them.

The request for an extension submitted to USAID in November of 1992 proposed to support seven research teams in operations research through a two and one-half year extension of Phase I projects. These seven projects were: Recife and São Paulo in Brazil, Chiang Mai in Thailand, the Bombay project associated with World Vision in India, plus the projects in Senegal, Nigeria, and Jamaica. The request also described a plan for dissemination of results in the form of final reports, overview policy papers, presentations at international AIDS conferences, and submission of papers to peer-reviewed journals.

In each of the proposed sites, except for Nigeria, a local NGO was to play an important role. ICRW staff worked with the teams to write new proposals and obtain comments from the TAG members. Three of the projects originally selected to continue (Jamaica, India [World Vision], Nigeria) were replaced by other sites because of local problems. Zimbabwe (Dept. Of Com. Med.) and Mexico were added to the list of projects to be continued. Other projects were not selected because they did not wish to implement an intervention or because USAID withdrew its mission (Papua New Guinea). The Mauritius project found

other funding to continue activities. Table A in Annex 2 shows the results of each program in Phase I and whether they were continued or not.

Out of the original seventeen projects from Phase I, six were continued in Phase II (Chiang Mai in Thailand, Mexico, Recife and Sao Paulo in Brazil, Senegal, Zimbabwe). Three of these projects (Brazil [Sao Paulo], Thailand, Zimbabwe) had already developed training materials that were ready for use. The staff of the Recife project wanted to develop educational materials quickly for an intervention, and in Senegal, women's groups that had not participated in the first phase wanted to be included in a second phase.

Four projects were added in the second phase: two were new operations research projects (South Africa, Sri Lanka), and two were cases in which ICRW saw an opportunity to contribute to an ongoing HIV/AIDS program (Kenya, Salvador Clinic in Brazil). Although there had been a project in Natal province in South Africa in Phase I, the second phase project had no direct relationship with the first. The project in Sri Lanka was directed by some members of the research team who had worked in Mauritius, and they replicated their previous approach. In total Phase II included ten projects.

Thus only six projects out of 17 were continued into the second phase. Was this because the other projects were technically weak, or that they failed to produce quality research results? In the case of the South Africa and India (Tata Institute) projects, there was little emphasis on developing an intervention. Consequently, the projects did not fit ICRW priorities. Project connections in other countries were broken for various reasons. Guatemala had piloted an intervention in Phase I but their researchers had left the project, and several other promising countries dropped out for reasons beyond the control of ICRW (Nigeria, India [World Vision], PNG). The USAID mission in Jamaica did not suspect the continuation of the Phase I teams for intervention work.

Table 3 shows the P.I. and institutional links for the eight main projects in Phase II (the NARESA project in Kenya and the Salvador clinic in Bahia, Brazil, were special cases). Having a link with a U.S. institution does not seem to have been a critical element in the selection of Phase II projects. The Casa de Passagem (Recife, Brazil) involved researchers from the University of Pernambuco in their work. The Colectivo Feminista sought technical assistance from local consultants.

TABLE 3: PHASE II - INSTITUTIONAL LINKS

| Country | Principal Investigator(s) | Local Institution | U.S. Institution |
|--------------------|---|------------------------------------|-------------------------------|
| Senegal | Cheikh I. Niang | Cheikh Anta Diop U. | None |
| South Africa | Bernadette Hadden & Eleanor Preston-Whyte | University of Natal | Columbia University |
| Zimbabwe | Godfrey Woelk, Mary Bassett, Judy Sherman | Dept. of Comm. Med. U. of Zimbabwe | None |
| Sri Lanka | Stephen Schensul, Tudor Silva, Jean Schensul, et. al. | Univ. of Peradeniya | University of Connecticut |
| Thailand | Kathleen Cash & J. Sanguanserm Sri | Chiang Mai University | None U.S.-based consultant |
| Brazil (Recife) | Ana Vasconcelos, Maria Mendoca, M. Pacheco | Casa de Passagem | None |
| Brazil (São Paulo) | Rosa D. Bonciani & Regina R. De Morais | Collectivo Feminista | None |
| Mexico | Martha Givaudan | IMIFAP | None |

The TAG for Phase II was composed of nearly all new members. ICRW wanted individuals with new ideas, who were more available, and who had more recent field experience. As in the first phase, TAG members advised the ICRW staff primarily on technical matters, and the staff worked directly with local research personnel. However, several TAG members also made site visits during Phase II. In addition, TAG members met with project researchers to assist them with the preparation of their presentations at two international conferences.

Table 4 shows the target populations and the materials developed during Phase II. It is noteworthy that only in Senegal and Brazil (São Paulo) were men not part of the target population.

TABLE 4: PHASE II - RESEARCH ACTIVITIES

| Country | Target Population | Materials Developed |
|----------------|---|---|
| Senegal | Dimba and Laobé women in Senegal | Small-group discussion guides |
| South Africa | Clients of an STD clinic in Natal, men and women | Handouts and guides for discussions about STDs and HIV/AIDS |
| Zimbabwe | High school students, both male and female | Curriculum materials for teachers on sex education and HIV |
| Sri Lanka | University students and local youth, male and female | Small-group discussion guides |
| Thailand | Low-income adolescent factory workers, males and females | Peer education guides; comic book |
| Brazil | Low-income women | A pamphlet about sexual relations and HIV |
| Brazil | Adolescent girls from schools and street; male adolescents; mothers | A narrative booklet about girls' lives |
| Mexico | Adolescent girls and boys and their parents | A video about HIV and communication Parent Course |

The ICRW staff found Phase II to be far more demanding technically than Phase I, for the operationalizing of findings was far more complex than the original research itself. Although only eight operations research projects remained (instead of 17), the staff was also assisting with report writing from Phase I through 1994 and into 1995. More importantly, developing training guides or educational materials requires interpretation of information. Social scientists understand that interpreting the meaning of research results, selecting and developing educational materials, and choosing appropriate evaluation methods, all require a great deal of experience. Judging from their reputations and research methodologies, researchers in Sri Lanka and Thailand had far more experience than did the teams from the other sites.

C. CONSTITUTING A PORTFOLIO

One of the principal objectives of ICRW as an organization is to conduct research that produces information for policy purposes. Another objective is to help program managers and policy experts plan programs that reflect gender concerns. Thus one of the key goals of this Women and AIDS Research Program (WARP) was to enable ICRW to use the results from Phase I to recommend policy initiatives for HIV/AIDS programs that address the situation of women at risk for HIV infection.

1. The Findings

The ICRW staff was quick to synthesize findings from Phase I projects and to derive policy recommendations for HIV/AIDS prevention. According to ICRW staff, they were surprised at the consistency of the findings across countries in Phase I. They had anticipated more variation from one project to another. In particular, they had expected to find some sites reporting that women had developed strategies of sexual negotiation that might protect them from HIV infection, but such findings did not emerge. They found instead that women knew relatively little about reproductive health issues, were unable to have much of an impact on when and how they had sex, and knew very little about condom use. Few women believed themselves to be at risk for STD or HIV infections.

The initial strength of the findings came from the consistency across Phase I country sites. It seemed clear that the small group discussions and individual interviews with women in numerous sites showed that young women were not prepared to protect themselves against STD and HIV infections, as they lacked both the basic information and the power necessary to do so. Another reason to take the findings seriously was the eagerness of young women to talk about sensitive topics with their peers. This was particularly striking in Recife, Zimbabwe schools, Nigeria, and Chiang Mai. Project reports state that the women spoke freely about their own experiences. Older women—factory workers in Jamaica and São Paulo—as well as women from the slums of Bombay in India, were more hesitant.

The findings also had particular significance because little was known about these women's lives in general, and nothing about the process of sexual decision-making. Although the women and men interviewed individually and in groups were not necessarily representative, since the samples were not chosen randomly, the consistency of the findings across sites gave them credibility as well as the fact that the findings disagreed with ICRW's assumptions.

Thus the ICRW staff sought to publicize the findings as widely and as rapidly as possible. At last the staff had data they could present at discussions and conferences about the importance of an approach to HIV/AIDS sensitive to gender differences. Initial reports made no mention of men; they reported findings for women. The recognition of the importance of comparing male and female views came later in the reporting process.

The actual link between Phase I findings and policy recommendations in published texts was not always clear. In an article published in 1993 in *Culture, Medicine and Psychiatry*, the authors present findings in tabular form and outline ten policy suggestions for HIV/AIDS programs. The link between the findings and policy implications is not always easy to apply, because of their generality. For example, how and why should program directors "continue to support face-to-face education and mass media campaigns that destigmatize the condom?" Phase I findings do show that face-to-face education can make women more aware of their own decision-making process, but why use mass media campaigns? How and why should program directors "make STD services more accessible and available to women by integrating them with family planning and maternal and health services?" How should they "promote sexual and family responsibility in programs targeted at men and adolescent boys?"

2. Dissemination of Results

On the other hand, some policy recommendations in this same article and the special report entitled 'Women and AIDS: Developing a New Health Strategy,' derive directly from research findings. This is true of "increase women's condom literacy," and "provide women with opportunities for individual counseling and group interaction...." Other examples of both recommendations that follow obviously from research results as well as those that do not seem as closely linked to the study data could easily be found.

The dissemination of the findings began early in 1993 after an ICRW board meeting at which the principal investigator from Senegal presented early findings. The ICRW staff developed a framework for that April meeting which provided the basis for the policy paper distributed in September. The diffusion of the findings took a number of different forms. They were discussed at several brown bag presentations and at more informal discussions in Washington. The ICRW staff raised the issue of women's perspectives and special needs at every opportunity. They were invited to speak at a number of international conferences about the findings and their policy implications. For example, Geeta Rao Gupta

gave a plenary address on the subject to the biannual USAID meeting on AIDS in 1995.

After 1993, some of the researchers were invited each year to present findings at the annual international AIDS meetings. ICRW began publishing and circulating special reports about the findings in 1994. And the ICRW staff published at least six articles in peer-reviewed journals and books. A list of ICRW project reports, Special Reports, and articles is found in Annex 3.

The process of diffusion of findings and their policy implications was helped tremendously by the support received from the USAID CTOs and from the effectiveness ICRW staff as public speakers. Discussions with USAID personnel yielded accounts of the ICRW staff speaking with compassion, commitment, and clarity. The findings described a situation in need of great attention, and one not addressed by the standard HIV/AIDS program approaches of the Global Programme on AIDS or USAID.

III. The Mechanisms of the COAG

This section examines the formula or mechanism set up by the COAG to 1) conduct social science research on the unique risks of HIV in women and 2) to involve women as change agents in HIV research. The discussions emphasize elements common to all projects in order to identify strengths and weaknesses in the approach followed.

A. APPLIED RESEARCH

In its selection of proposals for Phase I funding, ICRW chose projects that followed a similar process in its choice of target populations and research methods: formulation of key questions, conduct of formative research using several data collection techniques, analysis of the results, materials development, and identification of potential interventions. Although this was basic research on male and female sexual decision-making and knowledge of HIV/AIDS, the results were supposed to provide information about effective means of communicating knowledge of individual vulnerability to HIV infection. This was an iterative process that led to the development of training and educational materials in many cases and provided guidance for planning interventions.

The strength of this approach lies in its ability to provide understanding about the context in which decisions are made as well as the decisions themselves, and to provide guidelines for appropriate interventions. It also has the potential to strengthen ties between an implementing institution and the population it serves. This potential was realized in Phase II in Recife, Sri Lanka, and Zimbabwe.

1. Target Population

Most of the research teams chose to focus primarily on younger and low-income women. Ten projects targeted adolescents specifically. None of the projects used samples designed to represent the general population of women in a certain geographic area, although the project in Bombay, India associated with World Vision conducted a household survey in six slum areas in order to obtain background information. Eleven of the seventeen Phase I projects and six of the eight Phase II projects conducted research with men as well as women. In Phase I, six projects worked mostly with students and four conducted research among low-income factory workers (see Table 2).

Reasons for targeting poorer and younger women include the following: poor women have less access to services and new information; they are socially and economically more dependent on males, and thus may be less able to protect themselves from HIV infection. In addition, studying younger women provides a glimpse into family dynamics where girls may, or may not, learn about sex and their own bodies. The subject of family dynamics—the relation of daughters to mothers—was part of the focus of the projects in Brazil (Recife), Mexico, and both projects in Zimbabwe.

2. Issues Examined

One of the more consequential and successful decisions by ICRW was to sponsor open-ended research. Relevant issues were broadly defined and not limited to knowledge of STDs and HIV/AIDS. The research focus was, rather, sexuality in general, sexual relations, the contexts in which they occurred, and women's knowledge of female physiology and reproductive functions. This focus also included family relations, as ICRW wanted information on how and where adolescents obtained their information about sex. All projects dealt with HIV/AIDS to some extent, but the social context was given high priority.

While this emphasis could be justified by the lack of information in this domain, it was basically a reflection of conceptual assumptions about decision-making within the ICRW staff who sought to examine the overall contexts of decisions rather than knowledge. This approach proved to be one of the strengths of the entire enterprise.

An issue implicit in many of the research proposals was the nature of communication between men and women regarding sexual relations. This was the

key context in which gender relations were played out regarding vulnerability to HIV infection.

3. Formative Research

Perhaps the most striking methodological aspect of the WARP was the fact that all of the projects began with small group discussions or conducted them early on. Group discussions can identify the concepts that are invoked to discuss issues and the individual fears and concerns about those issues. While they do not provide evidence about actual behavior, they show how knowledge and behavior are characterized and rationalized by social groups. For example, through the use of same-sex and then integrated group discussions with high school students, the Zimbabwe project discovered fundamental differences between boys and girls in their stated ideals about sexual behavior.

Small group discussions provided research teams with the discourse used to discuss sexual relations; both the language and key concepts were thus identified. For example, discussions in São Paulo with groups of men and of women revealed how they talk about homosexuality in males. The language and concepts were then used to develop questionnaires to acquire specifically more data.

Nearly all of the Phase I reports stated that they had conducted focus groups. They all conducted guided discussions around several themes with a moderator and a note-taker, with some sessions being recorded electronically. About half of the project followed procedures usually associated with focus groups. The research team of the Bombay, India project of Tata Institute reported how they modified focus group methods for their purposes, and the project in São Paulo, Brazil was asked by ICRW not to use the term since their discussions differed too much (group participants varied from 5 to 50 members). A number of projects organized sequences of up to six meetings with the same small groups of men or women over a few weeks time, which is not typical of focus group methods. We can only say that the term was used quite loosely in project reports.

4. Analysis

The process of analyzing findings from discussion groups is not clearly described in project documents. Some projects needed direct technical assistance for this step. Reports provide summaries of the most frequent or most typical comments, or remarks that appeared noteworthy to researchers. Reports from focus group discussions also commonly present a range of opinions about key issues. It may well be that more analysis of discussion results could provide much additional useful information.

5. Materials development

The content of the materials developed were derived from earlier research findings. Making the materials development phase part of the overall research process helped make the materials appropriate to the audience. For example, when the booklet about the life of Maria (*Una Historia de Maria*) developed in Phase II, was presented to the girls who had been trained as interviewers in Phase I in Recife (Brazil), they said, "this is our life, these are our stories." It should be noted that the booklet was a second effort at materials developed; the first effort was rejected by ICRW as not appropriate, and as too didactic. In many cases, images and phrases were taken directly from discussion groups or interviews and incorporated into educational materials.

Materials developed included videos, games, booklets, a romantic novel, discussion guides, curriculum materials, and comic books. While more information about how and why the materials were developed would be useful in assessing the research process, that would have required more time and site visits.

Examples from the site visits to Brazil illustrate the process of materials development. The research team in Recife decided they would write materials that could be used in small group discussions for educational purposes, mainly to involve adolescent girls in talking about sexual decision-making. The Case de Passagem has had success in getting adolescent girls to speak in groups, and was preferred over individual discussions. After their first effort was rejected by ICRW, the team decided to write out episodes typical of girls' experiences and assemble them into a six chapter booklet. Thus *Una Historia de Maria* came to be. The Colectivo Feminista in São Paulo also wanted to organize group discussions to talk about sex, HIV, and AIDS. They tried to write a booklet based on conversations between men and women in which sex was the topic, but were unable to overhear such conversations naturally. Many individuals, both men and women, reported that they did not discuss the subject with their sexual partners. Thus they produced a discussion guide, a pamphlet containing drawings, questions, and statements about women's bodies and sexual relations (*Ousadia! Prazer de Viver*).

6. Interventions

The interventions of the WARP used mainly peer education and guided group discussions to educate the targeted populations. During Phase I the two projects in Thailand trained peer counselors who used their training with a target population. The intervention in Senegal consisted of holding two educational sessions with

several dozen members of the Dimba association and persuaded several Laobé women to sell condoms along with other erotic objects. The Mauritius project trained a small number of women in peer education, and in Zimbabwe, 25 teachers were trained to lead discussions with high school students about social expectations, sexual relations, and HIV/AIDS.

Each of the eight operations research interventions in Phase II used group discussions, often with materials developed earlier, to stimulate discussions about sexual relations and HIV/AIDS. With the exception of Senegal, project reports indicated that such discussions provided opportunities to explore individual perceptions about these subjects and a chance to learn other ways of thinking. The materials were designed to raise questions and examine alternatives rather than lecturing participants about "what they should know." Senegal may be an exception, as the final report contains accounts of women learning the facts about HIV and AIDS. The report includes phrases such as "some respondents believed myths about condoms," or "respondents in Kaolack had erroneous beliefs about HIV prevention." These statements imply biomedical judgments that complicate assessment of actual knowledge.

The research groups chose interventions that were essentially communication exercises based on the assumption that high-risk behaviors for HIV infection were a function of inadequate information and poor communication with partners. Phase I findings verified these assumptions. Yet for the most part, participants contributed their own views and experiences in addition to assimilating knowledge. This exchange is critical, since AIDS prevention programs have so often told people what they should know from a biomedical point of view and then blamed them for not changing their behavior.

Table 5 shows the interventions and evaluations of the Phase II projects.

TABLE 5: PHASE II - INTERVENTIONS

| Country | Intervention | Evaluation |
|--------------------|--|--|
| Senegal | Training of Dimba and Laobé women who performed ceremonies in four neighborhoods; Condom distribution; Small discussion groups conducted after each ceremony | Survey in intervention and control neighborhoods; Pre- and post-interviews with intervention participants |
| South Africa | Discussions with groups of male and female clients of an STD clinic about sex, STDs, and AIDS | Pre- and post-discussion interviews |
| Zimbabwe | Training of H.S. teachers to discuss sex and AIDS in classrooms; leading such discussions in classes | teachers observed; teachers filled out a questionnaire; pre- and post- questionnaire for students; group discussions with students |
| Sri Lanka | Training of youth from university and community for peer education; holding discussion groups with boys and girls | Pre- and post-discussion group questionnaires |
| Thailand | Training of 18 youths in peer education; youths held 10 small group discussions with their friends | Pre- and post-intervention interviews about scenarios; group discussions; self evaluations |
| Brazil (Recife) | Training of 21 girls in peer education; series of group discussions using the narrative booklet | Group discussions among peer educators; group discussions with participants |
| Brazil (São Paulo) | Series of four group discussions with five groups of women using a pamphlet | Pre- and post-discussion interviews |
| Mexico | Showing a video to male and female adolescents; discussion; parent course and video | A self-administered pre- and post- questionnaire given to boys and girls |

7. Evaluation

From a methodological point of view, the evaluation of the Phase II grants was perhaps the most problematic aspect of these projects. The ICRW staff talked to the assessment team about two sorts of evaluations: Those that assess an

intervention for its feasibility and accessibility, and others that seek to measure ultimate program effects or impact. Our understanding is that they originally expected each project to evaluate impact, but that may have shifted during Phase II. The projects did both sorts of evaluations. That in itself is not a problem, but several impact evaluations did not use appropriate methods. In Senegal a survey was conducted before and after an intervention with control and intervention areas, but very few differences in activities or knowledge were found. Finding such differences was not a realistic expectation. In Mexico there was a similar misunderstanding of expectations. In South African the project also compared control and intervention groups, but the numbers are too small to permit many inferences about effects.

Zimbabwe and Sri Lanka had more successful evaluation models, but they chose to assess the feasibility and accessibility of the interventions. Sri Lanka discussed the intervention during small group discussions to get participants' reactions. Zimbabwe observed teachers and had them fill out questionnaires in addition to giving students pre- and post-questionnaires.

In short, ICRW could have used more advice for setting up the evaluations. In part this is a problem of evaluating impact from a qualitative basis which is more complex than using standard quantitative measures. It may also be a reflection of ambiguity on the part of ICRW staff about the purposes of evaluation. WARP would have been better served to focus entirely on assessing the process of the interventions and not concern itself with impact. First, these were largely small-scale and face-to-face interventions, in which case it is entirely appropriate to have participants be part of assessment the process. Secondly, the number of persons targeted is too small to permit inferences, except in a gross fashion.

There were other signs of project impact in some cases. Why would Thai factory directors say that peer educators made better workers? Why would adolescent from the streets and schools in Recife begin questioning authority, and having improved communication with their mothers and boy friends, be able and willing to speak in public for the first time? Why would female participants in discussions in Zimbabwe schools study better and have improved relations with male friends? We believe that evidence of this sort is also relevant to understanding the process. It indicates that the discussion groups had a powerful effect on the self-image of these adolescents. Having social responsibilities of a new kind built their self-confidence in surprising ways.

It seems appropriate to ask about the models of behavior change assumed to be operative by the ICRW staff. There are two ways to interpret successful impacts on reported behavior following discussion groups. One, individuals are learning

how to protect themselves against STDs and HIV, and thus changes in knowledge have led to changes in behavior. Two, the process of group discussion in a safe and supportive environment has led individuals to think of themselves differently, and thus they are more at ease with talking about sensitive issues, and they sometimes make decisions different from those made before the intervention. While change may involve some of both aspects, the assumptions about behavior change invoked by the evaluators determines which of the two explanations is favored.

We believe the strengths of the WARP methodology to be the following:

- a broad definition of what issues were relevant to understanding vulnerability to HIV infection;
- a choice to collect data from both men and women in the majority of the projects;
- ethnographic research into the social and economic context of sexual decision-making;
- the development of training and educational materials from formative research;
- the wide use of interdisciplinary research teams;
- wide and rapid dissemination of the findings.

One of the most important contributions of this methodology was the demonstration of clear contrasts between men and women with regard to power in sexual relations. The research results provide the data and the rationale for seriously investigating the issue of gender relations in HIV/AIDS prevention programs. The results clearly show the contrasts in vulnerability to HIV infection for men and for women.

Areas where the WARP methodology could be improved follow:

- using a model of technical assistance that involves more people and responds more rapidly;

- receiving and providing clearer directions about the methods and purposes of evaluation;
- carefully considering links between findings and overall policy recommendations.

B. SMALL GRANTS APPROACH

The use of multiple small grants contributed greatly to the effectiveness of the Women and AIDS Research Project (WARP). It allowed research to be conducted in a large number of sites in quite different contexts, it permitted a number of NGOs to gain experience in conducting research, and facilitated the formulation of policy recommendations drawing on parallel findings. For a relatively small financial investment by USAID standards, but with high overhead and administrative costs, USAID obtained good research results in a new domain while building local capacity at the same time.

The use of the multiple grant strategy proved to be key to what WARP accomplished. Not only did it provide comparisons of results across many sites, it also gave ICRW the chance to see examples of NGOs and university research teams building ties to a community through interventions. The best examples are those of Brazil (Recife), Zimbabwe, Thailand, (Chiang Mai), and Sri Lanka.

Hypothetically, there may be a trade-off between obtaining research results to add to the knowledge base and building capacity to conduct operations research. The goal of adding to our knowledge of HIV and AIDS requires high quality research by either experienced researchers or more junior persons with close technical supervision. The goal of building research capacity assumes that less experienced personnel will make key decisions about research design which may reduce the overall quality of the results. Giving small grants to less experienced teams offers more people research opportunities, but greatly increases the burden on technical advisors.

1. Contributions to the Knowledge Base

The small grants method was well-suited to the Phase I objective of exploring women's sexual relations and their risks for HIV infection in a wide variety of social contexts. The small scale of the research designs and the use of qualitative methods was highly appropriate for examining sensitive issues about which very

little was known. The participatory, community-based approach contributed enormously to the development of appropriate and effective interventions.

If the WARP had opted for three or four larger grants instead of 17 small ones, the quality of the research may have been improved, but the potential for comparison across sites would have been sacrificed. Not enough was known about key orienting questions or the effects of social context on HIV risk behaviors to design larger research projects with confidence.

The small grants mechanism is not as productive a method for impact evaluations of behavior change. In some of the WARP studies, behavior change may have occurred, based on the charisma of local implementers who had intensive contact with the small number of people involved. Evaluations that seek to assess the feasibility and acceptability of an intervention can detect such effects, but pre- and post-surveys cannot. Moreover, testing the effectiveness of an intervention on a target audience requires larger studies using a more quantitative approach.

2. Ability to Increase the Capacity of Local Researchers

The small grants mechanism was an excellent tool for developing local research capacity. The large number of proposals received in response to the RFP indicates that many research groups found the objectives, size, and duration of the grants attractive. ICRW encouraged the application of multi-disciplinary teams to conduct research. It also allowed for a wide variety of NGOs and university groups to apply even if they had little direct experience in formative research (*i.e.*, for developing materials and choosing an intervention).

ICRW has identified ways to increase the effectiveness of their use of small grants for capacity building, and has noted points in the research process that are likely to require direct technical assistance. In more recent grants, they are providing more systematic technical assistance to grantees. For example, in supporting the four studies of adolescent sexuality in India sponsored by the Rockefeller Foundation, they bring together the teams for workshops at key points in the research process, such as designing research instruments, analyzing data, and writing reports. The WARP participants would have found this sort of technical assistance helpful.

Some research teams found that a small project was a better way of building capacity because the team could meet easily and often for discussion. The closeness of the team led to greater integration in the research and a better understanding of the process for all team members.

3. Formation of Policy Concerning Women and HIV

The small grants method enabled the WARP to provide data quickly for policy advocacy on behalf of women. Having research teams work with small numbers of women made it possible to provide results in only 12 to 18 months. Phased reporting allowed data from Phase I to be used for policy recommendations applied in those research teams that continued into Phase II.

In Phase I of WARP, research results described the problems of women and HIV infection by examining the social context of women's sexual decision-making. The results received much attention, since few other organizations had adopted this approach. Many of the policy recommendations formulated from Phase I were broad and articulated in the form of goals rather than specific interventions (*i.e.*, educate women about their bodies and sexuality; increase women's condom literacy; make STD services more accessible to women; promote sexual and family responsibilities among men).

In the exploration of a new domain, studies often follow this sequence of steps:

- 1) identifying a discourse and describing individual experiences;
- 2) characterizing a social and economic context;
- 3) identifying the social relations that impact on high-risk behaviors;
- 4) formulating several overall key questions that merit further research;
- 5) formulating intervention strategies and measuring effects.

The WARP studies all provided data on the first step; most provided information on steps two and three. Qualitative methods and small scale projects are appropriate for the first three steps. It might be useful for ICRW to reexamine the final reports from Phase I and II in order to formulate key questions for further research (step four). Step five requires the use of both qualitative and quantitative data collection techniques as well as larger scale studies.

C. IMPACT OF PROJECT PROCESSES ON ICRW

Conversations with ICRW staff and with TAG members as well as reviews of project documents suggest that the experience of directing the WARP changed ICRW as an organization. First, the staff, assisted by the TAG members and research personnel, became experts in studies of women's sexuality, decision-making about sexual relations, and the context of high-risk behaviors for STD and HIV infection. Second, it gave them additional experience in the monitoring of

small grants. Third, it gave the staff extensive experience in interpreting data for materials development and planning interventions. Finally, it gave ICRW high visibility in Washington and internationally as an organization focusing on gender relations.

1. Women's Sexuality, Sexual Relations, and HIV

ICRW has a long history of studies concerning women's health and nutrition, women's employment, child welfare, family dynamics, and the social and economic contexts of households. This COAG was their first venture into the domain of HIV/AIDS. But since the relevant issues were defined broadly, as evidenced by ICRW publications, the staff also acquired an understanding of poorer women's options for influencing sexual relations, power dynamics within families, and other social and economic factors affecting women's high-risk behavior related to HIV. Each of the staff members associated with this project has made numerous presentations and has written extensively on these subjects.

2. Administration of Small Grants

Building on their earlier experience with the MNHC project, ICRW learned a great deal about what is involved in the selection and administration of small grants. They came to recognize advantages of having a TAG made up of leading specialists, even though such available members had less time to become involved in specific projects. They also learned how much more demanding it is to provide technical assistance for implementation as opposed to research. Finally, they identified the points in operational research where teams need the most assistance and championed the great benefits of bringing teams together at those points.

3. Developing Materials and Choosing an Intervention

ICRW gained experience in interpreting research results for development of educational materials and selection of appropriate interventions. It also learned how to teach research writing. This was particularly true in Phase II, as projects developed materials and chose interventions. All the WARP teams needed assistance in interpreting data and writing up their reports in a simple, direct manner and synthesizing the results into clear conclusions. This was an area where ICRW was particularly helpful to research teams.

4. Increased Visibility for ICRW

The availability of ICRW staff to present findings and discuss the implications for HIV/AIDS programs has greatly increased ICRW's visibility in the field of HIV/AIDS and its gender components. For instance, ICRW was asked to write the gender strategy text for the new UNAIDS program. ICRW recently became the co-chairs of a sub-committee of national organizations responding to AIDS. During the past year they have been working in the U.S. with various AIDS organizations. And ICRW was one of the partners that bid on, and won, the new USAID R.P. 1 for HIV/AIDS operations research. This might not have happened without their performance in this COAG.

D. BENCH MARKING: A COMPARISON OF SMALL GRANTS EFFORTS

In this section, the ICRW Women and AIDS Research Program (WARP) is examined for its unique characteristics and is compared to other research programs in terms of the volume and quality of research results and its contributions to capacity building in the recipient organizations. The other research programs that were examined in detail include three activities funded by USAID: the PROWID project, a cooperative agreement with ICRW and CEDPA; the Women's Studies Program, a cooperative agreement with Family Health International (FHI); and the Operations Research/Technical Assistance Project (OR/TA), a series of contracts with the Population Council. Also considered is a non-USAID funded research program, known as the Social and Behavioral Research Grants of the Social and Behavioral Studies and Support Unit of WHO/GPA.

1. "Small Grants" Program

The WARP cannot justifiably be called a small grants program within the context of grants given outside USAID. The award amounts are equal to or greater than those offered for social and behavioral research by organizations that fund basic academic research (Fulbright, The National Science Foundation), advocacy programs (The Democracy and Human Rights Fund), and operations research projects (PROWID, FHI, OR/TA). The solicitation, review, and award mechanisms are comparable to those employed by the principal organizations funding basic and applied social science research (Rockefeller, Social Science Research Council, NSF). One key difference from other programs may lie in the capacities and skills of the research teams supported, which is a by-product of the target audience for the WARP solicitation, and the characteristics of the

organizations funded, a number of which are NGOs rather than academic institutions.

2. Unique Aspects of WARP

Although it is not possible to identify any characteristics that set the WARP apart as a “small grants” mechanism or program, certain other elements do distinguish it from other research programs.

- Solicitation process and response to the RFP. ICRW’s RFP reached a large and diverse audience with many implementing and advocacy bodies as well as more conventional research establishments. As a result, a large volume of proposals (more than 240) was received, yet only a small fraction (15) could be supported.
- Program focus. In 1990 research and policy-making organizations were just beginning to be aware of the particular vulnerability of women to HIV/AIDS infection. The program’s focus on women, prevention, and intervention arrived at the time when researchers began to look beyond “high-risk” groups at broader populations.
- Qualitative approach. WARP emphasized the use of both qualitative and quantitative methods, although proposals with qualitative approaches were favored. This emphasis was productive and provided data and perspectives generally not available in existing studies.
- Intervention component. To qualify for support, the proposed research was required to analyze and recommend intervention strategies. Few programs encourage researchers to make research-to-action linkages or to design and field intervention strategies.
- Policy issues. The rapidity with which policy recommendations were derived from early results and then disseminated resulted in high visibility, but may in some instances have disconnected findings and the recommendations derived from them. The breadth of many recommendations also tends to limit their application in country-specific bilateral development programs.
- Dissemination. The WARP has been successful in disseminating results to a wide audience through a number of channels. Conversely, communication

with the field, where interventions are taking place, has not been particularly effective.

3. Comparative Analysis

The PROWID, FHI, and OR/TA projects may be compared to WARP in several key areas.

- Objectives and targets. None of the other three programs has successfully combined a narrow focus (women, AIDS, and prevention) with such a broad reach. The other programs tend to have much broader agendas (improve reproductive health service delivery, improve the lives of women in developing countries) but a narrower geographic or institutional focus.
- Solicitation. Only PROWID, also managed by ICRW in collaboration with CEDPA, has employed a similar solicitation procedure, worldwide in scope. The other programs have effectively limited their potential audience by soliciting participation principally through USAID Missions rather than by distributing the program announcement directly to NGOs and research institutions.
- Selection criteria. Again only PROWID employs a comparable procedure. OR/TA works largely with host-country institutions at the invitation or request of the USAID Mission and there is no formal competition for research funds. FHI first identified target countries and research institutions in those countries, and then invited suitable organizations to submit concept papers and attend a proposal-writing workshop. Projects were selected from among this group.
- Technical assistance. OR/TA is first and foremost a technical assistance project whose primary objective is to build the capacity of service delivery organizations to improve their provision of reproductive health services. The Population Council maintains an on-the-ground presence in a number of key countries and both Population Council and USAID management spend a considerable amount of time in the field. FHI project managers and advisors also devote much time to working one-to-one with research teams, although they must walk a fine line between advising and interfering. The ICRW approach seems to be much more "hands-off."
- Interventions. These are a key ingredient for OR/TA, where it is felt that there is no real point to doing research unless it leads to an outcome.

PROWID supports advocacy and training as well as action research, so interventions are at least potentially part of the agenda. The FHI program is focused more on reestablishing the impact of reproductive health interventions on women rather than designing programs directly.

- **Dissemination.** Both PROWID and FHI are too recent (initiated in 1996 and 1994 respectively) to have produced much in the way of results or to have publicized project outcomes. Data analysis and write-up are underway for FHI with a major synthesis workshop planned for Washington in June of 1998. OR/TA has used the same mechanisms for dissemination as WARP. Perhaps because of their longer history and on-the-ground presence overseas, OR/TA results have been more widely available to practitioners in the field than WARP findings.

- **Management and capacity.** All of the programs identify the same management and capacity issues: a serious lack of local capacity which cannot be effectively ameliorated by their activities alone; a fine line between providing technical assistance and interfering with a project; overextended principal investigators who cannot provide the level of support required; pipeline problems (the inability to expend funds on schedule); staff turnover; and local/internal rivalries that affect productivity and outcomes.

IV. COAG Objectives

The original objectives of the WARP included contribution of new insights on the factors that affect women's sexual risks for HIV and AIDS, strengthening of research capacity in developing nations to undertake AIDS research related to women, and influencing policy related to HIV/AIDS prevention. Building research capacity is commonly one of the objectives of USAID development projects, while contributing to the knowledge base is less often featured. Indeed, the new RFA known as R.P. 1, for operations research, states that "The Recipient should place a high level of emphasis on host country capacity building as an important focus of the research agenda." To what extent is there frequently a financial trade-off between these two objectives?

Overall, the most important decision in the trade-off between building capacity and adding to the knowledge base is the selection of grants to allocate. If a staff has a minimum of experience in research, the ability to make reasonable decisions, and capacity to judge when to request technical support, the project has an excellent chance of conducting good research. In conversations with the ICRW staff, members stated that they found the ability to make good informed decisions more important than the quality of initial research design.

This implies that 'building research capacity' versus 'generating new knowledge' do not represent opposite alternatives. The question is: Were sufficient funds invested in technical support to build research capacity and assure high-quality results? For this COAG, ICRW had barely enough funds to provide technical support. There was sufficient support to build capacity, but more support would have improved the quality of the research results. Also, in some cases technical advice was not accepted by the local research team.

A. CONTRIBUTIONS TO THE KNOWLEDGE BASE IN HIV/AIDS

The research results from this COAG added to our understanding of research methods and women's risks for HIV infection. Certain research strategies were especially effective and deserve mention. In addition, some findings were striking because they were common to most sites. The research strategies and common findings found in project reports are listed below:

1. Research Methods

- Women and men are willing and able to discuss sensitive topics such as sexuality and sexual relations in small groups in emotionally safe and supportive contexts;
- The process of participating in peer education efforts related to sex and HIV/AIDS has the effect of dramatically improving the self-image and self-confidence of young women.

In some social science circles, it is assumed that group discussions about sex and AIDS will be awkward and difficult because of the sensitive nature of the subject. These projects disproved such assumptions, since research teams were able to create a comfortable atmosphere for discussion. Also important to note is the effect of participation in peer education on the educators themselves. In site visits to Chiang Mai and Recife, team members were able to observe this directly through contacts with peer educators.

2. Knowledge of Sexual Relations and HIV/AIDS Research

- Young women have relatively little knowledge about their reproductive anatomy and physiology;
- Young men in many societies are also uninformed about the reproductive process;
- Women, whether married or not, have relatively little power to determine how and when they have sex with their male partners;

- Most women and men seem to accept a double standard regarding faithfulness to one sexual partner; men are allowed multiple partners without social sanctions while women with several partners are quickly sanctioned;
- Although most women know how HIV is transmitted, they do not consider themselves at risk for HIV;
- Very few women have had experience with male partners using condoms, and they are afraid to suggest condom use to their male partners;
- men and women talk very little about sex with their sexual partners;
- young girls obtain their information about sex and reproductive health from their peers and the media more than from their mothers.

It was critically important to document that young women and men are not well-informed about reproductive health, that women believe they have relatively little power to determine how and when they have sex with their male partners; and that both women and men seem to accept a double standard regarding faithfulness to one partner. The other findings are equally important, but have been reported more often in other studies. The lack of communication about sex between men and women which is especially critical, has been evident for some time.

With regard to the finding that young girls obtain their information about sex from their peers and the media, rather than their mothers, a number of projects conducted individual interviews or group discussions with mothers as well as young girls in order to better understand the mother-daughter relationship. In many contexts, a mother could not initiate conversations about sexual relations with her daughter without implying recognition of the daughter's sexual maturity, an admission that seemed difficult for many mothers. Young girls who sought to discuss sexual relations or contraception with their mother risked being labeled as "loose."

These findings are critical for the planning of HIV/AIDS programs because of the clarity they bring to women's sexual relations. Women see themselves as having very little power to decide when and how to have sex. Thus they believe they can do little to protect themselves against HIV infection. AIDS prevention programs sensitive to gender issues must begin with this realization and plan accordingly.

B. CONTRIBUTIONS TO RESEARCH CAPACITY BUILDING

USAID has often cited building research capacity as an objective of applied research, though this often remains at the level of theory, sacrificed to budgetary constraints. In contrast, the new contract for operations research specifies this objective. Building research capacity was one of the six main objectives of the WARP exercise. To what extent was this objective achieved?

Answering this question is a complex process. The evaluation team identified three factors that influence the potential for capacity building:

- the relation between the research experience of research teams and the technical support available;
- the nature of the implementing institutions;
- the relationship between the research team and the local community.

Less experienced researchers obviously require more technical assistance. ICRW's project selection and model of technical assistance, through TAG members' comments on project reports, determined its relationship with projects. Technical support was provided mainly by ICRW staff. While this support helped build research capacity, a larger investment in technical support would have been welcomed by some projects.

Another factor in building capacity is the nature of the host institution. Most of the seventeen Phase I projects were based either in a university or an NGO that provided social services to women. While seven of the seventeen were university-based, five were located at an NGO (São Paulo, Recife, Bombay [World Vision], Guatemala, Mexico). All of these except Guatemala were proposed for Phase II, in part because of ICRW interest in supporting collaboration between researchers and NGOs. Most likely, the projects based in universities were better prepared to conduct research because they were collaborative efforts among researchers with some experience.

Association with a U.S. institution or U.S. researcher was not a factor contributing to ICRW recommendation for continuing into Phase II. Of the six Phase I projects without such an affiliation, four were recommended by ICRW for the second

phase (Bombay [WV], Nigeria, Recife, Senegal). Nor was there a preference for NGO, or university-based projects.

One of the contrasts in NGO and university projects is the relationship between researchers and the local population. Staff of the Recife project in Brazil found their research and intervention to be effective and aim to continue with more interventions because these activities increased their involvement with the local population. This is also true for the sex education project in Zimbabwe and the Chiang Mai project in Thailand. Projects that did not have such close connections to local communities, such as Sao Paulo, Guatemala, the two projects in Bombay, and Nigeria are not likely to continue. It seems that development of ties to community service activities is closely associated with building local research capacity.

C. CONTRIBUTIONS TO POLICY AND PROJECT CHANGES

ICRW clearly affected policy within USAID by repeatedly calling attention to the need to consider the impact of the AIDS epidemic from women's point of view, thus expanding the agency's perspective beyond high-risk groups. This could be read as a criticism of standard AIDS messages (abstinence, partner number reduction, faithfulness, use condoms) that are heard --and applied -- differently by men and by women.

The comments by USAID personnel reflect the importance they attach to ICRW's effectiveness in this arena. One person called the program a "sparkling gem" in the HIV portfolio, others remembered meetings and presentations where ICRW staff were instrumental in shifting the way people talked about how to respond to the epidemic. ICRW achieved this impact through the following means:

- Early and excellent dissemination of the findings of the WARP studies through the report-in-brief series, presentations in many venues, participation in meetings and workshops, and published articles. The ICRW staff were effective speakers and authors.
- A willingness to draw overall conclusions at several points in the reporting process. Conclusions from the early descriptive research were presented rather than waiting for final results to be submitted. The findings of each project in Phase I were widely publicized.

- The simultaneous presentation of problem descriptions and suggested strategies for addressing the problem.
- Thanks to good relationships with USAID personnel who provided strong support, ICRW was able to quickly communicate its point of view and receive immediate feedback. A number of individuals within USAID displayed a keen interest in addressing women's health needs, and this facilitated communication with ICRW staff on these issues.

The impact of WARP on other organizations is less clear. When contacted, most organizations were aware of the WARP but did not indicate that they changed their policy or program priorities as a result of the information received. Some organizations may have been indirectly influenced by WARP findings, particularly if they were funded by USAID, as the issue of gender differences was discussed increasingly. Similarly, as the tenor of HIV/AIDS discussions changed within USAID, other government agencies may have also changed their priorities.

ICRW contributed to increasing the number of programs aimed at assisting women to protect themselves from AIDS, but it was not solely responsible for this increase. At about the time that WARP began its work, sentinel sites in pre-natal clinics at diverse locations revealed a high prevalence of HIV infection among young women who were not sex workers. In addition, the theme of the annual AIDS Day on December 1, 1990, was "Women and AIDS." Thus other agencies were beginning to take note of the need to address HIV prevention in the general female population. However, the ICRW projects were among the first to provide concrete descriptions of women's perceptions and experiences that affected their risks for HIV and their ability to adopt preventive strategies.

V. Recommendations

A. POTENTIAL FOR REPLICATION

There are four aspects of the process of implementing this COAG that seemed particularly effective and could be replicated by USAID or other donors for AIDS research and program development.

1. Beginning with a broadly defined understanding of the relevant issues within a general population (as opposed to populations at differentially high risk) proved very productive. As the impact of the AIDS epidemic broadens to affect larger numbers of sexually active people, social scientists must be able to identify contextual factors that put people at risk as well as to understand differences in men's and women's experiences in sexual relations. Much of AIDS research has already moved from studies of knowledge of HIV transmission and condom use to examining the context of sexual relations more generally. This approach should continue in order to improve our understanding of how and why people place themselves at risk, and to identify culturally-appropriate prevention strategies.
2. Giving small applied research grants to NGOs with a record of community service accomplishes two things. It builds capacity to obtain and use information for improving programs and promotes better links with service populations. Such efforts should continue in carefully chosen venues.
3. Using qualitative research methods to explore sensitive issues and develop participatory interventions has been shown to be effective in influencing

communities to examine difficult subjects. This does not necessarily imply use of "focus groups", though some form of group discussions are likely. The emphasis should be on understanding the decision-making process in sexual relations. Who makes the decisions in what manner for what reasons? Planning interventions without knowledge of local concepts is not likely to produce change.

4. Devoting time and resources to rapid analysis and diffusion of research results as well as the effects of interventions should be encouraged. Presentations should link policy recommendations and specific findings, so others can judge the merits of the results.

There are several ways in which the WARP experience can be improved should this model be repeated in a similar form.

1. If cost-effectiveness issues are deemed essential to the attainment of objectives, then these considerations should be part of the original selection of funding criteria. In discussions with USAID personnel, it was suggested that there might be a trade-off between investing in new knowledge versus building research capacity. The relative importance of these objectives was decided largely by the nature of the projects funded rather than by project management.

2. A way should be found to make technical support more readily available and not dependent on the schedules of one or two people. In the ICRW projects, several research groups were unable to wait for the assistance requested. Having only TAG members to provide technical feedback to ICRW staff proved unsatisfactory. ICRW staff found it equally difficult to locate in-country consultants and too expensive to hire an additional staff research expert.

3. The evaluation methods used by a number of projects did not seem to complement project interventions. During Phase II, ICRW seems to have made a tactical decision to judge intervention by accessibility and feasibility, a reasonable position for this kind of research. However, some projects sought to measure program effects in a more traditional fashion with rather disappointing results. There seems to have been some ambiguity about whether to do evaluations at all, and then what kinds.

B. RELEVANCE OF THE WARP TO USAID

The team suggests that USAID can profit from the WARP experience by considering the following points for future HIV/AIDS programming:

1. The small operations research grants approach is an effective method for obtaining information from a wide variety of contexts. It allows for the examination of the role of contextual factors (social relations, economic options, social dependence, family dynamics, communication about sex) in placing women at risk. It permits the collection of data that can be used to develop key questions for study with larger samples and quantitative analyses.
2. The multiple grants approach, whether considered as small or larger, is an excellent tool for building local capacity to conduct research that leads to interventions and for building local commitment to project implementation.
3. The emphasis upon qualitative research adopted by ICRW is appropriate for examining sensitive topics and for developing educational materials and interventions to reduce the risk of HIV infection. This approach identifies local concepts and captures individual experience within contexts that promote risky behavior. Such understanding can then be used to plan interventions that address local concerns.
4. The success of ICRW in disseminating its findings early suggests that USAID should devote staff and resources to similar diffusion efforts in future projects. Operations research projects of high technical quality should not wait until the project has ended to distribute findings to the larger community. A phased approach can be built into the study design to create intermediate milestones so that early results become meaningful.
5. One of the reasons that the WARP effort had an impact on policy was that it benefited from a very high level of support from USAID personnel. Persons from several different offices worked closely with ICRW staff and participated actively in decisions.
6. The majority of these projects included both males and females in their research. Although project reports focused on women's perspectives, many research staff members stated or wrote that HIV/AIDS programs must address both male and female concerns. Thus a gender approach to HIV/AIDS should recognize that the need for support and for education of men and women may be

different, and that both must be addressed simultaneously in order to maximize the chance for success.

C. POTENTIAL FOR SUSTAINABILITY OF PROJECTS

Considering the experience of both Phase I and Phase II projects, there are two formulas that succeeded in structuring projects that have great potential for continuing interventions to reduce the risk of HIV infections for both women and men.

- 1) a local NGO with an interdisciplinary staff and a record of community service;
- 2) a group of university researchers with an interest, and preferably a history, of involvement with social problems of a clearly identifiable population.

The two Brazilian projects (Recife, São Paulo) of Phase I and II illustrate the first formula. São Paulo grew out of a collaboration between an outside U.S. researcher and two Brazilian NGOs with no research experience. Although it continued into Phase II, this project encountered many difficulties because of its lack of research experience and weak ties with the local community. Although the NGOs offered social services for neighborhood women, the research was conducted elsewhere and thus did not build community connections to the NGOs. Recife, on the other hand, had a solid history of providing social services to female adolescents. The Casa de Passagem staff made up for their lack of research experience by consulting ICRW staff and involving professional researchers from Recife, and by choosing manageable research methods. Local adolescents participated enthusiastically in all aspects of project activities with obvious positive effects on both participants and the wider target audience (other young people). The project staff will likely continue with similar activities. They are negotiating with the Ministry of Education of Brazil to produce the school curriculum for which they have already developed sex education materials.

Zimbabwe, Sri Lanka, and Thailand (Chiang Mai) are examples of the second formula. During Phase I, researchers from the Department of Community Medicine at the University of Zimbabwe in Harare conducted small group discussions among high school students about their concepts of friendship, learning about sex, sexual relations, and HIV/AIDS. This was followed by the training of 25 teachers from 15 schools to lead discussions on these sensitive

topics. Phase II provided expanded training for more teachers to address these issues in their classes. Response among students and teachers has been overwhelmingly positive, and the Ministry of Education has been supportive. The project will be continued, supported by two outside funders.

The Sri Lanka experience is similar in that university researchers from the local university collaborated with U.S. specialists to direct a peer education program for youths from the university and nearby neighborhoods. Those activities are also being continued. In Chiang Mai, Thailand the peer education program set up for young factory workers, both boys and girls, developed out of the local university in collaboration with an American researcher. Because of the effects on the peer educators themselves and the positive reaction of factory workers to the program, the project continues with Australian funding.

The projects in Mexico, South Africa, and Senegal are unlikely to continue. None of them are linked to an NGO, community, or a university with connections to a distinct population.

D. APPLICATION TO OTHER SUBJECTS

It seems useful to reflect on the discussion of sexual relations and HIV/AIDS in order to assess the potential for application to other social problems. The subject of sexual relations is not often directly discussed. Surrounded by euphemisms, it arouses intense emotions, is highly representational, and thus the source of great manipulation. Most, if not all societies, have numerous social proscriptions for sexual relations.

Recognizing the sensitive nature of the subject, ICRW opted for beginning projects with small group and same-sex discussions which produced illuminating results. Social problems that are similarly sensitive include the abuse of alcohol, the abuse and/or consumption of illegal drugs, and domestic violence. Just as with sexual relations, these problems are often denied or hidden within families because public acknowledgment involves individual and social shame. Often they are seen as the expression of other, more deep-seated problems.

While such problems are not usually the subject of projects sponsored by USAID, the issues of alcohol abuse and domestic violence are often part of the context of behaviors that increase the risk of HIV infection for women. A number of the WARP sites discovered that women were greatly concerned about these issues.

Results suggest that both should be included in discussion of sexual relations between men and women.

Annexes

Annex A: Scope of Work

Women and AIDS Research Project
Final Evaluation
Scope of Work

VI. Identification

Contractor: The International Center for Research on Women (ICRW)

Cooperative Agreement Number: DPE-5972-A-00-0036-00

Start Date: August 27, 1990

Completion Date: December 31, 1997 (once extended)

Cognizant Technical Officer: Paul Delay

Technical Advisor: Barbara O. de Zalduondo

| | |
|--|-------------|
| Total Estimated Cost: | \$5,340,364 |
| Total Obligations thru 09/05/96: | \$5,340,364 |
| Total Expenditures thru 12/31/96: | \$4,659,520 |

VII. Purpose of the Assessment

The assessment will objectively assess the technical performance, management, and progress of activities under the Women and AIDS Cooperative Agreement (COAG). This will include the COAG's significance for the field of HIV/STI prevention, care and support, and its contribution to development of gender sensitive responses to the epidemic in the developing world. In addition, the assessment will identify and document the impact of the COAG on the International Center for Research on Women (ICRW) itself and its partner institutions in the developing world, and will identify lessons learned about the merits and costs of this particular mechanism for building needed knowledge and developing country research capacity, and for promoting use of that knowledge for improved public health programming.

VIII. Background

A. Significance of the Problem and Relationship to USAID/PHN Strategic Objectives

In 1990, over five years into the global pandemic, the international scientific community was just becoming aware of the impact of HIV on women, both as individuals vulnerable to infection, and as family and community members responsible for the bulk of care for people sick with AIDS.

The limited available data on women and AIDS was gleaned from epidemiological research that emphasized studies with women involved in commercial and/or "survival" sex transactions. This work often cast women as "vectors" of HIV and was sociologically naive about sexuality and about behavioral research methodology. Greater insight was needed regarding the personal, relationship, economic and socio-cultural factors that condition sexual risk of HIV and STI for women involved in commercial sex and for others. Over two decades of research and service delivery in family planning had made enormous strides in increasing women's access to family planning and maternal and child health services, but the broader personal, socio-cultural, and economic factors shaping women's sexual experiences and options were largely unknown.

Without such information the ability of HIV/STI program personnel to develop realistic interventions for women, including so-called "general population" women, was severely constrained. Furthermore, the quantitative methodologies with greatest credibility and currency in family planning and public health research were not well suited to explore issues of sexual experience, decision-making, and conduct in diverse economic and cultural settings. This dilemma was powerfully described in an unsolicited proposal received by USAID from the ICRW, which was subsequently funded as a cooperative agreement entitled "Fighting AIDS in Developing Countries: A Focus on Women".

USAID's technical bureaus (then USAID R&D/H) had been supporting HIV/STI research and interventions since 1987 under the AIDS Technical Support Project, and since 1986 through annual grants to the WHO Special Programme on AIDS (later the WHO Global Program on AIDS, GPA). Under the ATSP, USAID R&D/H funded the AIDSTECH and AIDSCOM Cooperative Agreements (1987-91), and then the AIDSCAP cooperative agreement/contract (1992-1997). These projects included research, but had a focus on urgent development and implementation of behavior change communications, sexually transmitted disease interventions and condom social marketing. While general population women and youth were identified as target populations for some of the interventions, these projects did not accommodate a significant investment in defining the special needs and concerns of women.

"Sustainable reduction in STD/HIV transmission among key populations" is one of four Agency Strategic Objectives for the Population, Health and Nutrition (PHN) sector. "Increased use of proven interventions to reduce HIV/STD transmission" has been one of the PHN Center's four strategic objectives since the promulgation in 1995 of the Center's Strategic Plan. Thus HIV/AIDS prevention has continued to be a priority for USAID as a result of analysis of critical epidemiological and public health findings about the severity and magnitude of the health threat, as a result of USAID's comparative advantage in the health sector, and as a result of explicit congressional mandates.

Meanwhile, evidence from global epidemiological research, and specifically in regions with USAID-supported HIV/AIDS activities, indicated that the incidence of HIV was rising faster among women (especially young women) than in any other population group. Service data suggested that women and girls were underutilizing available intervention services (e.g. STI services) and were not being adequately reached with behavior change information. For example,

it became obvious that women were being targeted by programs to promote condom use, when in most parts of the world, women's abilities to negotiate condom use were extremely limited. In sum, a better understanding of the factors placing women at risk of HIV and other sexually transmitted infections (STIs), and of factors that could facilitate women's access to and use of HIV intervention services (including but not restricted to condom use) were needed in order to accomplish USAID objectives in the health sector.

B. Cooperative Agreement Purpose and Accomplishments Phase 1

In 1990, with funding from the Offices of Health and Women in Development of USAID, the International Center for Research on Women (ICRW) established the Women and AIDS Research Program. The objective of the program was to generate high-quality research on the sexual attitudes and behaviors of women and men, the economic and sociocultural factors that influence women's risk of HIV infection, and the opportunities that exist for program intervention. The program also aimed to strengthen research capacity in developing countries to undertake social science research on HIV/AIDS with a focus on women, households and communities.

The program included the following components:

A. Small Grants Competition

A small grants competition was held to generate proposals for funding. The competition called for US researchers to partner with researchers from selected developing countries, and to describe how they would disseminate research findings to potential users in-country and internationally. With the assistance of the Technical Advisory Group (TAG) and USAID representatives, ICRW selected 15 proposals for funding out of more than 240 proposals received. Projects were based in the following geographic areas: six from Africa, five from Asia and the Pacific, and four from Latin America and the Caribbean. Awards averaged \$65,000 each. Research teams utilized a mix of quantitative (e.g., survey) and qualitative (e.g., focus groups, individual interviews, participant observation, and diaries) methods of data collection. Study populations included women and men in rural and urban communities, school-going and non-school-going adolescent girls, adolescent and adult women at the workplace, and community leaders. The studies provided important information on sexuality and sexual behavior, sexual initiation, sexual and reproductive decision-making, communication on sexual topics and HIV/AIDS, and sexual coercion and violence, all cast in a rich description of the social, political and economic context affecting women's lives and choices.

B. Collaborative Studies

In addition, two collaborative studies with developing country research teams were conducted in Zimbabwe and Mexico to examine inter-generational communication within the family about sexuality, gender roles, STDs, and HIV/AIDS.

C. *Technical Support*

Technical support was provided to research teams by ICRW staff and designated TAG members, on developing data collection instruments and data analysis procedures, and plans for program intervention and evaluation, and report writing. This support was provided via telephone, fax, and on-site visits, and through annual regional and/or international meetings.

D. *Policy Communications*

The research findings have been widely disseminated at international and country-level conferences and workshops, and through a variety of publications, including final research reports, reports-in-brief, synthesis documents, and articles in peer-review journals (see Background Materials).

Through these activities, ICRW's work on women and HIV/AIDS has contributed to:

the improved integration of a gender perspective into HIV/AIDS programming by USAID and other international agencies, NGOs, and government institutions;

an increased recognition of the need for HIV prevention programs to address broader contextual factors that condition and constrain the sexual conduct of women and men, and not just on individual behavior change; and

an increased awareness of the prevalence of sexual violence; a better understanding of how violations of women's human rights compromise their sexual and reproductive health; and greater clarity and recognition of the implications of these observations for private and public sector health and social policies.

making the development of female-controlled HIV prevention methods an immediate priority and mobilizing resources towards this end;

Cooperative Agreement Purpose and Accomplishments Phase 2

In 1993, ICRW proposed a second phase of the Women and AIDS Research Program to enable selected grantees from Phase I to translate and test their findings in small intervention research projects. Based on the successful completion of Phase I research and the continuing need for tested HIV/STI intervention models for women, the CoAg was extended to 6/20/96, with a \$1.6 million increase in funding. These funds, with additional funds included in five subsequent modifications, have supported 10 intervention and evaluation studies: seven from Phase 1 in which the Phase 1 findings were used to develop and test interventions and three new research initiatives which strengthen and extend the aggregate significance of findings from the Program. Countries in which Phase 2 studies have been carried out are Brazil(3), Mexico, Senegal, South Africa,

Zimbabwe, Kenya, Sri Lanka, and Thailand. In addition, resources were focused more heavily on dissemination activities in Phase 2, including intensive work with the Phase I and Phase 2 PI's on preparing presentations, reports, and publications, and on disseminating findings both in-country and in international meetings and conferences. The studies focus on implementation and/or assessment of the following HIV/AIDS prevention and advocacy strategies:

- peer education for adolescents;
- equipping teachers and parents to be trusted sources of information and guidance to adolescents;
- using traditional women's associations as communication channels for HIV prevention;
- integrating HIV prevention activities into STD and family planning services; and
- discussion with policy makers of research findings and best practices on women and HIV/AIDS .

Phase 2 studies have contributed new insights about the gender dimensions of HIV/AIDS prevention interventions, and about the importance of holistic, empirical data on sexuality and reproductive health to understand women's sexual lives and behavior. While quite small by intervention program standards, these projects have yielded important information about how to develop programs to meet the gender-specific needs of adolescent and adult women and men, and about ways to engage the participation of the community in the intervention process. The studies also have provided lessons learned about using qualitative and quantitative methods for research and evaluation, and about challenges and strategies for bringing community members, researchers, and service providers together to develop acceptable, effective interventions in an culture-, class-, and gender-appropriate and collaborative manner.

In both Phase I and Phase II some of the sites were more productive than others; some required more TA than did others; some seeded activities that continue to the present while others have left few visible traces three years after the conclusion of Phase I. The array of 17 Phase I studies and 10 Phase 2 studies comprise a rich bank of experience in US-Developing Country (DC) collaborative, intervention research and policy analysis on sexual risk, sexual conduct, and HIV/STI, in three geographic regions. The final assessment will mine this experience to assess the strengths and weaknesses of the program; and to identify factors and actions that can improve USAID's success rate in future small grants programs. Based on their analysis, the assessment team will provide USAID with their views on the effectiveness, and cost-effectiveness (loosely construed), of using this mechanism to build local capacity and participation in public health research and programming; and/or as a mechanism to open up a neglected, under-researched field of significance for public health and development.

IX. Focus of Assessment

This assessment will serve as the final evaluation of the Women and AIDS Research Project CoAg. In addition, it is to inform USAID G/PHN's on-going integration of its recently redesigned strategic objective on STI/HIV. Therefore, the assessment will provide:

- an evaluation of the COAG's success in meeting its substantive objectives as stated in the Award documents;
- an analysis of the technical and administrative merits and costs of this CoAg's particular model of research promotion and strengthening, including identification of factors that contributed to ICRW's achievements.
- recommendations about how to replicate and improve on the best features of this mechanism, which can inform future programming by agencies such as USAID.

More specifically, the assessment will document: the quality of the CoAg's performance and progress; program management and funding; lessons learned; the impact of the CoAg on ICRW; and implications for research and capacity building under G/PHN's new Strategic Objective 4 (SO4). The key outcomes to be provided by the assessment team regarding these four elements of the assessment are detailed below. This endeavor requires the team to ground its judgements on a review of activities, outputs and reports about the W&A CoAg, taking a focused, but inductive approach to gathering information from project documents and products, interviews with key individuals involved in the program, interviews with others who know the program by reputation, and by observation during site visits. It will provide a realistic assessment of the relative strengths and weaknesses of the mechanism by comparing the W&A CoAg with a specified set of other projects funded by USAID, which have/had related objectives or mechanisms.

A. Performance and Progress

The assessment team will examine the performance and progress of activities under the ICRW Women and AIDS CoAg, providing answers to the following questions:

1. How successful was the performance and progress of activities under the CoAg, relative to the program's stated objectives? Which of the program's goal's were achieved? in a timely manner? on budget? according to plan? For those that were not, why not?
2. Were the small grants competition and the selection of projects to continue to Phase 2 handled in a technically sound, transparent, and equitable fashion? How could the competition and selection process be improved?
3. Did the research conducted under the W&A CoAg make a significant contribution to knowledge about women's sexual lives, their risks of HIV/STI, and about how HIV/AIDS interventions could be made more appropriate to and for women?

4. How much technical support was provided by ICRW and the TAG to each study, and was that technical support appropriate and effective? Did the amount of TA provided determine the quality of the study outputs and outcomes? Are there ways in which the provision of TA could have been improved? made more cost-efficient?

5. Were appropriate management resources and technical involvement from USAID made available to this COAG to support its achievement of the COAG's goals?

6. In the judgement of the assessment team, what were the most consistent successes achieved or encountered across the 17 studies in the Phase I? in the 10 Phase 2 studies?

7. In the judgement of the assessment team, what were the most common problems encountered in implementing, analyzing, and disseminating the results of Phase I? of Phase II? What were the most successful and/or innovative solutions attempted to those problems?

8. What merits and problems of the COAG were most frequently cited by in-country informants interviewed for this assessment? What merits and problems were most frequently cited by US-based informants?

The team's report will organize its answers to the above questions about Performance and Progress under headings such as:

1. Phase I Activities (including the competitive grants process; the US and developing country research teams and partnerships; the research; the analysis and writing-up of results; dissemination of findings; application of findings to interventions and to policy).
2. Phase II Intervention Research (including the selection of research studies to continue into Phase II; the research-intervention partnerships; the interventions; the analysis and writing up of results; dissemination of findings; application of findings to interventions and to policy).
3. Policy (including the steps taken and not taken by ICRW, the US collaborators and the in-country participants to extract policy-relevant information from the studies, and to provide that information effectively to policy-makers in country and abroad)
4. Dissemination (including the activities accomplished by ICRW, the research partners, and USAID to make the findings available and useful to audiences such as: the communities that participated in the research; the research community in-country, in the USA and internationally; the HIV/AIDS community in-country, in the USA and internationally)
5. Guidance, Technical Support, and Management by ICRW and the TAG (including the definition and execution of technical and administrative roles of ICRW staff, the TAG, the US-based and the in-country investigators, and other key players).

6. Guidance, Technical Support and Management by USAID (including discussion of the funding and programming environment at USAID, and the definition and execution of roles of G/PHN/HN/HIV-AIDS and G/WID staff, and other USAID offices and Bureaus, and USAID Missions)

B. Lessons Learned

To complete the questions delineated under Lessons Learned, the COTR will provide the team with information about comparison projects as well as the CoAg final report, which provides an analytic review of the key outcomes and findings.

1. Did the program promote, facilitate and recognize achievement of new insights about women and AIDS? Were the mechanism and participants open to and looking for important new ideas? If so, were those new ideas adequately recognized and used?

2. What is the range of methods used in the Phase I and Phase II studies. Which methods were most productively used in their study contexts, and what are the key benefits and limitations of those methods?

3. What were the weakest methodological aspects of the studies, and how could those weaknesses be avoided or reduced?

4. What did the CoAg teach participants (collaborating researchers and ICRW staff) about data analysis and report writing for dissemination purposes?

5. What were the main lessons learned about how to improve the uptake of research findings in intervention programs? Answer to this question should cover the in-country and international use of the new knowledge, and the uptake of findings by USAID's G/PHN, other USAID operating units, and other agencies and donors.

6. What were the principal lessons learned about the research-to-policy process, including how to increase the participation of developing country women in research and policy-making, and how to increase the impact and uptake of findings on gender issues, at the country level and in USAID?

C. Impact of the CoAg on ICRW and on Recipient Organizations

One of the special functions of a Cooperative Agreement is to strengthen the cooperating agency (CA) itself. Thus in addition to reviewing the technical and programmatic lessons learned from the W&A CoAg, through review of documents, but largely through interviews with ICRW staff and other local and international stake-holders, the AT will attempt to determine how and to what extent this CoAg has affected the recipient organization, ICRW. The team will determine:

1. How did the CoAg affect ICRW's staffing and staff competencies?

2. How did the CoAg affect the activities and influence of ICRW in the field of gender and HIV/STI research and intervention?

In addition, a feature of the original Phase I proposal and the Phase II extension that were of particular interest to USAID was the recipient's commitment to achieving the CoAg's objectives in partnership with the sub-grant recipients, and to using this opportunity to strengthen the US institutions, the developing country institutions and investigators, and their collaborative linkages. The assessment team will investigate the immediate (1991-93) and longer term (1990 to the present) impact of the Phase I and/or Phase II activities on the research institutions involved, and on the community of HIV/STI and reproductive health program and service providers in the recipients' countries. Answers to the following specific questions will be provided:

3. What impact did this CoAg have upon the developing country researchers? Did they find the interaction with ICRW productive for them? In what ways?

4. Was the optimal balance struck between expenditures on ICRW central/secretariat and TA costs and expenditures on the research projects themselves?

5. In the countries visited by the AT, how wide and lasting was the dissemination of results? Were the investigators and their results known/recognized by others in the HIV/STI field? in the USAID Mission?

6. Did the CoAg have an effect on the visibility and prominence of developing country women in the HIV/STI field, and/or in social and public health research communities? or internationally? If so, what was that effect?

D. Implications for Research and Capacity Building under G/PHN SO4

The assessment team will provide USAID with an analytic judgement on the implications of the W&A CoAg experience for future USAID programming, phrased as a series of recommendations. In contrast, in this section, the team will provide a forward looking assessment of the W&A CoAg model, discussing its current and future utility given the current status of the HIV/STI epidemic and of responses to it.

1. Looking forward, are HIV/STI research activities that focuses on women still appropriate and needed in order to improve the effectiveness of HIV/STI prevention and care?

2. Which intended audiences or sectors learned the most from this CoAg, and which intended audiences learned the least? Why?

3. Did this mechanism appear to be more successful and/or effective in some regions or countries than in others? Why is that?

4. How could the W&A CoAg mechanism be improved? Is it likely that a far larger a much budget for Phase 2 would have been useful and effective?

5. Looking ahead, are there issues to emerge from the W&A program that have a high priority for further research?

If time and space permit, therefor, additional issues of interest to the team and/or to USAID may be included in the final report. For example, the report could cover: cross-cutting issues; technical significance of the Phase I /Phase II approach; costs and benefits of intensive technical assistance in research, report-writing, and dissemination; successes and limitations in dissemination of findings within USAID and other donor agencies.

X. Assessment Procedures and Logistics

A. Team composition

The proposed team consists of three consultants with a combination of skills listed below. A fourth team member, a senior-level HIV/AIDS expert, will be identified by the COTR; the COTR will secure the pro bono participation of this senior-level expert.

1. The team leader will be an anthropologist with specialties in Asia, gender, HIV/AIDS, and dissemination of data and research results. (S)he will be familiar with USAID programming and have a good command of the literature in adolescents and HIV.

Team Leader/Survey Research Specialist

For this position we propose Dr. Stanley Yoder, an Anthropologist who was the former Sr. Research Director of the Annenberg School for Communication. Dr. Yoder has worked for USAID on short term assignments, he speaks French and Portuguese. He most recently has completed an assignment with the World Bank designing an HIV/AIDS program in the Congo.

2. The Washington-based team member will be a behavioral scientist with a background in HIV/AIDS and gender. (S)he will be familiar with USAID programming and research projects and have experience in previous evaluations.

Washington-based team member/Social Marketing Specialist

For this position we propose Dr. Amparo Pinzon. She is a communication specialist with experience in design, research, and evaluation. She is a former employee of AIDSCAP and has extensive field experience in HIV/AIDS.

3. The Africa specialist will have a background in HIV/AIDS and in gender. (S)he will have experience in designing and/or implementing NGO projects in sub-Saharan Africa and will have participated in previous evaluations.

Africa Specialist/Gender Specialist

For this position we propose Mrs. Leah Wanjama. She has extensive field experience in dealing with gender issues and gender analysis training and HIV/AIDS. She lives and works in Kenya and has been a part-time staff member for AIDSCAP.

4. The HIV/STI, sexuality research and policy specialist will have extensive background in international research on gender, sexuality and HIV risk, and on the process of translating research results into policy dialog and change. (S)he will have experience with qualitative and quantitative research design and data analysis, and with the management of small grants programs for HIV and/or gender studies in developing countries. (S)he will also be familiar with intervention research in Latin America, and will be able to read and interview in Spanish and/or Portuguese.

HIV/STI, Sexuality Research and Policy Specialist

For this position Ann McCauley is being detailed from the FOCUS Project to participate in the evaluation. She has extensive experience in HIV/AIDS, youth, sexuality issues, and has worked in Asia.

B. Activities

This assessment will be based upon review of documents provided to the team, interviews with people in the current and prior management team, the Pis and TAG members, and with other experts who are familiar with this CoAg and other HIV/STI behavioral research projects. In addition, field visits will be made to all three regions. Finally, the team will discuss and analyze this material in comparison with the other projects mentioned above.

The specific sequence of activities is likely to be as follows:

1. Team members review background documents prior to initial team meeting; team members review additional necessary background documents as requested by team leader, USAID staff in Washington or in Missions, and by ICRW partners in-country. In the case of uncertainty about document's relevance, team leader will decide the necessity of reviewing the particular document(s).
2. All team members meet prior to beginning the field assessment and discuss issues and resolve procedures. At this meeting the final work plan, schedule, and the structure, and contents and division of labor for the assessment report will be negotiated with HTS and key USAID staff. An interview guide or guides is/are developed for use in the telephone consultations and field visits.
3. Portuguese -speaking team member travels to project sites in Latin America spending five to seven days in Brazil assessing the Casa de Passagem (in Recife) and Coletivo Feminista Sexualidade e Saude (in Sao Paulo) projects.

4. African program specialist travels to South Africa for three days to assess University of Natal (in Natal) project, to Zimbabwe for three days to assess the Department of Community Medicine, University of Zimbabwe (in Harare area) project.
5. Team member travels to Thailand for four days to assess the Chiang Mai University (in Chiang Mai) project or to Sri Lanka to for four days to assess the Center for Intersectoral Community Health Studies and Center for International Community (in Health Studies project (in Kandi).
6. Team members meet and share evaluation findings, develop draft debriefing document (brief outline)
7. Team debriefs with key USAID and ICRW staff, using debriefing outline developing in activity #6.
8. Team spends four days writing draft evaluation report.
9. USAID and ICRW review draft report.
10. Team leader revises the draft report to correct any factual errors or make necessary clarification and prepares the final report.
11. Team leader directs the team, arbitrates any disagreements, assigns sections of the report to appropriate team members, is responsible for assuring the quality of field work and accuracy, completeness, and readability of the final report.

C.Deliverables

1. Draft outline with key findings, in time for post-travel debriefing of HTS and USAID staff
2. Draft report of approximately 40 pages (not including attachments) to be submitted before team disperses, for comment by key USAID staff, key ICRW staff, and selected others.
3. Final report of approximately 40 pages plus necessary attachments (to be defined) with a two to three page executive summary.

D.Logistical and administrative support

Logistical and administrative support will be provided by HTS, including services that are customary for an evaluation of this type and scale/budget.

E.Time line

Please see attached calendar of activities.

XI.Appendices

Background documents will be provided by the COTR.

A. Background Documents List

XII. Women and AIDS Program Cooperative Agreement Documents (proposal, commitment letters, grantee documents (responses to the RFA) work plans, periodic reports, TAG meeting minutes, trip reports, etc.)

- 1. Articles/papers published, submitted, or presented by CoAg staff and grantees**
- 2. IEC materials produced under the Women and AIDS Program Cooperative Agreement**
- 3. Women and AIDS Program Cooperative Agreement Financial records**

- 4. Core documents for comparison projects (program descriptions, RFAs, final reports or evaluations)**

- 5. Other documents as requested by team and key USAID staff**

A. Proposed Contacts

All contact information will be provided by the COTR.

1. USAID

**Barbara de Zalduondo G/PHN/HN/HIV/AIDS
Victor Barnes G/PHN/HN/HIV-AIDS
Paul Delay G/PHN/HN/HIV-AIDS
Holly Fluty G/PHN/HN/HIV-AIDS
Jaynell Smith G/PHN/HN/HIV-AIDS
Laurie Krieger G/WID
Cate Johnson G/WID
Margaret Lycette Director, G/WID
Shirley Toth G/WID Deputy Director
Jennifer Adams G/PHN/POP/R
Marjorie Horn G/PHN/POP/R
Sarah Harbison G/PHN/POP/R**

2. People previously involved in the COAG

**Kristen Wagner
Ioanna Trilivas
Deborah Schumann
Lisa Messersmith
Deborah Helitzer-Allen
Jeffrey Harris**

3. TAG Members

4. Phase I and Phase 2 Principal Investigators and key project staff

5. Other Gender and HIV/AIDS experts

Nancy Williamson, Director Women's Studies Project (FHI)
Karen Hardee-Cleveland, FHI
Susan Pfannenschmidt, FHI
McKay, FHI (Gender issues in other organizations)
Maxine Ankrah (AIDSCAP)
Susan Hassig (Tulane University)
The Asia Foundation (don't know who --Cate knows)
Isabel DeSoyza
Margared Bentley (JHU)
Carl Kendall, Tulane University
Debrework Zewdie (World Bank)
Lori Heise
Hoda Zurayk, The Population Council
OR/TA Project Manager (The Population Council)
Elizabeth Reid, UNDP
Dorothy Blake (WHO HRP)
Stefano Bertozzi (UNAIDS)
Adrien Allison, CEDPA
Denise Rouse (HHS)
Victoria Jennings, Institute for Reproductive Health Programs, Georgetown University
Richard Parker (Columbia Univ., HIV Center)
John Gagnon (SUNY)
Monica Gogna (CEDES)
Marjorie Muecke (Ford Foundation)
Saroj Pachauri (Population Council, India)
Sevgi Aral (CDC)
Mayra Buvinié (IDB)

6. ICRW

Ellen Weiss, Project Director
Geeta Rao Gupta
Daniel Whelan
Nancy Yinger
Charlotte Johnson-Welch
Pamela Norick

7. Specialists in the SE Asia region

8. Specialists in the Africa region

9. Specialists in the LAC region

10. Other contacts as arranged by the team leader and USAID key staff

Annex B: Phase I Program Results

TABLE A: PHASE I - PROGRAM RESULTS

| Country | Materials Developed | Intervention | Next Steps |
|---------------------------------------|---|--|---|
| Malawi | none | none | |
| Mauritius | materials for training peer educators: films, pamphlets, posters | peer education of a small number of women | program continued with other funding |
| Nigeria | posters, logos, tee shirts, signs | Campus Women's Alliance | |
| Senegal | guides for small group discussions | Dimba and Laobé women added AIDS and condoms as subjects in their activities | continued in Phase II |
| South Africa | none | none | |
| Zimbabwe: Dept. of Community Medicine | curriculum for teacher training in sex education | 25 teachers in 15 schools trained to lead discussions | program continued in Phase II and beyond |
| Zimbabwe: Psychology | none | none | |
| India: Tata Institute | none | none | |
| India: World Vision | discussion guides, games, puppets | small group activities with 76 girls | program ended; differences in philosophy among research directors |
| Papua New Guinea | none | none | USAID withdrew from the region; no further research could be funded |
| Thailand: Chiang Mai | romantic novel called <i>Lamyia</i> ; comic book; manual with stories | discussion groups with materials: peer education | continued in Phase II and beyond |
| Thailand: Khon Kaen | peer education materials; discussion guides | peer counseling for female students in four schools | |
| Brazil: Recife | none | none | continued in Phase II |

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| Country | Materials Developed | Intervention | Next Steps |
|-------------------|--|---|--|
| Brazil: São Paulo | pamphlet for discussions, video | small group discussions with pamphlet | continued in Phase II |
| Guatemala | guides for educational group presentations, pamphlets & drawings | 12 workshops for 10-20 people, 36 short presentations to clinic clients | |
| Jamaica | 25 minute video called "Human Roulette" | showed video to three groups of women | No further research could be funded because of lack of USAID support |
| Mexico | script outlines for a video | none | continued in Phase II |

Annex C: Published Reports and Articles by ICRW

Women and AIDS Program Research Report Series, Phase I

Bassett, M. and J. Sherman

1994 Female Sexual Behavior and the Risk of HIV Infection: An Ethnographic Study in Harare, Zimbabwe.

Bhende, A.

1995 Evolving a Model for AIDS Prevention Education Among Underprivileged Adolescent Girls in Urban India.

Cash, K. And B. Anasuchatkul

1995 Experimental Educational Interventions for AIDS Prevention Among Northern Thai Single Female Migratory Adolescents.

George, A., and S. Jaswal

1995 Understanding Sexuality: An Ethnographic Study of Poor Women in Bombay.

Goldstein, D.

1995 The Culture, Class, and Gender Politics of a Modern Disease: Women and AIDS in Brazil.

Helitzer-Allen, D.

1994 An Investigation of Community-Based Communication Networks of Adolescent Girls in Rural Malawi for HIV/STD Prevention Messages.

Jenkins, C. and the National Sex and Reproduction Research Team

1995 Women and the Risk of AIDS: A Study of Sexual and Reproductive Knowledge and Behavior in Papua New Guinea.

Karim, Q.A. and N. Morar

1995 Women and AIDS in Natal/KwaZulu, South Africa: Determinants to the Adoption of HIV Protective Behavior.

- Niang, C.I.
1995 Sociocultural Factors Which Favor HIV Infection and the Integration of Traditional Women's Associations in AIDS Prevention in Senegal.
- Schensul, S. G. Oodit, J. Schensul et. al.
1994 Young Women, Work, and AIDS-Related Risk Behavior in Mauritius.
- Thongkrajai, E., J. Stoeckel, M. Kievying et al.
1994 AIDS Prevention Among Adolescents: An Intervention Study in Northeast Thailand.
- Vasconcelos, A., A. Neto, A. Valença et. al.
1995 Sexuality and AIDS Prevention Among Adolescents from Low-Income Communities in Recife, Brazil.
- Wilson, D., J. McMaster, M. Armstrong et. al.
1995 Intergenerational Communication in the Family: Implications for Developing STD/HIV Prevention Strategies for Adolescents in Zimbabwe.
- Wyatt, G.E., M.B. Tucker, D. Elder mire et. al.
1995 Female Low-Income Workers and AIDS in Jamaica.
- Bezmalinovic, B., W. Skidmore DuFlon, A. Hirschmann, and R. Lundgren
1996 Guatemala City Women: Empowering a Vulnerable Group to Prevent HIV Transmission. (Report-in-brief)
- Givaudan, M., S. Pick, M. Alvarez et. al.
1994 Intergenerational Communication in the Family: Implications for Developing STD/HIV Prevention Strategies for Adolescents in Mexico. (Report-in-brief)
- Uwakwe, C.B.U., A.A. Mansarary, and G.O.M. Onwu.
1994 A Psycho-Educational Program to Motivate and Foster AIDS Prevention Behaviors among Female Nigerian University Students. (Report-in-brief)

Women and AIDS Program Research Report Series, Phase II, Projected Publications

Badiani, R. and C. DeMello e Souza

1997 Sexual Health and STD/HIV Prevention: A Qualitative Evaluation of Integrating Clinical and Educational Interventions in Salvador Clinic.

Bonciani, R.F. and R. Rodrigues de Morais

1997 Sharing Experiences: Empowering and Educating Low-Income Women for HIV Prevention in São Paulo, Brazil.

Cash, K. And W. Busayawong

1997 AIDS Prevention Through Peer Education for Northern Thai Single Female and Male Migratory Factory Workers.

Givaudan, M.

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Annex D: List of persons contacted

Brazil, São Paulo

Maria Eugênia L. Fernandes AIDSCAP Resident Advisor for Brazil

Feminist Collective on Sexuality and Health, São Paulo

| | |
|----------------------------|--------------------------------|
| Dr. Simone Diniz | Coordinator for the Collective |
| Regina Rodrigues de Moraes | Project Co-Director |
| Rosa Dalva F. Bonciani | Project Co-Director |
| Dr. Wilza Vilela | Consultant to the project |

Brazil, Recife

Casa de Passagem

| | |
|----------------------|-------------------------------|
| Ana Vasconcelos | President |
| Olimpia Barreto | Project coordinator and nurse |
| Cristina Mendonça, | Staff psychologist |
| Marcondes J. Pacheco | Staff sociologist |
| Graça Peres | Staff pediatrician |
| Vileni Garcia | Research consultant |

Others in Recife

| | |
|------------------------|--|
| Dr. Lourdes Perez | Medical School, Dept. of MCH, Federal University |
| Dr. Tânia Falcão | Researcher, Antigo Hospital Pedro II |
| Dr. François Figueiroa | State Coordinator for STD/AIDS |
| Edouardo Albuquerque | Director, FORUM AIDS |
| Paulo Freitas | Professor and FORUM volunteer |

Thailand, Bangkok

| | |
|--------------|---|
| Tony Bennet | AIDSCAP Regional Director, FHI |
| Gregory Carl | Researcher, Program on AIDS, Thai Red Cross Society |
| Connie Hsu | Assistant Project Officer, HIV/AIDS, UNICEF |

William Weinstein

HIV/AIDS Officer, U.S. Embassy

Thailand, Chiang Mai

Jaratbhan Sanguansermisri

Dean, School of Pharmacy, Chiang Mai U.

Pornnip Chuamanochan

Assoc. Dean, School of Pharmacy, Chiang Mai U.

Virada Somswasdi

Chair, Women's Study Center, Chiang Mai U.

Wantana Busayawong

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Usa Dongsaa

AIDSNET NGO network

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Godfrey Woelk

University of Zimbabwe and Principal Investigator

Mary Basset

University of Zimbabwe and co P.I.

Priscilla Mataure

University of Zimbabwe and Project Coordinator

Ruth Ngumbie

National AIDS Coordination Programme

E. Utete

Education Officer in charge of AIDS

Mary Pat Selvaggio

USAID HPN Officer

Mercia J. Davis

USAID Program Specialist, Health

Priscilla Misihairabwi

Director, Women and AIDS Support Network

Sarah Gudyanga

Education Project Officer, UNICEF

Zimbabwe, Mashonaland

Mr. Mukandatsama

Acting Regional Director, Mashonaland East

Mr. E.K. Mutuwira

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Patience R. Maengamhuru

Teacher, Materera Secondary School

Mrs. Mungwe

Teacher, Nagle House High School

Bridget Mupfuvi

Teacher, Chiewedere Secondary School

Reginald Dume

Teacher, Chiewedere Secondary School

Washington

Geeta Rao Gupta

President, ICRW

Ellen Weiss

Project Director, ICRW

Daniel Whelan

Project Assistant, ICRW

Telephone Interviews

| | |
|--------------------|---|
| Peter Aggleton | Former Chief, Social and Behavioral Studies, WHO/GPA |
| Maxine Ankrah | TAG member |
| Kathryn Carovano | TAG member |
| Kathleen Cash | P.I., Thailand |
| Martha Givaudan | P.I., Mexico |
| Bernadette Hadden | P.I., South Africa |
| Deborah Helitzer | P.I., Malawi |
| Annelise Hirshmann | P.I., Guatemala |
| Robert Hornik | TAG member |
| Cheikh I. Niang | P.I., Senegal |
| Stephen Schensul | P.I., Sri Lanka |
| Sheila Tlou | TAG member |
| Gail Wyatt | P.I., Jamaica |

PROWID Personnel

| | |
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| Trish Ahern | PROWID Project Manager, CEDPA |
| Cate Johnson | COTR, USAID/G/WID |
| Richard Strickland | Project Manager, ICRW |

OR/TA Personnel

| | |
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| Marge Horn | OR/TA Project Manager, USAID/PHN/POP |
| Bob Miller | OR/TA Population Council OR/TA Project, New York |
| Lewis Ndhlovu et. al. | OR/TA Project, Nairobi |

FHI Personnel

| | |
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| Karen Hardee-Cleveland | Women's Studies Project, FHI |
| Pricilla Ulin | Deputy Project Manager, Women's Studies Project, FHI |

Annex E: Comparison of ICRW model with other small grants approaches

1. INTRODUCTION: "SMALL GRANTS" PROGRAMS

The Women and AIDS Research Program was funded by a cooperative agreement between USAID and ICRW, with the objective of generating high-quality research on sexual behaviors and attitudes, the sociocultural and economic factors that affect women's risk of HIV infection, and possibilities for program intervention. In the unsolicited proposal submitted to USAID by ICRW in 1990, which formed the basis of the program, it is specifically stated that the program intended to use a model which had "proved to be a cost-effective way to obtain quality research results from small research grants" (p. 4); the core of the program was to be a small grants competition (p. 9). The "small grants" label has been attached to the program ever since, although the modifier "small" did not appear in the announcement of the grants competition and invitation to submit proposals nor in any of the papers and publications reporting results of the research projects.

It is not clear what characteristics of the program have contributed to its conceptualization as a small grants program, either in the initial request from ICRW or thereafter. At an average dollar figure of \$65,000 for Phase I projects and \$80,000 for Phase II, the award amounts are not small, even for research activities. To provide some context on award amounts, the Democracy and Human Rights Fund, which supports research, training, and advocacy activities in USAID presence countries, and which generally makes awards on a competitive basis, has a maximum award amount of \$25,000. Fulbright awards for research or teaching abroad average less than \$50,000. Senior research grants in anthropology awarded by the National Science Foundation average \$70,000 to \$80,000 and many of these include more than one year of support. The WARP grant amounts would thus appear to be on the high end for qualitative, social science-oriented research awards.

The solicitation, review, and decision-making processes used in the WARP also are not unique to "small grants" programs. They are similar in form although not

necessarily in detail to the procedures used by other research funding organizations such as NSF and Fulbright. All of these other programs solicit proposals on a yearly or twice-yearly basis and conduct a meticulous technical review as part of the decision-making process, generally convening an outside panel of experts to work with their own staff. The main difference is that most other research organizations define their target populations using parameters that limit the pool of potential applicants; criteria may include citizenship, institutional affiliation, and/or academic qualifications.

Although about half of the Phase 1 WARP projects involved the active participation of and collaboration with university-based American researchers, all of the activities fundamentally built on the skills, capabilities, and knowledge of host-country personnel. Many were academics housed in national universities, but in half a dozen cases the implementing institution was a local NGO, with strong capabilities in program implementation and limited experience in designing and conducting research. A number of academic partners also lacked substantial experience with research design and data collection, particularly qualitative data and, even more so, information on highly sensitive subjects such as sexual behavior. It is perhaps these characteristics of the projects, as well as their relatively short duration and, in some cases, modest sample size, that has resulted in ongoing references to "small grants" or a "small grants mechanism."

2. UNIQUE CHARACTERISTICS OF THE WOMEN AND AIDS RESEARCH PROGRAM (WARP)

Although the size of awards and the review processes used by ICRW to select and fund WARP activities are not unique, several aspects of the program distinguish it from other research and advocacy support mechanisms.

Worldwide solicitation and open competition. Unlike most other donor-funded research and technical assistance programs, WARP used its extensive mailing list and network of contacts, particularly with institutions already known to be interested in women's issues, to disseminate the request for proposals to a very large international pool of potential applicants. Developing country researchers, on their own or in collaboration with U.S. researchers, were encouraged to apply, as were collaborative teams of researchers and health practitioners. NGOs and other organizations with limited research experience, as well as university groups, were eligible for consideration, and proposals submitted by students were also considered. Proposals could also be submitted in Spanish or French as well as English.

Scale of response to the RFP. Over 240 proposals were received for a competition which had funds available to support 15 projects (eventually 17 were

funded in Phase 1). This was a truly enormous response which required a commensurate input of effort on the part of ICRW and the TAG to identify the most feasible and appropriate activities for funding, and to work with the research teams to develop feasible research programs.

Well-defined program topical, methodological, and policy focus. The RFP identified the specific areas of interest for research. Grants were awarded for research projects "that describe(s) and analyze(s) the behavioral, social, and cultural factors that determine women's risk of HIV infection and suggest(s) preventive strategies that are of immediate relevance for project intervention." Proposals focusing on women as agents of infection, rather than women's vulnerability to infection, were discouraged. The preference for research focused on adolescents, girl children, and groups of women other than commercial sex workers. Multidisciplinary approaches were encouraged.

Emphasis on qualitative methods. The use of both quantitative and qualitative methods of investigation was encouraged, although the selection process itself tended to favor the more qualitative proposals. The qualitative and ethnographic emphasis was both important and productive, providing data and perspectives which were in large measure not available in existing studies. It is still very much the case, however, that there is a knowledge, information, and methodological gap between studies emphasizing qualitative methods and ethnographic approaches, and large, quantitative, formal questionnaire-based survey research efforts such as the DHS. In the future it will be important to develop a strategy for encouraging efforts which use both qualitative and quantitative approaches in a multidisciplinary and collaborative framework to cover this middle ground.

Nature and scope of technical assistance provided. Technical assistance provided to the field by the project itself was limited. In retrospect, more could and should have been done to closely monitor and deal with problems, especially those of data analysis and technical writing. This point was emphasized in interviews by ICRW staff. The relationship between the TAG member assigned to work with a project and the research staff was indirect rather than direct, filtered through ICRW staff. More frequent field/site visits would have enhanced both the quality of the research and the capacity of the developing country researchers. Those projects with experienced, largely U.S. affiliated collaborators seem to have had fewer problems because of the technical input and interaction obtained through the collaborative relationship. This approach is in strong contrast to the WHO/GPA strategy (see below).

Intervention components. The RFP made it clear that to qualify for a grant, the proposed research had to analyze and recommend intervention strategies to reduce women's risk of HIV/AIDS. Further, proposals linked to ongoing research or service delivery, and pilot interventions based on sufficient research findings to

justify an intervention trial, were particularly welcomed. Few programs encourage researchers to make such direct linkages or to design intervention strategies, and the requirement for such an approach may be one reason why a number of NGOs are represented among the applicants and grantees.

Rapid identification of policy implications. The project obtained quick initial results which demonstrated broad similarities of issues and themes across the diverse research sites and programs. The commonalities in the findings, and their grave implications for women's capacity to protect themselves from HIV/AIDS, formed the basis for adducing policy implications and publicizing them. These policy recommendations may have been made too much in haste, however. The linkages between some of the results and the policy recommendations made are less than clear and direct. An example may be found in the 1993 ICRW Policy Series document "Women and AIDS: Developing a New Health Strategy." The recommendation "To make sexually transmitted disease services more accessible to women, integrate them into existing family planning and maternal health services" is a reasonable and practical one, and the establishment of integrated reproductive health services has been a long-term objective of many health ministries. Nonetheless it is technically difficult and expensive to implement and progress has been slow. The evidence from the WARP studies cited under this recommendation is very scanty, coming from just two of the studies and in one case from only **one** interviewee; and while findings from some of the studies could be interpreted to support this suggestion, they do not provide any direct confirmation of the appropriateness of the recommendation. In addition, several of the recommendations made are so broad as to have no practical application, for example the recommendation to "provide women with economic opportunities." The strong and, in some cases, exclusive focus on women in the research projects, if not in data collection then certainly in reports of results and synthesis documents, also obscures the fact that men too lack knowledge and negotiating skills in sexual relationships. For programs to have impact they must address the needs of both men and women. There is ample evidence from other studies to demonstrate that men also need education on sexuality and condom use, as well as counseling opportunities.

Wide dissemination of results. The research findings for most of the projects were quickly and widely disseminated through multiple channels and at many levels -- community, region, country, international. Project staff themselves were the prime movers in making the results available at in-country venues. They have also authored or co-authored publications as well as the reports submitted to ICRW, and have presented papers at scientific conferences. ICRW prepared and distributed a series of reports in brief, organized workshops, and wrote overview papers which have been published and presented. Resources were available in the budget to support these dissemination efforts. The principal communication gap seems to be in making results available to field staff, practitioners in non-project

countries, and reproductive health specialists not explicitly working on HIV/AIDS issues.

3. COMPARABLE PROGRAMS

A. PROWID

Background: PROWID is fully funded by the Office of Women in Development, USAID, and is implemented through two intermediary organizations: ICRW, and the Center for Development and Population Activities (CEDPA). PROWID is a four-year program which seeks to support innovative pilot interventions, operations research, and advocacy activities that strengthen efforts to reach women and enhance their full participation in the development process. The agenda is very broad but focuses on four areas: economic growth and development, political participation, violence against women, and reproductive health. The program encompasses both research and advocacy activities and is worldwide in scope.

Objectives and targets: The broad objective of PROWID is to improve the lives of women in developing countries and economies in transition by promoting development that is based on practical insights gained from field-tested interventions. G/WID, ICRW, and CEDPA worked closely with other USAID Washington offices, bureaus, and field missions to focus the research agenda and to respond to the needs of potential implementing organizations which could address this objective. NGOs and research organizations, including universities, were the principal target. Governmental organizations were not intended to be the audience, and applications from these entities were disqualified in the review process.

Solicitation procedure: A detailed RFP was developed and disseminated worldwide in four languages to organizations, institutions, and individuals on the ICRW and CEDPA data bases. Would-be applicants were offered the choice of submitting a concept paper or a fully-developed proposal. Those submitting eligible concept papers formed the nucleus of regional proposal development and advocacy training workshops conducted by CEDPA. Several of these are still to be held. A total of 500 proposals from all over the world were submitted for funding consideration.

Selection criteria and awards ratio: PROWID used the same selection criteria and procedures as WARP. First, those submitted by ineligible organizations and those from non-USAID countries were eliminated. Those remaining (over 90 percent of those submitted) were reviewed in-house by a reader against the basic criteria (fit with PROWID agenda, feasibility, addressing a critical WID need,

replicability, capacity building, appropriate staff, and other resources). About 100 proposals were set aside in this process. Each of the remaining proposals -- over 300 -- was read by two ICRW staff, two CEDPA staff, and one outside reviewer from the technical advisory group (TAG). Highly-rated proposals on the short list, which were essentially assured of funding, were sent to the USAID Missions for review and comment. Of the 500 initial submissions, about 38 projects will be supported, including two large projects in India funded through a Mission OYB transfer. PROWID received about twice as many applications as WARP and is supporting double the number of activities.

Grant size: The maximum award is \$100,000 for a two-year activity, or no more than \$50,000 in any year. The awards range in size from \$19,000 to \$100,000 with the majority near the maximum grant amount. While some of the recipient organizations have previous grant management experience, there is some concern on the part of G/WID management that many of the grants are too large, and pipeline issues (inability of the recipient organization to expend the funds on schedule) are a problem. Over the life of the project it is anticipated that about 60 percent of the total funding will support research and advocacy activities in the field.

Technical assistance: PROWID has a technical advisory group (TAG) whose members were jointly nominated by ICRW and CEDPA prior to the dissemination of the RFP. The TAG members were selected on the basis of technical knowledge, regional experience, and language capabilities. Because so many countries and sectors are involved, there is now a need to enlarge the TAG membership because some areas are not covered. Each TAG member is responsible for reviewing quarterly reports and providing comments for two or three projects. The process distances the implementing organization from the TAG member. They do not communicate directly with each other but rather through ICRW as an intermediary. TAG members do not make field visits and have not been involved in workshops. In addition to the project managers in CEDPA and ICRW, each project also has an in-house monitor who integrates technical commentary and sends feedback to the field.

Interventions: The PROWID project is too recent for substantial interventions to have been mounted. Implementation of some of the projects has not begun yet and only a few are close to conclusion. One activity, addressing women's land rights in South Africa, has mounted a successful advocacy campaign to ensure that women have access to land in their own right. The project has had substantial impact at the policy level, including the drafting of the newly-adopted South African constitution. A second project, to increase the enrollment of women in non-traditional vocational training programs in Sri Lanka, has reached women with information and counseling on careers in which they are under-represented, and has encouraged training institutions to ensure women's access to non-

traditional programs. However, since the first awards were made just over one year ago, it is premature to expect much in the way of research-based interventions.

Dissemination: Because the program is so young, little has been done in the way of dissemination. As was the case with WARP, ICRW and CEDPA have produced information bulletins which describe the funded activities in capsule form, organized according to the key themes of the program. Some working papers are now being developed, brown bag presentations have been made, and the project has a web page.

Management issues: The management burden of this project is substantial and the research skills of the project managers have thus far been subordinated to management needs. This is beginning to change as projects mature and produce results, shifting into a more substantive area where research experience plays a more important role. As far as the capacity of the researchers is concerned, some of the recipient organizations have been exceptionally responsive and capable; this flexibility has been crucial. The size of the grants and the ability of a small indigenous organization to utilize funds efficiently and in a timely manner remains an issue. It is too early, however, to make firm judgements about enhanced capacity (whether for research, advocacy, or management) among the beneficiaries. An emerging concern is monitoring and evaluation; each grantee has to submit a monitoring and evaluation work plan. ICRW and CEDPA are also developing a master evaluation plan for examining their own successes, which builds on the criteria for impact identified by the beneficiary institutions. This approach to monitoring and evaluation may not be the best, because it assumes that the whole is simply the sum of its parts rather than being greater and/or qualitatively different.

B. FHI Women's Studies Program

Background: The Women's Studies Program was initiated on October 1, 1993, under a cooperative agreement with the USAID Office of Population and Health. Compared with ICRW, FHI was a relatively late entrant into the arena of women-focused behavioral research on HIV/AIDS and reproductive health issues and the FHI program has focused explicitly on the family planning side. The total award amount was \$8.7 million.

Objectives and targets: The program has two broad objectives: 1) to support social and behavioral research on the consequences of family planning and contraceptive methods for women -- not the determinants of family planning, but its impacts and benefits (or lack of benefits); and 2) to improve family planning and health policy/programs through dissemination to policy makers and health

care providers (the latter to include women's advocacy groups). The key targets were USAID Missions.

Solicitation procedure: Once the cooperative agreement was awarded, a worldwide cable went out from PHN to Missions announcing the project and soliciting expressions of interest. Those Missions responding positively were visited by FHI staff, and needs and resource assessment of NGOs and universities were conducted. FHI worked with the Missions to identify possible researchers and to establish whether there was sufficient interest at the policy-making level as well as among local organizations implementing population programs. The countries finally selected for inclusion in the project with USAID funding were Mali, Zimbabwe, the Philippines, Indonesia, Egypt, Bolivia, Brazil, and Jamaica. Original research projects grounded in behavioral and social science approaches and methods were developed in all of these countries. In addition, secondary analysis of large data sets from Bangladesh, Nigeria, and Malaysia was also carried out, although these analyses by and large did not produce significant results. Support was also obtained from other sources for projects in Korea and China. USAID funds are not being used for these activities.

Selection criteria and awards: Once the focus countries had been identified, FHI staff were assigned to a particular country or countries. With the exception of Zimbabwe, program development in all of the target countries followed the same process. For an explicit example, in Indonesia the advisor worked with an in-country TAG to identify key reproductive health issues, establish an agenda of research priorities, and determine Indonesian institutions -- NGOs, research organizations, universities and the like -- with the potential capability, skills, and expertise to conduct successful action-oriented research. A detailed RFP was developed and sent to the pool of possible applicants, inviting the submission of concept papers. Those who sent concept papers attended a proposal development workshop and thereafter wrote full research proposals. Twenty proposals were eventually submitted in Indonesia, four of which were selected for support by FHI in collaboration with an in-country TAG.

Program development in Zimbabwe took a somewhat different course. Expressions of interest from AFR Missions were few with Mali initially being the only country to move forward with planning. FHI was reluctant to have Mali be the only African case study in the research portfolio, given the very low CPR and a family planning program in its infancy. It solicited participation of a country with a relatively high CPR and long experience with FP programs and ultimately settled on Zimbabwe. Due to a relatively late start and the desire to subdue rivalries within the Zimbabwean research community, the researchers (principally sociologists from the University) developed one large proposal which for the sake of manageability and capacity-building was broken down into four separate research activities, each with its own principal investigator.

Grant size: The size of the awards varies from country to country depending on the nature of the study. In Indonesia, individual awards were less than \$50,000 in size and provided for the direct costs of fieldwork. In Zimbabwe, one of the four projects involved a quantitative national survey which received about \$65,000, and three smaller studies funded at \$25-30,000 each. Technical assistance was supported under a larger, separate budget.

Technical assistance: The project had a substantial budget for technical assistance and assigned staff to countries as both coordinators and providers of technical assistance. FHI staff travel frequently to their target countries and work very closely with the PIs. The budget for TA does not allow for the procurement of off-shore consultants and if additional expertise is needed FHI attempts to identify local consultants to fill the gaps. The model is that the TA should be low-key and non-interfering, providing guidance as needed and requested rather than being directive. The in-country TAGs and Advisory Committees also play a role in providing technical support and input.

Interventions: For the most part the research projects will not lead to the fielding of interventions. As noted, the key objective was to examine the impact of reproductive health interventions, particularly family planning, on women's lives. The findings have greater implications for policy dialogue and programming options beyond the health sector than for direct reproductive health interventions. In Indonesia particular attention was paid to women's decision-making, their economic activities, and household economic status as they are influenced by the availability and utilization of reproductive health care. The four Zimbabwe studies focus on young women's reproductive health decision-making; links between women's reproductive health history and their economic, political, and development activities; mediating effects of family size on women's public participation; and defining quality of life and its association with reproductive health, family planning, and development.

Dissemination: The projects are currently in the write-up phase, and policy implications are being drawn. A "Synthesis Workshop" is planned for June 1998, to be held in Washington D.C. Explicit recommendations will be implemented through national reproductive health institutions (Ministries of Health, family planning associations, and the like). Policy-makers at the national level have been very much involved throughout the research process; FHI has a conceptual model of a triangle in which policy makers, project managers, and research groups form the corners, and the flow of information moves in all directions. In Zimbabwe, for example, members of the In-country Advisory Committee include the director of the national family planning NGO and Zimbabwe's leading woman telejournalist. The PI of the largest project is an internationally-known scholar who travels frequently to scientific meetings. FHI also has produced reports-in-

brief and progress reports, similar to those developed by WARP, but has not waited until the PACD to circulate information on the findings.

Management and capacity: Capacity-building is a key management issue. Some groups learned and applied more than others. A critical problem common to all of project sites was the paucity of local, highly-qualified researchers. Such experts are in high demand and cannot give full commitment to any one activity. According to FHI, participating organizations gained a gender perspective and incorporated into the examination of reproductive health issues. The project was likewise a learning experience for FHI. All groups needed much assistance in analyzing their data and writing final reports. In retrospect more independent project work might have been accomplished, as there was considerable reliance on FHI technical assistance.

C. Population Council Operations Research/Technical Assistance Project

Background: OR/TA is a USAID-funded project, operational for over ten years, and now nearing the end of its second phase. It operates under three separate contracts for the ANE, AFR, and LAC regions. Its main focus is operations research in family planning and reproductive health, as well as provision of technical assistance in operations research to host-country institutions (universities and NGOs being the principal beneficiaries). Much of the work involves collaboration between US and/or regionally-based staff and local partners. Partners include national family planning associations, US PVOs, local NGOs, and other regional bodies. All three contracts are currently managed by the Population Council, which has established or supplemented the staff of existing country or regional offices to support the project.

Objectives and targets: The principal objective of the OR/TA project is to strengthen family planning and reproductive health service delivery by improving the capacity of programs and managers to provide services that address needs and advance innovative approaches. The project provides technical assistance to all types of public, private, and NGO sector programs. Its major contributions have been to develop and test service delivery innovations, such as community-based distribution, and to examine current issues including quality of care, cost-effectiveness of service delivery mechanisms, and unmet needs/demands. Key targets are service delivery organizations; relationships are influenced by the interests of USAID Missions. The project is expected to be renewed after the existing contracts are completed in 1998. The next phase will focus on issues of global concern and will be less Mission-driven.

Solicitation procedure: OR/TA does not employ a solicitation procedure. Most of their work responds to USAID Mission-identified needs and requests, especially those of in-country partners who are also providers of reproductive

health services. In the AFR region, the focus is primarily on working with service delivery organizations; efforts also are made to establish linkages with research organizations. This is the case in other regions as well. In Ghana, for example, the key counterpart organization is the Planned Parenthood Association of Ghana, while in Kenya the primary linkage is with the Ministry of Health and secondarily with the Family Planning Association of Kenya and the Population Studies and Research Institute of the University of Nairobi. These and other assisted organizations are the Missions' partners in project implementation and service delivery.

Selection criteria and awards ratio: These questions are not directly pertinent to the way that OR/TA does business. Some of the counterpart organizations have been encouraged to develop and submit research proposals after going through a sequence of training, capacity-building, and workshop/networking activities. Many of these, however, have not met the project's requirement for employing an operational approach and could not be supported. In selected cases, guidance for revising proposals has been provided in a hands-on manner.

Grant size: The total annual amount in USAID funds for all three contracts (AFR, ANE, and LAC, all currently being managed by the Pop Council) is in the range of \$10 to 12 million. This includes core funds and field support. It is not easy to sort out what proportion actually reaches the field, because there are a number of field offices and resident advisors in 14 sites worldwide that are supported both with field and core funds. The contract requires a certain number of deliverables each year in various categories (operations research sub-projects, trainings, workshops) which Pop Council is supposed to deliver. These numbers have always been exceeded, although quantity should not be confounded with quality.

Technical assistance: Technical assistance is a critical component of this project, as can be seen from its name. Regional, resident, and U.S.-based advisors work with the host country institutions already identified to build capacity and mount the research that will advance the project objective of improving reproductive health service delivery. Off-shore and local Pop Council staff also spearhead operations research as a Pop Council initiative or in collaboration with local institutions. An example is a series of situation analyses, diagnostic in nature, which examine specific national reproductive health delivery systems and highlight key issues in service provision. These studies may or may not involve the participation of other institutions in one or more phases of the activity.

Interventions: As the explicit objective of the project is to improve delivery of reproductive health services, developing interventions which are directly linked to operations research findings is a crucial element of the project. The project does not support applied research that does not have an explicit linkage to

implementation or intervention, nor does it conduct acceptability studies or trials. There is a very specific set of linkages, within a service delivery context, of research – implications – intervention – evaluation.

Dissemination: For virtually all of the activities and subprojects, there is an in-country dissemination seminar at the country level, a large forum inclusive of government and ministry representatives as well as partners and cooperating agencies. Regional and international workshops have also been convened on topics such as situation analysis, quality of care, and community-based distribution. Dissemination efforts also include a web page, targeted mailings (conventional and electronic), and brochures and folders with short briefing papers on various topics. They also produce publishable reports (which may appear as stand-alone documents or in international journals) and sponsor host-country counterparts to make presentations at international meetings. Despite these efforts, it is felt that dissemination has not been as good, or as wide, as desired. It is worth noting, however, that the USAID Mission PHN libraries in Kenya and Tanzania have copies of selected OR/TA reports, but do not have documentation from any of the other projects. This is probably due to a combination of factors: the longevity of OR/TA, its on-site presence in 14 localities, and its close linkages with Missions.

Management and capacity: According to the Pop Council, the "raison d'être" of the OR/TA project is to strengthen operations research capacity in partner organizations, using a number of different approaches. Training has included areas such as computer skills, research design, information management, and research methods. The training programs are tailored to the needs of the participating institutions and have been more successful in some locations than in others. Assisting participants to make direct connections between the results of operations research and utilization of the research findings has been emphasized. The project also considers workshops as a capacity-building mechanism which provides opportunities for institutions in different countries and regions to learn from one another and share experiences. However, despite the relative longevity of the project, it is questionable how much local capacity has been built, since Pop Council staff often play a prominent role in designing and conducting the research program.

D. WHO/GPA Social and Behavioural Research Program

Background: The Social and Behavioural Studies and Support Unit (SSB) was part of the World Health Organisation's Global Program on AIDS in the early 1990s. GPA has been supplanted by UNAIDS and responsibility for management of the Unit's activities has now passed to the new organization. The emphasis of this research program was primarily on descriptive research, although with clear policy and practice implications. Another WHO/GPA unit, in partnership with

the SSB, conducted more intervention-oriented work. The studies supported through the SSB fall into three broad areas: contextual factors affecting risk-related sexual behavior among young people; household and community responses to AIDS; and gender relations, sexual negotiation, and the female condom.

Objectives and targets: Key program objectives included increasing the capacity of implementing organizations to conduct small-scale descriptive social enquiries in fields relevant to HIV/AIDS, and producing a body of descriptive research work in significant unexplored fields which might – or might not – hold the potential to lead to effective interventions in the future. A range of organizations was selected to achieve broad regional parity (AFR, LAC, and ANE). Within each of the three geographical regions, target countries were selected in consultation with WHO regional offices and on the basis of information concerning research capacity and interests. Additionally, the GPA Steering Committee on Social and Behavioural Research made recommendations concerning priority countries in which to conduct particular studies. A decision was made very early on not to “twin” developed and developing country institutions, or to provide substantial funding to “developed” institutions to support host-country researchers. The strategy of funding expatriate institutions to assist local ones had been used previously, but in their experience the former benefitted while the latter did not. For this reason, it was felt important to ensure that the lion’s share of the funds went to carefully selected, and well-supported, individual developing country researchers and research teams.

Solicitation procedure: Prior experience within WHO/GPA suggested that a different procedure should be substituted for inviting numerous research institutions to submit proposals. A General Research Protocol was developed in Geneva by members of the GPA steering committee on social and behavioural research, developing country social and behavioral scientists, and members of the Secretariat. Within selected countries, contact was then made through WHO/GPA field staff with potential principal investigators at two to three candidate institutions. Each of these institutions was visited in order to assess research capacity and strength, links with NGOs, and their support, or lack thereof, from the national AIDS program. On the basis of this assessment, a “lead” institution from each priority country was selected and a potential principal investigator invited to Geneva for briefing. Would-be PI 's for projects with one of the three research foci were briefed together. Thereafter, they were invited to submit research proposals for funding.

Selection criteria and award ratio: Research proposals were assessed on scientific merit by the GPA steering committee on social and behavioural research. The necessary in-country approvals included a clear statement from the national AIDS program that the proposed research was in keeping with local

needs and priorities. In addition to scientific merit, research proposals were required to demonstrate the institution's links with relevant NGOs and its commitment to attaining national AIDS program goals. A total of sixteen projects was supported: seven examining the context of risky sexual behavior among youth (Chile, Costa Rica, Cameroon, Zimbabwe, the Philippines, Papua New Guinea, Cambodia); five looking at household and community responses to AIDS (Mexico, Dominican Republic, Tanzania, India, Thailand); and four focusing on gender, sexual negotiation, and the female condom (Mexico, Costa Rica, Senegal, Indonesia). The emphasis on providing most of the support directly to developing country researchers, who were also required to be well-networked with national AIDS programs and NGOs working in HIV/AIDS, makes this program relatively unique.

Grant size: The average grant amount was approximately \$50,000, all of which was to be utilized in the field. A small amount of additional funding was provided at WHO headquarters in Geneva for technical assistance and support. Most of the technical assistance was provided by members of the then-SSB. Thus a very high proportion of the total funds earmarked for this activity went directly to support host-country researchers in the field.

Technical assistance: The individual projects were assessed for scientific merit and recommended for funding by the GPA steering committee on social and behavioural research. Members of the SSB within WHO/GPA thereafter provided technical assistance to studies on an ongoing basis. An average of two study implementation visits occurred at each site. One of these visits coincided with the preparation of final study reports. Additionally, half-way through the program, principal investigators met collectively at WHO/Geneva to review progress, findings, and implications for policy and practice. Technical assistance continued to be provided to the researchers throughout the transition from GPA to UNAIDS by former SSB staff members under contract to UNAIDS.

Interventions: The WHO/GPA research program was not designed as an operations research or intervention program per se, but as a source of information in areas otherwise not adequately examined that might have future potential as the basis for designing interventions. Despite the descriptive orientation, about half of the projects have gone on to make recommendations about potential interventions, and several of the principal investigators have been successful in obtaining additional support (usually bilateral funding) in order to implement intervention efforts.

Dissemination: Subsequent to the completion of the studies, in-country reports, seminars and workshops were organized in the majority of sites, which brought together policy makers, program managers, staff from implementing agencies, fieldworkers, and others. A number of papers from this work are now beginning

to appear in international peer-reviewed journals. Three comparative analyses of findings, one from each of the three geographical regions, are being completed. Although not stated in these or other reviews dissemination was not adequately conceptualized, and more channels could have been used to communicate findings.

Management and capacity: One of the aims of the research program was to increase the capacity of implementing organizations to conduct small-scale descriptive social inquiries in fields relevant to HIV/AIDS. According to the former chief of the SSB, there is little doubt that in each case, principal researchers developed their skills of project proposal development, study design, study implementation, data collection, and analysis. Many of the projects had substantial impact on national and local AIDS programs and interventions (although this was variable). Increased capacity of host-country researchers is also demonstrated by their success in obtaining follow-on funding from UNAIDS, bilateral donors, and other research-funding organizations. As yet, no formal evaluation of the research program has been made. Thus assessment is limited to published documentation and reports.

E. Summary and Conclusions

The ICRW Women and AIDS Research Program was initiated in 1990, and, because of its relative longevity, has a significant head start vis-a-vis the programs to which it is being compared. The exception is the Pop Council OR/TA project, which has been around a lot longer but which is not nearly as similar to the ICRW model as are the others. The WHO/GPA program began in 1992, and while all of the initial projects have been completed and publications are beginning to come out, work is still in progress on comparative analyses of results from the three geographical regions. Coordination has probably also been hampered by the transition from WHO/GPA to UNAIDS. The FHI Women's Studies Program began in late 1993; major synthesis/dissemination efforts will culminate in a workshop in June 1998. In the interim, periodic briefings and updates similar to those held and distributed by ICRW have been made available. PROWID was not launched until 1996, and many projects have not yet been initiated, much less completed.

The following key points may be synthesized from the comparative analysis.

Objectives and targets: None of the other four programs has so successfully combined a narrow focus (women, AIDS, and prevention) with a wide institutional and geographical reach and response. The other programs tend to have much wider agendas (improve reproductive health service delivery, improve the lives of women in developing countries) or to identify several themes and topics for their activities (the WHO/GPA program) but within narrower

geographic or institutional foci. With the exception of PROWID, countries and institutions were essentially pre-selected and/or driven by USAID Mission interests.

Solicitation: Only PROWID, also managed by ICRW in collaboration with CEDPA, has employed a similar worldwide solicitation procedure. The other programs have effectively limited potential audiences by soliciting participation principally through USAID Missions rather than by distributing the program announcement directly to NGOs and research institutions, or by identifying priority countries and limiting their request for proposals to these and/or selected institutions within them. ICRW is to be congratulated for making its solicitation process so open and inclusive. The response to both WARP and PROWID RFPs provides evidence of interest in and demand for applied research on gender-relevant issues.

Selection criteria: Again only PROWID employs a comparable procedure. OR/TA works largely with host-country institutions at the invitation or request of the USAID Mission and there is no formal competition for research funds. FHI and WHO/GPA first identified target countries and research institutions in those countries. They then invited suitable organizations to express interest or submit concept papers and attend proposal-writing workshops or guidance sessions. Projects were selected from these finalists, although WHO/GPA was less competitive than FHI because institutions and PI's were preselected after in-country assessments of institutional capacity.

Technical assistance: OR/TA is first and foremost a technical assistance project and its primary objective is to build the capacity of service delivery organizations to improve their provision of reproductive health services. The Population Council maintains an on-the-ground presence in a number of key countries, and both Pop Council and USAID project management staff spend considerable time in the field. FHI project managers and advisors also work intensively on a one-to-one basis with the research teams, although they have to walk a fine line between advising and interfering. WHO/GPA also provided direct technical assistance to projects, although less intensively than did FHI. The ICRW approach with WARP and PROWID seems to be much more "hands-off", although this approach also has its drawbacks. Problems in data analysis and report preparation often were not identified and resolved in a timely fashion.

Interventions: These are a key ingredient for OR/TA, where it is felt that there is no real point to doing research unless it leads to an outcome. PROWID supports advocacy and training as well as action research, so interventions are at least potentially part of the agenda. The WHO/GPA program looked for both policy and practice dimensions to the research projects, but did not require an intervention component. Some of the researchers received follow-on funding

from other sources to support intervention programs. The FHI program is focused on identifying achieved impacts of reproductive health interventions on women's lives rather than designing action programs.

Dissemination: Both PROWID and FHI are too recent in inception (initiated in 1996 and 1994 respectively) to have produced much in the way of results or to have publicized project outcomes. Data analysis and write-up are under way for FHI with a major synthesis workshop planned for Washington in June of 1998. OR/TA has used the same mechanisms for dissemination as WARP. Perhaps because of its longer history and on-the-ground presence overseas, OR/TA activities are better known, and results have been much more widely available to practitioners in the field than results of other projects, including WARP. WHO/GPA seems to have invested less in a centrally-managed strategy of dissemination. Rather, country-level workshops have been held and three regional synthesis pieces are being prepared. Nonetheless, in USAID/Tanzania, nothing is known of the community response research project supported by WHO/GPA in that country.

Management and capacity: All of the programs identify the same series of management and capacity/capacity-building issues, which should be seriously addressed in any future programming: a serious lack of local capacity which cannot be effectively ameliorated by on-off, short-term activities; a fine line between providing technical assistance and interfering with, or even directing, the research project; overextended principal investigators who cannot provide the level of effort actually required; pipeline problems (the inability to expend funds on schedule); staff turnover; and local/internal rivalries that affect productivity and outcomes.

Comparative advantages of WARP:

- Reaching a huge constituency with the RFP;
- Raising awareness of gender issues in the context of HIV/AIDS, both through response to the RFP and through research results;
- Supporting qualitative and, in some cases, truly innovative research and/or interventions.

Areas for improvement:

- Place less emphasis on general policy recommendations that are too loosely connected to empirical findings and which have limited applicability in bilateral programming;
- Rethink the indirect provision of technical assistance by the TAG;
- Modify and tighten monitoring and evaluation strategies;

- Provide additional direct technical assistance to the field in critical technical areas (data analysis, report preparation).